



Department of Administration

COVID-19 EACH Program

Post Office Box 1387 / Ada, OK 74821 / (580) 276-8508 / Toll-free (866) 537-0438 / Email address: EACH@Chickasaw.net

Chickasaw Nation COVID-19 Fiscal Recovery Fund

Economic Assistance for Citizens and Households Application

The Chickasaw Nation established the Chickasaw Nation Fiscal Recovery Fund (CNFRF) to administer funds allocated to the Chickasaw Nation under the American Rescue Plan Act (ARPA) as a result of the COVID-19 public health emergency. The Chickasaw Nation Economic Assistance for Citizens and Households Program (EACH Program) has been implemented to help support Chickasaw households and mitigate the negative economic impacts experienced by those households due to the COVID-19 public health emergency.

Applicants must be a Chickasaw citizen, or a custodial parent or legal guardian of a minor Chickasaw citizen, or the legal guardian of an adult Chickasaw citizen applying on the Chickasaw citizen's behalf. Assistance will only be issued to Chickasaw citizens. Assistance will not be issued to non-citizen household members. Eligible Chickasaw citizens may be awarded a **one-time** assistance payment of \$2,000 per citizen.

Please submit one application per household.

Application deadline is September 30, 2022

Household Information:

*Use the following table to list all Chickasaw citizen household members. Include yourself as a household member if you are a Chickasaw citizen. A household is defined as a group of related or unrelated individuals who usually live together and share income and expenses. This does not include roommates who are unrelated and separately responsible for their own living expenses. **Citizenship will be verified. Citizenship ID no. is highly recommended, but not required for verification.***

First	Middle	Last	Suffix	Birth date (mm/dd/yyyy)	Citizen ID no.

***Approved requests will be made payable to each verified Chickasaw citizen listed in the household information table and mailed to the mailing address provided below.**

Mailing address: _____
Street City State ZIP

Physical address: _____
 Same as Mailing Street City State ZIP

Email address: _____

Home phone no.: (____) _____ Cell phone no.: (____) _____

COVID-19 Impact Information:

Please answer the following questions regarding the negative economic impacts your household has experienced as a result of the COVID-19 public health emergency.

1. Have you or another member of your household received unemployment benefits or been unemployed at any point in time between March 17, 2020 and present (including if you have been laid off)? Yes No
2. Was your annual income on your latest federal tax return less than \$75,000 for single or married individuals filing separately, less than \$112,500 for head of household, or less than \$150,000 for married filing jointly or surviving spouses? Yes No
3. Have you experienced housing instability or risk of homelessness at any point in time between March 17, 2020 and present? Yes No
4. Have you experienced food insecurity at any point in time between March 17, 2020 and present? Yes No

If you answered "Yes" to any question above, STOP. Skip questions 5-8 below and complete the certification at the bottom of the application. If you answered "No" to all questions above, please complete questions 5-8 to show how you have been negatively economically impacted by the COVID-19 public health emergency.

5. Due to the COVID-19 pandemic, has your household experienced economic harm caused by income or job loss/income reduction? Yes No (See page 3 for examples)
6. Due to the COVID-19 pandemic, has your household experienced economic harm or financial hardship due to market circumstances/purchasing necessary goods? Yes No (See page 3 for examples)
7. Due to the COVID-19 pandemic, has your household experienced economic harm related to household or family circumstances? Yes No (See page 3 for examples)
8. Due to the COVID-19 pandemic, has your household experiences economic harm related to medical needs? Yes No (See page 3 for examples)

Certification:

By the completion and execution of this form, I attest that my household has experienced negative economic impacts as a result of the COVID-19 public health emergency to the extent indicated on this application and that all information provided is true and correct.

Applicant signature

Date

**Please submit completed application to:
Chickasaw Nation COVID-19 EACH Program
Post Office Box 1387
Ada, OK 74821
Phone no.: (580) 276-8508 / Toll-free no.: (866) 537-0438
Email address: EACH@Chickasaw.net**

COVID-19 Impact Examples

Question 5: Negative Economic Impact-Loss or Reduction of Income or Employment

Select Yes if any of the following statements apply to you or a member of your household since March 1, 2020.

- a. Experienced job loss, was furloughed, or place of employment has closed
- b. Experienced a reduction in hours of work or reduction in income of \$2,000 or more (including self-employed)
- c. Lost child or spousal support
- d. Unable to find employment due to COVID-19
- e. Underwent additional job training, including online job training, to gain employment
- f. Feel like you are unable to make ends meet or have had to use credit cards or loans to meet routine expenses
- g. Experienced the death of a household income earner

Question 6: Negative Economic Impact-Market Circumstances Purchasing Necessary Goods

Select Yes if any of the following statements apply to you or a member of your household since March 1, 2020.

- a. Increase in expenses due to COVID-19
- b. Added technology expenses, including equipment, supplies, or internet costs, for remote work, distance learning, telehealth, or social distancing
- c. Otherwise have additional household expenses for people living in the home resulting from the COVID-19 pandemic
- d. Foregone engaging in cultural, religious, or other social events which have negatively impacted your ability to engage in traditional marketplaces and procure or sell cultural goods and wares, such as traditional regalia, artwork, jewelry, traditional food items, or items of ceremonial significance

Question 7: Negative Economic Impact- Due to Household or Family Circumstances

Select Yes if any of the following statements apply to you or a member of your household since March 1, 2020.

- a. Subject to a stay-at-home order
- b. Experienced a daycare or school closure, been required to shift to distance learning, or have otherwise had educational opportunities negatively impacted
- c. Utility bills have increased, including an increase caused by spending more time living and working at home or have had trouble making utility bill payments

Question 8: Negative Economic Impact-Medical Needs

Select Yes if any of the following statements apply to you or a member of your household since March 1, 2020.

- a. Unwilling or unable to participate in your previous employment due to high risk of severe illness from COVID-19
- b. Increase in medical expenses directly or indirectly due to COVID-19
- c. Foregone engaging in cultural, religious, familial, or other social events which have negatively impacted your mental or behavioral well-being
- d. Required to stay at home to care for household member(s) with COVID-19
- e. Been diagnosed with COVID-19
- f. Required to quarantine due to COVID-19 exposure
- g. Have had to take off of work or incurred travel expenses (such as fuel or vehicle wear and tear) to obtain COVID-19 testing, vaccination, or other related care
- h. Considered high-risk due to an underlying health condition or age
- i. Delayed procuring necessary medical care as a result of the COVID-19 public health emergency
- j. Have had to pay for funeral or burial expenses related to COVID-19