



**American Relief Fund, INFLATION RELIEF
Inflation Impact Application
(Application must be filled out completely)**

The Lower Brule Sioux Tribe will provide assistance to current enrolled LBST members, enrolled as of December 7, 2022, to assist with the negative economic impact of INFLATION. Current enrolled members are eligible to apply for American Relief Act stimulus funding. An inflation funding disbursement of \$500 will begin on **December 20, 2022**, for **on-reservation members** and **December 21-22, 2022** for **off-reservation members**. On reservation disbursement begins at 8:30 AM, Lower Brule Elementary.

Name: _____ Male / Female (circle one)

First **Middle** **Last**
LBST Enrollment #: _____ Date of birth: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Are you currently employed (circle one)? Yes/No Employer: _____

Are you currently attending college/Tech? Yes/No Name of institution: _____

Phone number: _____ Email: _____

I verify that I am the current legal parent/guardian of the following MINOR CHILDREN (under the age of 18 years) enrolled in the Lower Brule Sioux Tribe as of December 07, 2022.

Child's First Name	Middle	Child's Last Name	Sex M/F	Date of birth	AGE	LBST Enrollment #

Please indicate the negative economic impact you have experienced due to the INFLATION.

(Per US Treasury guidelines per capita payments are not allowed):

- loss of income (lost job, furloughed, laid off, decreased hours worked, business closed/decrease revenue, etc.)
- increase cost of living (increase in monthly food bill, utilities, assessing essential services, etc.)
- increase cost of health precautions & care (50 yr.+, disabled, underlying health conditions; self/household member)
- added costs for household safety and protection from COVID-19 (clothing, sanitation, etc.)
- added costs of dependent care (distance learning, child care, health and wellness, etc.)
- loss of income due to head of household death due to COVID-19
- responsible for funeral costs due to death of family member(s) due to COVID-19
- added costs of care of family member due to COVID-19 symptoms, including "long haulers"
- Other: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. **I understand that legal guardianship of minor child(ren) may require verification through a current court order.** I understand that false statements herein are made subject to penalties including, but not limited to, re-paying COVID-19 ARF financial support, tribal and federal prosecution. **Applications (with signature), must be filled out with clear, readable handwriting and turned in the day of disbursement at the Lower Brule Elementary School. CUT-OFF DATE!!!**

JANUARY 31, 2023. 18 years and older must fill out own application. Please Email to

Inflationrelief@lowerbrule.net

Signature of applicant: _____ Date: _____