



COLORADO RIVER INDIAN TRIBES
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 12302 Kennedy Drive, Parker, Arizona 85344, Ph: 928-669-6577
COVID-19 Emergency Disaster Relief General Welfare Benefit
VERIFICATION OF NEED FORM

Eligibility Requirements:

1. Must be an enrolled CRIT Tribal Member, 18 years of age or older on or before 8/17/2020.
2. Must demonstrate a need for assistance by checking at least one box on the economic impact directly related to COVID-19 pandemic below*
3. You must complete, sign and return this form to the CRIT DHSS **Drop-Box** located at 12302 Kennedy Drive, Parker, Arizona 85344.
4. Tribal Members that currently reside off the reservation please call CRIT DHSS 928-669-6577.

Eligible Tribal Members 18 years and older may receive a one-time benefit up to \$1,000.

First Name: _____ Middle: _____ Last: _____

DOB: _____ Tribal ID# _____ Phone: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Current Status: Please check

Employed w/COVID-19 impact _____ Employed w/reduced income _____ Unemployed _____

Disabled _____ Require Proof: Furloughed w/o pay _____ Laid-Off _____

***Economic Impact Directly Related to COVID-19 Pandemic (check all that apply). Please also enter the amount that you are requesting per expense.**

- | | |
|--|-----------------|
| <input type="checkbox"/> Increased health care expenses. | \$ _____ |
| <input type="checkbox"/> Housing - Rent, Mortgage (must attach a bill or documentation and this will be made out to vendor). | \$ _____ |
| <input type="checkbox"/> Utilities (must attach a bill and will be made out to vendor). | \$ _____ |
| <input type="checkbox"/> Child care expenses. | \$ _____ |
| <input type="checkbox"/> Increased grocery expenses. | \$ _____ |
| <input type="checkbox"/> Education/Distance Learning/Home-Schooling. | \$ _____ |
| <input type="checkbox"/> Expenses related to working remotely. | \$ _____ |
| <input type="checkbox"/> Purchase of Personal Protective Equipment and Cleaning Supplies. | \$ _____ |
| <input type="checkbox"/> Transportation Expenses. | \$ _____ |
| <input type="checkbox"/> OTHER: Please explain in Additional Comments on back page . | \$ _____ |
| <input type="checkbox"/> TOTAL: | \$ _____ |

