



PEORIA TRIBE
OF INDIANS OF OKLAHOMA

COVID-19 PUBLIC HEALTH EMERGENCY RELIEF FUND APPLICATION

TRIBAL CITIZEN: _____
First Name Middle Name Last Name Maiden Name

DOB: ____ / ____ / ____ ROLL NO.: _____ PHONE: (____) ____ - ____ EMAIL: _____

MAILING ADDRESS: _____
Street City State Zip Code

Please check any of the following situations which apply to you as a direct effect of COVID-19 (*check all that apply*):

- ☐ Household member has been ill with COVID-19
- ☐ Increase in medical and health expenses
- ☐ Temporarily furloughed
- ☐ Loss of employment or decreased income
- ☐ Increased child care expenses
- ☐ Grocery and/or food delivery expenses increased
- ☐ Incurred expenses related to remote learning and education
- ☐ Incurred expenses related to working at home/remotely
- ☐ Household size increased
- ☐ Increased utility expenses
- ☐ Mortgage or rent payments

WOULD YOU LIKE TO STAY INFORMED OF PEORIA TRIBAL PROGRAM OPPORTUNITIES, UPDATES, EVENTS AND MORE?

By checking yes, this allows Peoria Tribal Programs to send updates, correspondence, and information relevant to Peoria Tribe of Indians of Oklahoma citizens.

☐ Yes ☐ No

How would you like to receive the Peoria Tribe's Newsletter?

☐ Electronic Email ☐ Postal Service ☐ Opt out of Newsletter

APPLICATION PERIOD OPEN JULY 13TH TO OCTOBER 31ST, 2020. THIS WILL BE STRICTLY FOLLOWED. PLEASE APPLY PROMPTLY.
SUBMIT APPLICATION VIA EMAIL AT COVIDRELIEF@PEORIATRIBE.COM OR AT P.O. BOX 1527 MIAMI, OKLAHOMA 74355 ATTN: COVID RELIEF FUND

By signing this application I certify that all of the information provided on this form is true and accurate regarding the impact of the COVID-19 public health emergency in my household.

NAME (PRINT): _____ DATE: ____ / ____ / ____

SIGNATURE _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____ Citizenship Confirmed: _____ Relief Requisition: _____ Check Mailed: _____