



Cheesh'na Tribal Council

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COVID-19 RESPONSE NEEDS ASSESSMENT
CHEESH'NA TRIBAL COUNCIL
COVID-19 ASSISTANCE PROGRAM

Please take time to fill out the following requested information. This will allow Cheesh'na Tribal Council ("CTC") the opportunity to deliver much needed assistance to our members, while maintaining compliance with the strict provisions on the use of the CARES Act funding. In addition, the information provided will allow CTC to connect our membership to existing financial assistance programs that may continue long after the pandemic.

The CTC Covid-19 Assistance Program intends that each tribal member and/or their household (including Non-Tribal), who can document a financial hardship which has been incurred as a result of the COVID-19 pandemic, may qualify to receive emergency financial relief.

PERSONAL INFORMATION

Applicant Contact Information	
First and Last Name	
Address	
Phone Number	
Email Address	
Preferred Method of Contact (phone or email)	
Preferred Time of Contact (morning/afternoon/evening)	

HOUSEHOLD INFORMATION

Household Member Information

Adults	First and Last Name	Age	High Risk (Y/N)	Teleworking (Y/N)
1				
2				
3				
4				

Children	First and Last Name	Age	High Risk (Y/N)	Distance Learning (Y/N)
1				
2				
3				
4				
5				

HOUSEHOLD INCOME (Please provide supporting documentation)

Household Income		
Monthly Income(s)	Prior to COVID	Post COVID
Wages	\$	\$
Social Security	\$	\$
Unemployment	\$	\$
Public Assistance (TANF, SNAP, etc.)	\$	\$
Other (Child support, Royalties, VA):	\$	\$
TOTAL	\$	\$

HOUSEHOLD EXPENSES (Please provide supporting documentation)

Household Expenses		
Monthly Expenses	Prior to COVID	Post COVID
Rent	\$	\$
Utilities	\$	\$
Food	\$	\$

CERTIFICATION

I, _____ hereby certify that I have experienced financial hardship because of COVID-19 and further certify that the above information is true and correct to the best of my knowledge. I further understand that anyone who knowingly and willfully makes a false statement may be subject to criminal prosecution.

Signature: _____

Name: _____ Date: _____