

# STEPS FOR C.A.R.E.S ACT FUNDING REQUEST ONLINE

1.  [www.utemountainutetribe.com](http://www.utemountainutetribe.com)
2. Click the **home tab** and select the **Covid 19 application**.
3. Fill out the application (must be notarized if filling out online), make sure to include the correct mailing address to mail the credit card too.
4. Fill out the credit card authorization form.
5. Submit your application by email to [covidapp@utemountain.org](mailto:covidapp@utemountain.org) or by **fax @ 970-565-8309**  
put Attention: **MEMBER SERVICES COVID 19 APP**
6. Credit Cards will be mailed by certified mail out to the individuals once applications have been approved by the Member Service's department. Card should arrive within 10 business days after submission of the application.



**Ute Mountain Ute**  
**C.A.R.E.S. Direct Assistance Application**

[covidapp@utemountain.org](mailto:covidapp@utemountain.org)

Phone: (970) 565-3751

Fax: (970) 565-8309

I. Ute Mountain Ute Applicant Information (or Legal Guardian)					
First Name:		Middle	Last Name:		Application Date:
Physical Address:		City	State	Zip	Email Address:
Mailing Address:		City	State	Zip	Telephone Number:
Date of Birth;	Age	Ute Mountain Member #*:	High Risk for COVID-19?	Disabled:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I attest that I have incurred necessary and reasonable expenses due to the COVID-19 pandemic. The pandemic affected my finances, the ability to meet essential needs, has created an economic hardship and /or unforeseen but necessary expenses; therefore I am requesting assistance with:

- I have experienced a loss of income (including reduced or canceled program assistance) due to COVID-19 that I previously relied upon to maintain essential services, food, or supplies needed during the COVID-19 public health emergency.
- costs due to contracting COVID-19 / required quarantine
- personal protective equipment for COVID-19
- increased costs for adequate and affordable food due to COVID-19
- preventing eviction or foreclosure due to COVID-19
- preventing the disconnection of household utilities or discontinuance of other essential services due to COVID-19
- health/ medical needs due to COVID-19
- unreimbursed telework expenses due to COVID-19
- distance learning expenses due to COVID-19
- unordinary childcare expenses due to COVID-19

Other similar necessary and reasonable expenses incurred due to COVID-19 (subject to approval by the Tribe) and I understand that only necessary and reasonable expenses due to COVID-19 incurred between March 1, 2020 and December 30, 2020 (and not otherwise paid through another budgeted program, insurance or other sources) count.

If the COVID-19 pandemic has resulted in other hardships, please list them here:

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**Total documented household COVID-19 caused loss and increased expenses: \$ \_\_\_\_\_**

*Assistance is available up to \$1,000 for food and cleaning supplies and other qualifying necessary COVID-19 expenses, and up to \$1,250 in necessary utility and essential transportation expenses (including loss of assistance as a result of cutbacks or cancellations of programs due to COVID-19 that was previously relied upon to meet these essential expenses). The time period to pay vendors starts on program commencement and continues through December 30 2020. Food assistance will be disbursed monthly. All benefit amounts not expended by December 30, 2020 will be forfeited.*

*\*Must be a current adult member of the Ute Mountain Ute Tribe as of December 30, 2020 to be eligible. Incarcerated, not eligible.*

How benefit will be received.

Paper check mailed directly to vendor for Utility/Transportation Program  
Electronically transferred to a bank card for my use for Food/ppe/etc Prog.

NOTE: The Tribe reserves the right to restrict certain payments to direct pay and/or restricted benefit cards.

**Check box if the statement below is TRUE:**

**THIS ASSISTANCE ADDRESSES AN UNMET COVID-19 NEED. If you have received COVID assistance from other programs such as LIHEAP or TANF, state programs (including unemployment compensation), other tribal programs, or insurance, this direct payment funding can only be applied to an unmet COVID need. Under penalty of law, you may only request necessary and reasonable expenses due to COVID-19 that are not met with other sources.**

**Check box if the statement below is TRUE:**

**The total documented household COVID-19 caused loss and increased expenses as requested on this application are true. I have documents and receipts for this loss and/or added expense and I will retain these records in the event of a tribal or federal audit. I understand that the Tribe may require receipts or other proof as a condition of payment, and that I must return any funds that are not properly used or documented.**

I have read and understand the above statements and understand the program policy is available for public review on the Ute Mountain Ute website. By submitting this application, I hereby consent to the personal jurisdiction of the Ute Mountain Ute courts for all matters related to the enforcement and prosecution of any matters related to funds received pursuant to this application. I authorize the Ute Mountain Ute Financial Assistance Department to obtain necessary information from other sources to determine my eligibility for assistance. I certify that all information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant or Legal Guardian Signature Census No.

\_\_\_\_\_  
Date

{State of \_\_\_\_\_}

{County of \_\_\_\_\_}

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared \_\_\_\_\_ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.

Given under my hand and seal the day and year last above written.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Commission expiration

\_\_\_\_\_  
Commission number

Ute Mountain Ute Ute Tribe

Credit Card Issuance

Name of Members: \_\_\_\_\_

I realize that I am receiving this credit card to use only for necessary Covid-19 related expenses for food, ppe, cleaning supplies, household essentials and other necessary and reasonable expenses due to Covid-19 that are not covered by the programs or insurance.

I am aware that I am responsible any improper use of this card. I will maintain copies of all receipts and submit them to finance for inclusion in my file for this emergency assistance. Funds not spent by 12.30.20 will be forfeited.

I understand that I am responsible for lost or stolen cards and or charges made if lost. Lost cards will have a replacement cost and may take a week to replace once notified of the loss

\_\_\_\_\_

Signature

Application completed by:

phone

\_\_\_\_\_

\_\_\_\_\_