



# Leech Lake Band of Ojibwe American Rescue Plan Economic Relief Payment to Tribal Members Verification of Need Form

## Program Eligibility Requirements:

1. Must be an enrolled LLBO Tribal member.
2. Must be 18 years of age and enrolled with Leech Lake Band of Ojibwe as of 7/12/21.
3. Must demonstrate a need for assistance by checking at least one box on the Economic Impact Directly Related to COVID-19 Pandemic below.\*
4. Individual 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 \$1,375.00.**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal ID #: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address:  Same as Physical Address *(must be able to receive mail at address provided)*

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 and Accounting database.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_