



Leech Lake Band of Ojibwe

Emergency Relief Assistance to Tribal Members

Verification of Need Form

Program Eligibility Requirements:

1. Must be an enrolled, adult (18 years or older) LLBO Tribal member on or before 07/11/2022.
2. Must demonstrate a need for assistance by checking at least one box on the Economic Impact Directly Related to COVID-19 Pandemic below.*
3. Individuals must sign and return this form to Leech Lake Band of Ojibwe, Emergency Relief Assistance, 190 Sailstar Dr NW, Cass Lake, MN 56633

Eligible Tribal members 18 and over may receive a one-time payment of \$1,700.00

Please select one option. See attached FAQ for more info on the new debit card program.

I would like my payment issued via:

☐ Debit Card ☐ Check

For Applications submitted on or before August 12, 2022, band members will have the option of in-person pickup. Please indicate your preferred pickup method or location. All payments will be mailed if app is submitted after August 12, 2022. See attached FAQ for in-person distribution dates, times and locations.

☐ U.S. Mail ☐ D1- Ball Club ☐ D2- Bena ☐ D3- Cass Lake ☐ Twin Cities Office ☐ Duluth Office

First Name: _____ Middle: _____ Last: _____ DOB: _____

Tribal ID #: _____ SSN: _____ Phone: _____ Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: ☐ Same as Physical Address

Address: _____

City: _____ State: _____ Zip: _____

Economic Impact Directly Related to COVID-19 Pandemic (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Furloughed or Terminated from Employment | <input type="checkbox"/> Purchase of Personal Protective Equipment and Cleaning Supplies |
| <input type="checkbox"/> Unemployed at start of pandemic | <input type="checkbox"/> Member Owned Business closed or run at diminished capacity |
| <input type="checkbox"/> Increased Health Care Expenses | <input type="checkbox"/> Quarantine Costs |
| <input type="checkbox"/> Increased Child Care Expenses | <input type="checkbox"/> Other: Explain, Use back of page if necessary. |
| <input type="checkbox"/> Increased Grocery and/or Food Delivery Expenses | |
| <input type="checkbox"/> Expenses related to Home-Schooling | |
| <input type="checkbox"/> Expenses related to working remotely | |

Disclaimer: In submitting this application, I declare and certify that the information and documentation is true and correct regarding the impact of the COVID-19 public health emergency. I further agree to assist the LLBO in seeking any further necessary verification of the submitted information upon reasonable request. Contact information submitted on this form will be updated in the Tribal Enrollment database.

Signature of Applicant: _____ Date: _____