

Quartz Valley Indian Reservation

QVIR Cares

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QVIR Cares Program is designed to provide a non-taxable economic relief to enrolled QVIR members with additional resources for basic life necessities to help alleviate the negative economic impacts due to COVID-19.

Quartz Valley Indian Reservation members 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 caused by this ongoing public health emergency. Please complete the application and address your household's specific needs.

I UNDERSTAND AND CERTIFY	YES	NO
I or someone in my household has experienced a negative impact because of COVID-19 <i>(ex. Impacts in education, Behavioral or social support; unemployment or reduced hours; has a low or moderate income; food or housing insecurities; and or my household is experiencing other negative economic impact due to the Pandemic)</i>		
My request is proportional to the negative impacts the Pandemic has had on my household		

Name of Applicant: _____ Date of Application: _____

Email address: _____

Address: _____

Mailing Address: _____ Physical: _____

Phone Home: _____ Cell: _____ Message: _____

Tribal Member(s) Name and Enrollment #:

Name: _____ Number: _____ - _____ (Required)

Name: _____ Number: _____ - _____

Name: _____ Number: _____ - _____

Name: _____ Number: _____ - _____

Name: _____ Number: _____ - _____

Additional Household Members:

Name: _____ Name: _____

Name: _____ Name: _____

Number in Household: _____

Requested Service(s):

Supporting documentation must be attached showing current Account/Payment information or recent receipt for all categories

ASSOCIATED COSTS WITH HOUSING:

Rent Amount Due: \$ _____ Back Charges: \$ _____ Total Amount: \$ _____

Vendor: _____

Address: _____

Identifier: _____

Mortgage Amount Due: \$ _____ Back Charges: \$ _____ Total Amount: \$ _____

Vendor: _____

Address: _____

Identifier: _____

Utility payment Amount Due: \$ _____ Back Charges: \$ _____ Total Amount: \$ _____

Vendor: _____

Address: _____

Identifier: _____

Utility payment Amount Due: \$ _____ Back Charges: \$ _____ Total Amount: \$ _____

Vendor: _____

Address: _____

Identifier: _____

Repairs Amount Due: \$ _____ Back Charges: \$ _____ Total Amount: \$ _____

Vendor: _____

Address: _____

Identifier: _____

Insurance Amount Due: \$ _____ Back Charges: \$ _____ Total Amount: \$ _____

Vendor: _____

Address: _____

Identifier: _____

Other: _____ Amount Due: \$ _____ Back Charges: \$ _____ Total Amount: \$ _____

Vendor: _____

Address: _____

Identifier: _____

Total Asking Amount for Housing Associated Cost: \$ _____

Household Items:

Food Sanitary Supplies House Supplies Cleaning Supplies Medical

Household Item(s) Amount: \$ _____

Requested Vendor: _____ Address: _____

Reimburse Receipt(s) attached YES NO

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 and how it is related to a negative impact caused by Covid-19 \$ _____

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: _____

Note: Because QVIR is committed to assisting all Tribal members, no large grant will be issued to individual Tribal households.