
Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe



Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

KARUK COVID-19 “CARES” EMERGENCY AID WELFARE PROGRAM APPLICATION

The COVID-19 CARES Emergency Aid Welfare Program is designed to provide non-taxable economic relief to Enrolled Tribal Members and Enrolled Descendants of the Karuk Tribe with additional resources to maintain adequate housing, transportation, food, water, medication, medical care, utilities, and basic life necessities to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic. Funding for the Program is being distributed from the CARES Act funding received by the Tribe and this general welfare program is designed to comply with the CARES Act requirements and guidance issued by the US Department of Treasury.

Eligibility:

- Karuk Enrolled Tribal Member who has attained the age of 18 years or older as of May 21, 2020 and who were also enrolled with the Tribe as of May 21, 2020; or
- Karuk Enrolled Descendant who has attained the age of 18 years or older as of May 21, 2020 and who were also registered with the Tribe as of May 21, 2020; and
- Has experienced a financial hardship due to the COVID-19 pandemic.

Application Submission: Please submit completed application **by November 1, 2020** to:

By Mail: Karuk Tribe, Attn: Sammi Offield, PO Box 1016, Happy Camp, CA 96039

By email: CARES@karuk.us

For further assistance regarding this Program, please contact:
Sammi Offield by phone at 530-493-1600 ex. 2021 or by email at:
CARES@karuk.us

KARUK COVID-19 “CARES” EMERGENCY AID WELFARE PROGRAM APPLICATION

Name _____

Enrollment Number _____ Enrolled Descendant Number _____

Current Mailing Address _____

Phone Number _____ Date of Birth _____

Email address _____

If you have been impacted by the COVID-19 Pandemic, please indicate all of the impacts by checking all boxes that apply to your personal situation

Loss of Employment/Temporary Layoff or Furlough.

Reduction in hours/pay.

Unable to work or experiencing financial hardship due to no child care/school.

Had to close business.

Teleworking and related job changes.

Children being schooled at home/distance learning.

Underlying medical condition requiring staying home to prevent exposure.

Over the age of 50 and enduring increased costs related to the COVID-19 pandemic.

Difficulty accessing healthy foods.

Difficulty paying rent/mortgage.

Did not receive federal stimulus funding.

Contracted COVID-19.

Disabled and enduring increased costs related to the COVID-19 pandemic.

Experienced increased essential costs due to COVID-19 (i.e. paid a higher price for essential items)

Other financial hardship (please explain) _____

Certification:

By signing below, I _____ (**print name**) certify that the above information is true and correct to the extent of my knowledge. I understand that submitting false information may be considered a crime and is punishable under Tribal and Federal Law. I further agree that the funds distributed by the Tribe shall be used for General Welfare and only to purchase essential goods and services to relieve the impacts of COVID-19, and shall not be spent on ineligible expenses.

Limitations: The following is a non-exhaustive list of items that financial relief under this program may be used for:

- i. Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being;
- ii. Materials associated with Karuk Tribal activities, such as Tribal dance and other ceremonial and prayer activities, basket weaving, acorn gathering, collecting ceremonial plants the making of regalia and Karuk traditional carving;
- iii. Personal care items such as face masks, sanitizer, hand cleaner, hygiene products, and special clothing necessary to maintain personal health and safety of oneself and others;
- iv. Transportation costs including private vehicle use at \$0.57/mile, car rental, car service, or public transportation costs for increased distances and frequency of trips to access essential and/or emergency services;
- v. Utility costs for the added expenses incurred to stay at home, isolate or adhere to public health and Tribal government mandates and recommendations, including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone.
- vi. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school;
- vii. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling;
- viii. All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school
- ix. Costs incurred to improve or create teleworking capabilities.
- x. Housing assistance to avoid foreclosure or eviction;
- xi. Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.

I agree to not spend these funds alcohol, drugs (including marijuana), tobacco and gambling (other than use of those items in association with ceremony), or benefits used in any way that would be considered lavish or extravagant.

Each individual receiving these funds is personally responsible for using those funds in the manner prescribed herein and is personally responsible for accounting for those expenditures should they be called upon to do so by the Tribe, the IRS or another arm of the federal government. If you are unable to account for the expenditures when requested, you agree to repay the funds to the Karuk Tribe. We advise that you keep receipts.

Signature of Applicant

Date