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**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

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## **KARUK COVID-19 AMERICAN RESCUE PLAN EMERGENCY CASH ASSISTANCE GENERAL WELFARE PROGRAM APPLICATION**

The COVID-19 American Rescue Plan Act (ARPA) Emergency Cash Assistance General Welfare Program is designed to provide non-taxable economic relief to Enrolled Tribal Members with additional resources to maintain adequate housing, transportation, food, water, medication, medical care, utilities, and basic life necessities to help alleviate the negative economic impacts due to the COVID-19 pandemic. Funding for the Program is being distributed from the ARPA Legislation Section 9901 received by the Tribe and this general welfare program is designed to comply with the ARPA 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 20, 2021 and who were also enrolled with the Tribe as of May 20, 2021; or
- Karuk Enrolled Tribal Member who is younger than 18 years of age as of May 20, 2021, and who were also enrolled with the Tribe as of May 20, 2021.
- Has experienced a negative economic impact due to the COVID-19 pandemic.

**Application Submission:** Please submit completed application **by July 31, 2022**

**(applications will be processed as they are received)** to: **By Mail:** Karuk Tribe, Attn:

Sammi Offield, PO Box 1016, Happy Camp, CA 96039

**By email:** [arpa@karuk.us](mailto:arpa@karuk.us)

**For further assistance regarding this Program, please contact:**

Sammi Offield by phone at 530-493-1600 ex. 2014 or by email at:

[arpa@karuk.us](mailto:arpa@karuk.us)

## 2021 KARUK COVID-19 AMERICAN RESCUE PLAN EMERGENCY CHILD CASH ASSISTANCE GENERAL WELFARE PROGRAM APPLICATION

<b>Legal Guardian (Printed)</b>	<b>Enrolled Karuk Children in Household</b> # _____	<b>Date of Application</b>
<b>Mailing Address:</b>	<b>Contact Number:</b>	
<b>Physical Address:</b>	<b>Contact Email:</b>	
<b>Enrolled Karuk Child (Full Name Printed)</b>	<b>Tribal Roll #</b>	<b>Date of Birth</b>
<b>Declaration:</b> I certify that I am the legal guardian of the above-named listed children and they reside in my household.		

**PAYMENT:** Checks are made out to the legal guardian for all enrolled Karuk children under their legal care.

**DOCUMENTS:** You are required to show proof of guardianship (i.e. tax returns with minor listed or other legal documents establishing guardianship). Only completed and signed documents will be accepted.

**A. I have experienced a negative economic impact as a result of the COVID-19 pandemic (check all that apply):**

- I (or someone in my household) experienced impacts in education, behavioral or social support
- I (or someone in my household) experienced unemployment or reduced hours during the pandemic
- I have a low or moderate income (\$75,000 or less for single person, \$150,000 for a married couple)
- I (or someone in my household) has experienced food or housing insecurity during the pandemic
- I (or someone in my household) is experiencing other negative economic impact due to COVID-19 (Please explain your extra costs such as increased health care, utility, childcare, or grocery costs or your lost income, etc.)

\_\_\_\_\_

\_\_\_\_\_

**B. By signing below, I verify that the amount of negative economic impact I or my household have experienced as a result of COVID-19 is significant and proportional to the benefits I will receive.**

I certify that the information provided on this application is true and correct to the best of my knowledge. Any false information will be grounds for legal action. By signing I also acknowledge that if my application is not complete, it will not be processed.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

○ Application deadline: **July 31, 2022**

Please return to: [arpa@karuk.us](mailto:arpa@karuk.us) or Mail to: Attn: Sammi Offield, P.O. Box 1016, Happy Camp CA 96039