

# Quartz Valley Indian Reservation

## QVIR CARES

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Quartz Valley Indian Reservation members and staff who serve them have all been impacted and will continue to be impacted for the unforeseeable future by the COVID-19 pandemic. Through the Bureau of Indian Affairs, QVIR has been awarded funding that will assist Tribal members and staff. The funding will be used to address the many varied economic and other essential needs of ALL Tribal member households (on or off the reservation, within and outside the Tribe's service area) caused by this ongoing public health emergency. Because QVIR is committed to assisting all Tribal members, no large grant will be issued to individual Tribal households. Please complete the application and address your household's specific needs. A brief statement must be included justifying your request, include any verification that you have (ex. Household members who have been laid off or had their hours reduced as a result of the pandemic, an unmet household bill that is due, etc.). Where possible, rent, mortgages, utility, etc. payments will be paid directly to the entity that bills the service, so be sure to include the name, address, and when possible, the invoice of/from the biller.

**Name of Applicant:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Tribal Member(s) Name and Enrollment #:**

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

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

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

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

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

**Additional Household Members:**

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

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

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

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

Name: \_\_\_\_\_ **Number in Household:** \_\_\_\_\_

**Address:**

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

**Physical:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Message: \_\_\_\_\_

## Requested Service(s):

### Housing:

Rent	Amount: \$ _____	Vendor: _____
Mortgage	Amount: \$ _____	Vendor: _____
Utility payment	Amount: \$ _____	Vendor: _____
Repairs	Amount: \$ _____	Vendor: _____
Insurance	Amount: \$ _____	Vendor: _____
Small Business	Amount: \$ _____	Vendor: _____
Missed payments	Amount: \$ _____	Vendor: _____
Other: _____	Amount: \$ _____	Vendor: _____

**Total Amount: \$ \_\_\_\_\_**

### Household Items:

Food	Water	Sanitary Supplies	House Supplies
Cleaning Supplies	Medical Purchases	Medical Deliveries	
Household Item(s) Amount: \$ _____			
Requested Vendor: _____		Reimburse Receipt(s) attached	

Child/Elderly/Disabled/at-risk medical and other care, please describe and list amount asking:

Emergency protective measures, including assistance in isolating individuals who test positive for the virus and protection of health care workers/service providers, please describe and list amount asking:

Remote Communications Equipment, please describe and list amount asking:

Medical Supplies and equipment (such as COVID-19 testing and treatment supplies; PPE); please describe and list amount asking:

Transportation (including public transportation access as well as vehicle upkeep and repair); please describe and list amount asking:

Unanticipated services not otherwise mentioned, please describe and list amount asking:

Attestation:

As head of household, I understand that I am requesting the assistance under penalty of perjury, and that I am not requesting duplicate assistance for a benefit I have received from a different source. Deductions from the on-going General Assistance (non-gaming distribution) payments will be made for any requests that are deemed to be fraudulent. The signature below affirms that I, the signer, understand and agree to the conditions of this document.

Signature of Head of Household: \_\_\_\_\_

Printed Name of Head Household: \_\_\_\_\_

Date: \_\_\_\_\_

