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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 -ELDERS 65 OR OLDER**

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 Elders 65 years or older, 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 65 years or older as of August 25, 2022 and who were also enrolled with the Tribe as of May 20, 2021; and
- Has experienced a negative economic impact due to the COVID-19 pandemic.

**Application Submission:** Please submit completed application **by March 31, 2023** to:

By Mail: Karuk Tribe, Attn: Sammi Offield, PO Box 1016, Happy Camp, CA 96039

By e-mail: [arpa@karuk.us](mailto:arpa@karuk.us)

**(applications will be processed as they are received, please allow up to 4 weeks for processing)**

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

Erin Hillman by phone at 530-493-1600 ex. 2004 or by email at:

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

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**KARUK COVID-19 “ARPA” EMERGENCY ADULT AID  
WELFARE PROGRAM APPLICATION -ELDERS 65 OR OLDER**

Full Name (First, Middle, Last) \_\_\_\_\_

Enrollment Number \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address \_\_\_\_\_

**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 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 must be submitted no later than March 31 2023.**

**Certification:**

By signing below, I \_\_\_\_\_ (**print name**) certify that the above information is true and correct to the extent of my knowledge. I understand that submitting false information may be considered a crime and is punishable under Tribal and Federal Law. I further agree that the funds distributed by the Tribe shall be used for General Welfare and only to purchase essential goods and services to relieve the impacts of COVID-19, and shall not be spent on ineligible expenses.

Limitations: The following is a non-exhaustive list of items that financial relief under this program may be used for:

- i. Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being;
- ii. Materials associated with Karuk Tribal activities, such as Tribal dance and other ceremonial and prayer activities, basket weaving, acorn gathering, collecting ceremonial plants the making of regalia and Karuk traditional carving;
- iii. Personal care items such as face masks, sanitizer, hand cleaner, hygiene products, and special clothing necessary to maintain personal health and safety of oneself and others;
- iv. Transportation costs including private vehicle use at \$0.57/mile, car rental, car service, or public transportation costs for increased distances and frequency of trips to access essential and/or emergency services;
- v. Utility costs for the added expenses incurred to stay at home, isolate or adhere to public health and Tribal government mandates and recommendations, including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone.
- vi. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school;
- vii. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling;
- viii. All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school
- ix. Costs incurred to improve or create teleworking capabilities.
- x. Housing assistance to avoid foreclosure or eviction;
- xi. Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.

I agree to not spend these funds alcohol, drugs (including marijuana), tobacco and gambling (other than use of those items in association with ceremony), or benefits used in any way that would be considered lavish or extravagant.

Each individual receiving these funds is personally responsible for using those funds in the manner prescribed herein and is personally responsible for accounting for those expenditures should they be called upon to do so by the Tribe, the IRS or another arm of the federal government. If you are unable to account for the expenditures when requested, you agree to repay the funds to the Karuk Tribe. We advise that you keep receipts.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date