



# PONCA TRIBE OF NEBRASKA

119 6<sup>th</sup> St • Sioux City, IA 51103 • Phone: 712-258-0500 • Fax: 712-258-0762

## **Assistance Due To COVID-19 For Sioux City Metro Area Native Americans**

A one-time relief assistance (**\$50 Hyvee Gift Card**) is available to **adult members of federally recognized tribes** (18 years and older) living in the **Sioux City metro area** (Sioux City and Sergeant Bluffs, IA; South Sioux City and Dakota City, NE; and North Sioux City, SD) as an allowance for food, nutritional assistance (formula, vitamins, etc.), and cleaning supplies due to being negatively impacted by COVID-19 between March 1 - December 31, 2020.

**Proof of enrollment** in a federally recognized tribe (ex: enrollment card, CDIB) and proof of **residence** in the Sioux City metro area (drivers license, state issued ID, utility bill, etc with your Sioux City metro area address; letter from a social service agency certifying homelessness in Sioux City metro area, etc.) along with completion of **this form** is required.

Bring this completed form and proof of enrollment and residence to the **Ponca Tribe of Nebraska** office at **119 6<sup>th</sup> St, Sioux City, IA by November 20, 2020**. Call 712-258-0500 for questions. Assistance is first come, first serve until assistance funds are gone.

## **Food Security and Household Assistance Due To COVID-19 Certification**

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Federally Recognized Tribe Enrolled With: \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I certify that the funds will only be used for the intended purpose outlined within the application.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*If you would like to receive information on future programs available, indicate your preferred contact method:*

*Mail (Enter if different than address above):* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*Check here if you have minor children and want to be contacted on future programs for children.*

For PTN Staff Only:

Verified enrollment & residence and gave card on (date) \_\_\_\_\_. Staff Signature: \_\_\_\_\_