
This is NOT a Per Capita Payment

APPLICANT INFORMATION

NOTE: A separate ARPA Youth Assistance OR Dependent Adult Assistance Application must be completed by parent(s) or Legal Guardian of Minor Children OR Dependent Adults who are enrolled district members.

Name *(required)

Date of Birth *(required)

Social Security Number *(required)

SWO Enrollment Number *(required)

Email

Phone *(required)

Physical Address *(required)

Address City State Zip

Is your mailing address the same as your physical address? *(required)

Yes No

Address City State Zip

Child(ren) Information:

Child Name: DOB:

SS#: SWO Enrollment:

GENERAL NEEDS ASSESSMENT

Have you experienced a negative economic impact as a result of the COVID-19 pandemic, such as increased expenses or decreased income due to the pandemic?

*(required)

Yes No

Have you experienced a negative economic impact from the COVID-19 pandemic that is equal to or greater than the \$_____ of assistance you are requesting from this program?

*(required)

Yes No

Do you receive services from the Sisseton-Wahpeton Oyate or another Tribal government? *(required)

Yes No

Are you low-income? *(required)

Yes No

Have you experienced unemployment or increased housing or food insecurity during the COVID-19 pandemic? *(required)

Yes No

Do you (or does your household) receive assistance from any of the following? *(required)

- Pell Grants
- Section 8 Vouchers
- Head Start and/or Early Head Start
- Supplemental Security Income (SSI)
- Medicare Part D Low-income Subsidies
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Free and Reduced-Price Lunch (NSLP) and/or School Breakfast programs (SBP)
- Special Supplemental Nutrition Program for Women, Infants and Children
- (WIC) N/A (Not Applicable)

SIGN & SUBMIT

In submitting this application, I declare and certify that the information and documentation is true and correct, and I acknowledge that any payments based on inaccurate assertions or submissions or based on material omissions are subject to recoupment from the recipient by the Sisseton-Wahpeton Oyate and/or the United States government. This may be cause to seek other remedies allowable by law. I further agree to assist the _____ in seeking any further necessary verification of the submitted information upon reasonable request.

Applicant Signature *(required)

Date *(required)

**Deadline to apply for Heipa District portion will be
September 27, 2024 @ 4:00pm - NO EXCEPTIONS**