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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 Tunica-Biloxi Tribe of Louisiana is committed to providing assistance to eligible individuals who have been negatively impacted by the COVID-19 pandemic. The Tribe will provide targeted relief payments to those who certify that they have experienced physical or financial hardship due to this public health crisis. This means any amount of this assistance will be determined by the Tribe. Those wishing to receive assistance must fill out the following application to receive assistance.

Some examples of needs are:

- Financial aid when unemployment is inadequate to meet a family's basic needs.
- Rent and mortgage assistance due to financial hardship caused by COVID-19.
- A reduction in pay and or benefits from an employer because of COVID-19.
- Financial assistance to help with caring for an elderly family member at home due to cases of COVID-19 at the family member's residential care facility.
- Financial assistance for food and prescription delivery because a family has member(s) that are at risk of death or serious illness from COVID-19.
- Buying PPE for family.

The Tunica-Biloxi Tribe of Louisiana respects the privacy of its members and strictly adheres to HIPAA, and all other federal data privacy laws; therefore, all form submissions will be directed to our Chief Medical Officer, Dr. Webb and Mrs. Martha Ketcher, the Tribe's Health Consultant, who are both HIPAA certified.

You should preserve all documentation related to this request for assistance in case you and/or the Tribe are audited by the United States Department of the Treasury in relation to your application for assistance.

First Name: _____ Last Name: _____

Tribal Roll #: _____

Date of Birth: _____

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

Current address: _____

City, State & Zip Code: _____

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

Highest educational attainment:

- Some High School
- High School Degree
- Some College
- Associates Degree
- Bachelor's Degree
- Master's 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
- Other: _____

How many people live in your household?

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

What is the date of birth of EACH member of your household? Please list each family member's name and DOB:

Do you or any members of your household have a disability? If so, please list the person's name, age, disability diagnosis and assistance that may be required:

Are you a tribal elder over the age of 55?

- Yes
- No

If you answered "yes" to being over the age of 55, have you been affected in any of the following categories due to COVID-19 pandemic?

- Utilities – (Power, Water, etc.)
- Food (Inability to go to the grocery store, afford food, etc.)
- Health and Medical Needs

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 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
- 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
- Entrepreneurial Opportunities

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

CERTIFICATION OF NEED: You should preserve all documentation related to this request for assistance in case you and/or the Tribe are audited by the United States Department of the Treasury in relation to your application for assistance. Please email documentation to yoniconsultingservices@gmail.com and **include your name and Tribal role number.**

I, the undersigned, certify that I have been physically or financially impacted by the COVID-19 pandemic and am in need of coronavirus relief assistance. By accepting such assistance, I confirm that this statement is true and correct, and that I will not challenge the means, method, or amount of assistance I might receive from the Tunica-Biloxi Tribe of Louisiana in its sole discretion.

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