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Harold Pierite, Sr.
Jeremy "Canary" Zahn



Tunica-Biloxi: COVID-19 Tribal Member Assessment

This form must be returned to:

Tunica-Biloxi Tribe of Louisiana
Attention: Yona Consulting Services
P. O. Box 1589
Marksville, LA 71351
YonaConsultingServices@tunica.org

The purpose of this survey is to assist the Tunica-Biloxi Tribe of Louisiana, a federally recognized Indian Tribe, with data collection and the development of future programming and response activities as a result of the COVID-19 pandemic. Due to the ongoing impact of this pandemic, the Tunica-Biloxi Tribal Council is authorizing a COVID-19 relief assistance payment to each adult member by June 30, 2020.

The Tunica-Biloxi Tribe of Louisiana established the Tunica-Biloxi Health and Housing Assistance Program ("HHA") under the provisions of the Tribal General Welfare Exclusion Act of 2014. This federal law allows tribal governments to provide financial assistance without tax withholding under certain approved tribal government programs for specific reasons. The goal of this program is to provide Tunica-Biloxi members with financial support to meet their basic living needs, such as safe and habitable housing, assistance with meals and home care, and assistance with medical expenses and non-prescription medications. Please take a moment to complete the short assessment below. This assessment will assist the Tunica-Biloxi Tribe of Louisiana with the development of future services and response activities as a result of the COVID-19 pandemic.

Information obtained through this survey will not be shared with any entity other than a government agency that requests the use of this data for reporting and demographic purposes. The Health Insurance Portability and Accountability Act governs how your information is collected, who sees it, and how the information can be shared. The Tunica-Biloxi Tribe of Louisiana respects the privacy of its members and strictly adheres to HIPAA, and all other federal data privacy laws.

For this reason, The Tunica-Biloxi Tribe of Louisiana has hired a third-party, HIPAA-certified consulting firm, Yona Consulting Services, as a way to safeguard our citizen's personal information. Yona will confidentially review the data that you provide through this survey and send the Tribal Council and Tribal Administrator a comprehensive report which we will then evaluate and determine how we can best assist our tribal citizens with their respective needs.

First Name: _____ Last Name: _____

Tribal Roll #: _____

Current address on file with Tribal Government: _____

City, State & Zip Code _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Every Tribal Member MUST be over 18 years of age when they submit their application.

Please provide your date of birth: _____

Highest educational attainment:

- Some High School
- High School Degree
- Some College
- Associates Degree
- Bachelors Degree
- Masters Degree or beyond
- Vocational Training
- No Formal Education
- Prefer Not to Answer

What best describes your current employment status? *

- Furloughed due to COVID-19
- Employed Full-Time
- Employed Part-Time
- Seasonal/Temporary Work
- Self-Employed
- Not Employed
- Retired
- Prefer Not to Answer

What is your household income?

- < \$25,000
- \$26,000 - \$35,000
- \$36,000 - \$50,000
- \$51,000 - \$75,000
- \$76,000 - \$124,000
- Prefer Not to Answer

How many people live in your household? *

- 1-2
- 3-5
- 6-8
- 9-10
- Prefer Not to Answer
- Other: _____

How have you been impacted by the COVID-19 pandemic? *

- Diagnosed with COVID-19
- Hospitalized for COVID-19

- Family member diagnosed with COVID-19
- Unable to pay bills
- Loss of income
- No impact
- Prefer Not to Answer
- Other: _____

Please elaborate on how you have been impacted by COVID-19.

Have you been tested for COVID-19? *

- Yes
- No
- Prefer Not to Answer

If you answered "yes" to the above question, was your COVID-19 test positive?

- Yes
- No

If you tested positive for COVID-19, please answer the below questions:

How would you describe your symptoms?

- Asymptomatic - diagnosed but no symptoms
- Mild
- Severe but not hospitalized
- Severe and I was hospitalized
- Prefer Not to Answer

If you were hospitalized, for how long?

Please tell us more about your current condition.

Do you have anything else that you would like to share with us about you or your family member's COVID-19 diagnosis?

General Health Evaluation:

Do you currently suffer from a chronic disease? *

- Yes
- No

Prefer Not to Answer

If yes, what is the disease?

Do you have any hereditary conditions or diseases? *

- Yes
- No
- I do not know
- Prefer Not to Answer

If yes, what is the hereditary condition or disease?

- High blood pressure
- Diabetes
- Hemophilia
- Thalassemia
- Huntington
- Prefer Not to Answer
- Other:

How often do you receive a health check-up? *

- Only when needed
- Yearly
- Once every 3 months
- Once every 6 months
- Never
- Prefer Not to Answer
- Other:

Which health insurance coverage provider are you currently enrolled with? *

- Medicaid
- Medicare
- Affordable Care Act
- Uninsured
- Private health insurance (Blue Cross Blue Shield, Humana, United Healthcare, etc.)
- Prefer Not to Answer
- Other:

Additional Questions:

What is your marital status? *

- Married
- Single
- Divorced
- Widowed
- Separated
- Prefer Not to Answer

Are you currently serving on active duty in the U.S. Armed Forces? *

- Yes
- No

Are you a veteran of the U.S. Armed Forces? *

- Yes
- No

The Tunica-Biloxi Tribe is currently seeking to expand and improve member services. Please select up to three (3) services you are currently interested in: *

- Food
- Childcare
- Eldercare/Assisted Living
- Health Services
- Substance Abuse Treatment
- Housing
- Mental Health Services
- Financial Education
- Career Training
- Career Placement
- Entrepreneur Opportunities

Is there anything else you would like to add about how the Tribe can assist you and your family with health-related needs?

Assistance Payments for Housing: I understand that under this program Assistance Payments relative to housing must be used only for principal residences and ancillary structures that are not used in any trade or business or for investment purposes. I understand Assistance Payments are to be used only for the following purposes: to pay mortgage payments, down payments or rent payments (including but not limited to security deposits) for principal residences; to enhance habitability of housing; to provide basic housing repairs or rehabilitation; to pay utility bills and charges (including but not limited to water, electricity, gas and basic communications).

I understand and agree to these purposes. _____

Initials

Assistance Payments for Health: I understand Assistance Payments for health (medical care) must be used only for reimbursement of amounts paid for the following: for the diagnosis, cure, mitigation, treatment or prevention of disease or for the purpose of affecting any structure of function of the body; for transportation primarily for and essential to medical care; for long term care services; and/or for insurance covering medical care or a long-term care insurance contract.

I understand and agree to these purposes. _____

Initials

Tribal Member Signature

Date