



## Coeur d'Alene Tribe COVID-19 Relief Program Application

Name: \_\_\_\_\_

Tribal Enrollment Number: \_181U\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Personal Income Over \$75k? Y\_\_\_\_\_ N\_\_\_\_\_

Minor Enrolled Children In Your Care: (If needed, please continue on back.)

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Please check all COVID-19 emergency hardship(s) you have experienced.

- |  |  |
|--|--|
| <input type="radio"/> Increased Grocery Expenses | <input type="radio"/> Cleaning/Sanitation Expenses |
| <input type="radio"/> Loss of Income             | <input type="radio"/> Medical Expenses             |
| <input type="radio"/> Utility Expenses           | <input type="radio"/> Mortgage Expenses            |
| <input type="radio"/> Transportation Expenses    | <input type="radio"/> Rent Expenses                |

Other Expenses: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form by fax to (208) 686-6203 or to [tribalmember@cdatribe-nsn.gov](mailto:tribalmember@cdatribe-nsn.gov). For questions please call Shailee Zachary at 208-686-2088, Rachael Allan at 208-686-5503, or Debbie Groom at 208-686-5044.