



SPOKANE TRIBAL 477

Pandemic Emergency Assistance Funding- PEAFF
COMMUNITY APPLICATION

Pandemic Emergency Assistance Funding

The American Rescue Plan Act, Public Law 117-2; section 403 (C) of the Social Security Act has established Pandemic Emergency Assistance Fund (PEAF). Spokane Tribal 477/TANF has PEAFF funding available to eligible families that have been affected by the pandemic. Funding is to be used for non-recurrent, short term benefits designed to deal with specific crisis or episode of need, not be intended to meet ongoing needs; and must not extend beyond four months; and must be a result from the COVID-19 pandemic.

Assistance Offered

- A one-time payment to provide extra cash to all current TANF recipient families to assist them in dealing with added costs caused by the pandemic.
- A one-time payment to provide extra cash to weather the pandemic to current Supplemental Nutrition Assistance Program (SNAP) recipient families with children affected by the pandemic.
- Cash assistance for short-term basic needs to help families with mixed immigration status (e.g., citizen children with parents who are not eligible due to their immigration status) who are affected by the pandemic.
- A benefit to secure personal protective equipment.
- A benefit to assist with online job search, training and workshop participation.

How to Apply

Applications and verifications may be submitted by email, fax, mail, or drop box at an office listed below.

EMAIL: PEAFF@spokanetribe.com

SPOKANE SITE:

232 E Lyons Ave
 Spokane, WA 99208
 Main Phone: (509) 533-1360
 Fax: (509) 533-0699

WELLPINIT SITE:

6195 Ford-Wellpinit Road/ PO Box 358
 Wellpinit, WA 99040
 Main Phone: (509) 458-8000
 Fax: (509) 458-8017

Eligibility Criteria

1. Household **GROSS** income is equal to or less than 250% of Federal Poverty Guideline
2. Household must include at least ONE minor dependent OR currently pregnant (*must provide proof of pregnancy*)
3. The household must include at least ONE enrolled member of a Federally Recognized Tribe
4. Household residency must be in the Spokane Tribal 477/TANF service area (*Stevens county, Spokane county, Lincoln county, Pend Oreille county, or Whitman county*)
5. Households immediate need is related to COVID-19 pandemic

250% Federal Poverty Level	
Household Size	Annual Income
1	\$32,200
2	\$43,550
3	\$54,900
4	\$66,250
5	\$77,600
6	\$88,950
7	\$100,300
8	\$111,650
Add \$11,350/person over 8 people	

Documents Needed

- | | |
|--|---|
| <input type="checkbox"/> Valid Washington State Driver's License/ID | <input type="checkbox"/> Proof of Residency |
| <input type="checkbox"/> Proof of Tribal Enrollment | <input type="checkbox"/> Proof of Income (<i>earned & unearned</i>) |
| <input type="checkbox"/> State Certified Birth Certificate | <input type="checkbox"/> Proof of guardianship/custody (<i>needed for children placed in the home- Will not accept Power of Attorney</i>) |
| <input type="checkbox"/> Social Security Card (<i>Head of Household</i>) | |

Section III- Household Income Information *For each source of income, please attach income verification for the last 30 days*

Name	Source of Income	GROSS Monthly Income Amount

Section IV- At Risk Indicators *Must mark AT LEAST one at-risk indicator for the household*

Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Unemployment/loss of income | <input type="checkbox"/> Homelessness/risk of homelessness | <input type="checkbox"/> Experiencing substance abuse/mental health issues |
| <input type="checkbox"/> Medical treatment | <input type="checkbox"/> Procurement of PPE/cleaning supplies | <input type="checkbox"/> Divorce or family separation |
| <input type="checkbox"/> Increase use/cost of utilities | <input type="checkbox"/> Living in unstable/unsafe environment | <input type="checkbox"/> High risk/vulnerable HH member |
| <input type="checkbox"/> Increased food consumption costs | <input type="checkbox"/> Being a low income family | <input type="checkbox"/> Damage or loss of use of property due to: _____ |
| <input type="checkbox"/> Increased cost of supplies/goods | <input type="checkbox"/> Increased shelter expenses | <input type="checkbox"/> School/Childcare closures |
| <input type="checkbox"/> Increased childcare costs | <input type="checkbox"/> Moving/relocation costs | <input type="checkbox"/> Evacuation due to: _____ |
| <input type="checkbox"/> Domestic violence victim/survivor | <input type="checkbox"/> Increased fuel/energy costs | |
| <input type="checkbox"/> Living in a community with a shortage of supplies | | |

IN SUBMITTING THIS APPLICATION FOR STOI 477/TANF NON-RECURRING SHORT-TERM BENEFITS FOR PEAFF, I CERTIFY UNDER PENALTY OF PERJURY:

- 1) My family and I reside in an identified service area for assistance.**
- 2) An eligible enrolled Native American person resides in my home at the listed address.**
- 3) All information on this document is truthful and accurate.**
- 4) I understand that STOI 477/TANF may investigate the accuracy of my statements and will require me to provide supporting documentation listed on application.**
- 5) I am willing to provide any and all supporting documents and answer all application related inquiries in a timely manner.**

Applicant Signature

Date



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RELEASE FORM

I, _____ (*print*), authorize the Spokane Tribal 477/TANF, Pandemic Emergency Assistance Funding (PEAF) Program, to make any necessary research, to request and to verify information I have given regarding my eligibility for Pandemic Emergency Assistance. I authorize the release of any information, documents, or forms to the STOI 477/TANF PEAFF Program or their designee necessary for the purposes of determining my eligibility, including but not limited to:

- Earned Income: Employment, wages, vacation pay, or bonus
- Unearned Income: Per Capita, Revenue Sharing, Child Support, Social Security, Disability SSI, Worker's Comp, etc.
- Residency: Housing, rental, lease agreements, temporary homelessness
- Pandemic Emergency Assistance with the County, State, or other Tribal Programs for non-duplication of benefits
- Other, birth certificates, social security cards, tribal affiliation, guardianship and/or custody documents, etc.

I hereby release the STOI 477/TANF PEAFF Program and its designees/employees from all liability, damages and claims which might result from the release of information as authorized.

A COPY OF THIS RELEASE SHOULD BE ACCEPTED AS AN ORIGINAL.

This signed release of information is valid for 1 year from the date listed below.

Applicant Signature

Date

Printed Name