



Coeur d'Alene Tribe 2021 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: _____

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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. For questions please call Shailee Zachary at 208-686-2088, Rachael Allan at 208-686-5503, or Debbie Groom at 208-686-5044.