

COVID-19 TRIBAL ASSISTANCE FUND

CARES Act funding is intended to assist with unexpected hardships experienced under COVID-19 pandemic conditions. This funding cannot address all inequities—only hardships that have occurred under COVID-19 emergency.

Assistance to tribal members under CARES Act are designated to support immediate needs in order to help families that experience income loss due to furloughs/layoffs as a result of the COVID crisis. Such support is specifically to help pay for utilities, medical bills and rent or mortgage until the recipient is called back to work or until December 30, 2020, whichever occurs first.

Assistance for internet access is also available for tribal members who currently do not have access and have an at-risk member of the family and/or child(ren) who need remote educational access to continue schooling.

Question: I have been furloughed from my job. What do I need to provide in order to apply for assistance?

Answer: To apply for assistance, you will need to provide your letter of determination from New Mexico Workforce Solutions that indicates the beginning date of your unemployment eligibility. You will also need to provide a letter from your employer indicating your layoff was due to the COVID-19 pandemic. Please also see the Assistance Application Form for additional information needed.

Question: I am a self employed member of the Pueblo and have lost income due to the Pueblo and statewide closures and am not receiving unemployment benefits. Am I eligible for assistance?

Answer: Yes. In your case, the documentation for applying for assistance necessary will be for the last 6 months of monthly income from your business until March 2020 and the monthly income you are currently earning to determine that you have experienced a loss of income.

Question: What assistance can I receive?

Answer: You will receive reimbursements for bills received after your date of unemployment eligibility or, if you are self employed, March 15th, 2020. You may receive reimbursements for electric, gas, rent or mortgage, and medical bills. You will be expected to provide copies of the bills and a copy of your lease or mortgage statement for reimbursement. You will also be expected to provide copies of unemployment payments received to validate that you are still on furlough due to the pandemic.

Question: How long can I receive assistance?

Answer: Until you are recalled back to work or until December 30, 2020, whichever comes first.

Question: Why is a blanket welfare assistance not available to all tribal members?

Answer: The CARES Act specifies assistance to provide aid in preventing eviction and homelessness due to the COVID-19 pandemic. The Act also specifies assistance to provide emergency communications and

remote learning access for students. The Assistance Fund was created to provide aid under those allowable parameters.

Question: I am not the head of household but one of the utilities is in my name. How will it be reimbursed?

Answer: All Financial Assistance reimbursements will be made to the head of household in the application. All eligible reimbursement bills must be in the name of the head of household or list the household address as the place of service. In the case of medical bills, the patient must be a listed member of the household in the application.

SAN ILDEFONSO CARES ACT TRIBAL ASSISTANCE FUND

APPLICATION

This fund is per household for assistance in utilities, rent/mortgage, medical bills and, for households with students and/or health compromised family members, internet access. All assistance checks will be mailed to the address below.



Head of Household: _____

Mailing Address: _____

Telephone: _____

Please list head of household first, then spouse, then other members of the household

Name	Date of Birth	Enrollment No.	Is this a student?	Is this a health compromised person?

If you have a student or health compromised member of the household, do you have internet? _____

If no, do you wish to request temporary assistance? _____

REQUIRED DOCUMENTS: (check one)

- Copy of Dept of Workforce Solutions determination letter and letter from employer
- Copies of monthly business income from September 2019 to present

SAN ILDEFONSO CARES ACT TRIBAL ASSISTANCE FUND

REIMBURSEMENT REQUEST

This fund is per household for assistance in utilities, rent/mortgage, medical bills and, for households with students and/or health compromised family members, internet access. All assistance checks will be mailed to the address below.

Head of Household: _____

Mailing Address: _____

Telephone: _____



REQUIRED DOCUMENTS:

- Copies of weekly unemployment certifications, or monthly income for self employed members
- Copy of mortgage statement or lease showing amount due
- Copy of electric bill
- Copy of telephone bill
- Copy of gas bill
- Copy of medical bill