King Island Native Community
PO BOX 682
Nome, AK 99762
Email: kinc.cares@gmail.com

POSITIVE COVID-19 (Coronavirus) Emergency Assistance – March 2020-Present
Program Application

THIS APPLICATION IS FOR THE IRA - KING ISLAND NATIVE COMMUNITY TRIBAL MEMBERS (NOT NATIVE CORPORATION) who have tested positive for COVID-19 from March 2020- Present.
Assistance will be $500/per positive case in household. *Must show proof of Positive COVID-19 via hospital or State of Alaska letter for each person being applied for.*
King Island Native Community (KINC) has declared a public health emergency for its tribal members due to the COVID-19 pandemic. In order to meet the immediate and critical needs of tribal members, King Island Native Community has instated a COVID Emergency Assistance Program that is available through an application process with US Treasury funds received from the American Rescue Plan Act (ARPA).
This application is one per household Please provide proof of positive COVID-19 result for each member of your family you're applying for by attaching the hospital or State of Alaska COVID-19 positive letter per household member you're applying for.

Please check the item/s that you and your household need assistance with:

☐ POSITIVE COVID-19 Financial
    Assistance

*Please allow 1-2 weeks for staff to organize/plan release of assistance.

Please complete the following information:

First Name: _____ Enrollment #: _____

Last Name: _____ Phone Number: _____

Mailing Address: _____ **Email Address:** _____

_____
How would you like your check via: (Account's Must be under Tribal Member's Name)

☐ Mail ☐ Wells Fargo Acct #_____☐ Credit Union 1 Acct #_____

By signing, I do hereby self-certify that I have been economically affected by the COVID-19 pandemic and have incurred related expenses including, but not limited to the following: loss of income, food, housing, distance learning, healthcare, telehealth, telework, childcare, or other public health and safety needs and services. I am applying for Emergency Assistance to meet my/my family's basic needs.

Signature: _____ Date: _____

Applications can be dropped off at the King Island office, emailed to tc.ki@kawerak.org, or mailed to: PO BOX 682, Nome, AK 99762

Household Information

Name	Date at Birth		Relation to Head	Age	Sex	Positive For COVID-19?	Enrollment (KINC Tribe)
			Self			Yes or no	
						Yes or no	
						Yes or no	
						Yes or no	
						Yes or no	
						Yes or no	
						Yes or no	

How many persons live in the house: Adults _____   Children _____

Economic Impact Statement

Did you qualify and receive the CARES Act Economic Impact Payment ($1,200) from the IRS? Yes ☐ No ☐
If your answer is no please, explain why:

_____
_____
_____

I am experiencing genuine financial need as a result of the COVID-19 pandemic as follows (check all that apply):

☐ I, (or someone in my household), became unemployed, had hours cut back, been furloughed, put on unpaid leave, unable to find work due to lack of seasonal employment such as fisheries, tourism, canceled summer youth programs, hiring freezes due to COVID-19.

☐ I, (or someone in my household), is unable to work or experiencing financial hardship due to no child care/school due to COVID-19 (for example: higher electric, water/sewer, food costs etc. from children being home January-December 2021)

☐ I, (or someone in my household), am experiencing significantly increased medical costs or lost health insurance due to COVID-19.

☐ I, (or someone in my household), experienced financial hardship due to shelter in place orders, required health mandates or closures due to COVID-19. (for example: unable to travel to sell artwork or not enough tourism to buy artwork, college students had to come home early due to dorm closures to shelter at home, etc.)

 ☐ I, (or someone in my household), am unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19.

☐ I, (or someone in my household), experienced other financial hardship due to COVID-19. Please explain:_____
_____
_____

Applications can be dropped off at the King Island office, emailed to kinc.cares@gmail.com, or mailed to: PO BOX 682, Nome, AK 99762