



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

CARES Human Service Emergency Food For COVID Positive and/or Quarantine Assistance

October 1, 2021 – December 17, 2021

APPLICATION (1) One Per
Household/Address

CARES Human Service Emergency Food - COVID Positive and/or Quarantine Assistance Information:

CARES Human Service Emergency Food funding provided under the Grand Traverse Band's COVID-19 Assistance Program are available to enrolled Tribal Members living within the six-county service area who have been directly impacted by the COVID-19 pandemic.

Purpose of the CARES Human Service Emergency Food - COVID Positive and/or Quarantine Assistance:

Because many tribal members continue to suffer economic impacts caused by COVID-19, the GTB COVID-19 the CARES Human Service Emergency Food Program - COVID and/or Quarantine Assistance has been established to assist members who continue to be impacted by the coronavirus (COVID-19) pandemic. All Tribal Members within the six-county service area are eligible to apply for this CARES COVID positive and /or Quarantine Assistance program.

This program is designed to help our members during the COVID-19 pandemic to ensure that they have access to food and to prevent underlying conditions that exacerbate the impact of COVID-19.

Program Requirements

The CARES Human Service Emergency Food Program may be used to cover food expenses that incurred as a result of being required to social distance or quarantine between **October 1, 2021 and December 29, 2021** related to COVID. However, these funds may not be used to cover food expenses that already have been covered by other grant or assistance programs (including CARES Act or ARPA programs to tribal members).

- Individual who tested COVID positive or Quarantined due to a 1st hand exposure.
- One (1) - \$250 Walmart Food Card per address for the whole household.
- COVID positive determined by a medical provider.
- Quarantine must have been made by Employer, Medical Provider and/or Health Department.
- Due to limit supplies, please apply as soon as possible.

CARES COVID Positive and Quarantine ASSISTANCE APPLICATION

Name of Applicant: _____

Tribal ID: _____

Mailing Address: _____

City: _____, MI Zip: _____

Physical Address (if different then mailing): _____

City: _____, MI Zip: _____

Phone: _____

Birthdate/Age: _____ Age: _____

COVID positive date: (MM/DD/YYYY) _____

Quarantine Date time frame: (MM/DD/YYYY) _____

Health Provider: _____ Phone Number: _____

Employer: _____ Phone Number _____

Health Department: _____ Phone Number _____

For minor or dependent applicants: Must be Legal Guardian or (Custodial) Parent or Power of Attorney (POA).

Name	DOB	Tribal ID#	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

COVID and/or Quarantine Attestation

By signing this application form, I attest or affirm, that as a result of my exposure to COVID-19 I was required by a health care provider, employer or local health department to quarantine and therefore I incurred COVID-related economic harm. I certify that any funds I receive on my behalf or on behalf of my minor or dependent child as the result of my application to this program, will be used for COVID related expenses described in this Application.

Printed Name of Applicant: _____

Last four digits of social Security number _____

Signature of Applicant: _____ Date: _____

For minor child or dependent Applicants:

Printed Name of Applicant parent (custodial) or legal guardian: _____

Signature of parent (custodial) or legal guardian or P.O.A below:

Date: _____

Office Use: Gift Card # _____	Initial/Date: _____
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