



Application Instructions

The Flandreau Santee Sioux Tribe's CARES Act Assistance Program (CAAP) is designed to provide non-taxable economic relief to enrolled members of the Flandreau Santee Sioux Tribe who have been directly affected by the Coronavirus public health emergency. These funds are intended to alleviate financial hardships due to loss of income and/or increased costs that are a direct result of the COVID-19 pandemic by providing additional resources to maintain adequate housing, food, water, utilities, propane and fuel, clothing and other basic life necessities. Funding for this Program is being distributed from the CARES Act funding received by the Tribe and this Assistance Program is designed to comply with the CARES Act requirements and guidance issued by the US Department of Treasury. (Find additional information on the CARES ACT on the FSST website.)

False statements in the application process may disqualify the entire application or household from CAAP funding.

This is a one-time issuance, per off-reservation household, and the application may include all forms of assistance. Your eligibility will be based on the information submitted. All information provided by the applicant will be reviewed and confirmed.

The assistance provided will be paid directly to the off-reservation Tribal member based on vendor documentation and statement of need.

For further assistance regarding this program contact Marcie Walker [605-997-2924] or Office of Social Services [(605) 573-4218].

Eligibility to apply

To be eligible for the Off Reservation Flandreau Santee Sioux Tribe CAAP, the person must:

- Be an enrolled member of the Flandreau Santee Sioux Tribe who has attained the age of 18 years old
- Be the Head of Household
- Have experienced financial hardship due to the COVID-19 pandemic

Attach copies of the following to your application:

- Enrollment Verification
- Most recent utility bill
- Most recent propane bill or fuel oil bill
- Most recent Landlord (Housing) lease bill or mortgage payment documentation

Application is available at <https://santeesioux.com>

Submit application by email to: Marcie.walker@fsst.org or socialservices@fsst.org

Submit application by mail to:

Flandreau Santee Sioux Tribe
ATTN: FSST CAPP
603 W. Broad Ave
Flandreau, SD 57028

Verification forms must be filled out in full.

FLANDREAU SANTEE SIOUX TRIBE
Emergency Coronavirus Assistance Program: Off-Reservation
CARES Act Assistance Program (CAAP)



FLANDREAU SANTEE SIOUX TRIBE

Purpose

Coronavirus Emergency Financial Assistance Program, provides the following emergency financial assistance to Tribal member households to respond to the COVID-19 public health emergency:

- Emergency rental assistance to assist Tribal member households with rent payments to avoid eviction;
- Emergency mortgage assistance to assist Tribal member households with mortgage payments to avoid foreclosure; and
- Emergency utility assistance to assist Tribal member households to pay their utility fees and thereby continue to receive essential services.

Note: Deadline for this assistance is November 30, 2020. All applications received after this date will not be processed.

All Forms must be submitted by mail or email due to the prevention of spreading illness.

MAIL TO:

Flandreau Santee Sioux Tribe
ATTN: FSST CAPP
603 W. Broad Ave
Flandreau, SD 57028

Email: Marcie.walker@fsst.org or socialservices@fsst.org

There is a limited amount of \$500.00 for enrolled Tribal members not residing on the reservation.

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VERIFICATION FORM

ALL INFORMATION IS REQUIRED • PLEASE PRINT CLEARLY OR TYPE

INCOMPLETE FORMS WILL NOT BE PROCESSED

NAME (head of household): _____

PHONE: _____ **EMAIL:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Only One (1) benefit per FSST off-reservation household

Please list all members of your household, including yourself.

NAME	AGE	GENDER	ENROLLMENT#	RELATIONSHIP

Have you received direct assistance through CARES Act funding previously from another Tribe, Township, City, or other entity? If yes, please explain; attach more sheets if necessary.

Per US Treasury guidelines, per capita payments are not allowed.

Head of Household: _____

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Please explain how you have been impacted by COVID-19. Some examples include:

- Loss of Income (job loss, business closed, furlough, layoff, etc.)
- Increased costs of health precautions and care (over age 50, disabled, underlying medical conditions, etc.)
- Increased costs of living caused by COVID-19 (difficulty paying rent/mortgage
- Accessing essential services, etc.)
- Added costs of utilities, food & nutrition, etc.)
- Added costs for household safety and protection from COVID-19 (clothing, sanitation, etc.)
- Added costs of dependent care (distance/online learning, child care, health & wellness, etc.).

Empty box for providing details on how the applicant has been impacted by COVID-19.

Assistance being requested:

Rental/ Mortgage Assistance

Include your Rental Assistance Lease Agreement or Invoice/Statement (must be in applicant's name)

*** If the Lease Agreement is submitted it must be signed by the Tenant and the Landlord and must be documentation of the agreement prior to the date submitted.**

Amount: \$ _____

Include your Mortgage Assistance Monthly Statement (must be in applicant's name)

Amount: \$ _____

Head of Household: _____

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Utility Assistance

Include the invoices for each. These must be in the applicant's name.

Please check each vendor you would like paid and a copy of each vendor invoice must be submitted. The amount for each vendor must be filled out below.

Electricity Amount: \$ _____	Water/Sewer Amount: \$ _____
Natural Gas/Propane Amount: \$ _____	City Utility Bill Amount: \$ _____

Other utility assistance (please explain):

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The parties agree that the signature appearing on this agreement are for the purposes of validity, enforceability, and admissibility. I understand all the information above is true to the best of my knowledge. I understand providing false information can result in forfeiture of future FSST benefits and may constitute fraud.

Signature

Date

Approval Date # (Office Use Only) ____ / ____ / ____

Approved by (Initials): _____

Head of Household: _____