



RSIC COVID ASSISTANCE (ARPA) APPLICATION

Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address (if different): _____

Enrollment Number: _____

By signing below, you certify that you have received a positive Covid-19 diagnosis or have been placed on mandatory medical quarantine by a healthcare agency and have provided required documentation in accordance with the eligibility criteria established in the Covid Assistance Program criteria.

Signature of Tribal Member: _____ Date: _____

Please mark the assistance requested as per your eligibility below:

- **Adults:**

- 1st diagnosis of Covid-19 or mandatory medical quarantine
- 2nd diagnosis of Covid-19

- **Minors**

- 1st diagnosis of Covid-19 or mandatory medical quarantine
- 2nd diagnosis of Covid-19

- **Applicants who have utilized Covid Relief Funding in 2020 or 2021**

- Diagnosis of Covid-19 after December 31, 2021

(If you have power of attorney for an enrolled tribal member, please list and provide documentation)

Name	Enrollment #	Age	Covid or Quarantine	Relationship to applicant