



Eastern Shoshone Tribe

COVID-19 Emergency Living Assistance Program

C/O Eastern Shoshone Credit Program

Phone: (307) 332-2920 Fax: (307) 335-8978

P.O. Box 398 Fort Washakie, WY 82514

Website www.easternshoshone.org or www.shoshonecredit.org

As a Enrolled Eastern Shoshone Tribal Member, In order to receive COVID-19 monetary assistance from Eastern Shoshone Tribe through the Cares Act, this form needs to be filled out in its entirety

Adult Applicants ONLY

Applicants turning 18 y/o up to September 1, 2020 are eligible

Tribal Member Name _____

FIRST

MI

LAST (*Maiden & Married*)

SUFIX

MAILING ADDRESS _____

(Where you will receive the check)

City

State

Zip

Contact

Phone #

() _____

	Date of Birth	Tribal Enrollment Number 282U-
Tribal Information (Self)	M / D / Y *Required	 <i>* Not Required but would speed up the process for accuracy. A clerk will verify DOB and fill in Tribal Enrollment ID</i>

I understand that I am receiving assistance from the Eastern Shoshone Tribe listed as Covid-19 Emergency Assistance Living Program, approved by the Shoshone Business Council. I will use the emergency assistance for food security expenses incurred due to the pandemic and I understand as the Covid-19 crisis unfolds, disruptions in domestic food supply chains, other shocks affecting food production, and loss of incomes and remittances are creating strong tensions and food security risks.

I understand that Shoshone Credit is only processing the Emergency Living Assistance Check and THIS IS NOT A LOAN.

By signing, I understand I am receiving Financial Assistance from Eastern Shoshone Tribe through COVID-19 Cares Act for Tribes

X

Tribal Applicant Signature

Date

Address check?

Emp Initial

Family #

Check #