



# Narragansett Indian Tribe

## Covid-19 Application

Date: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I. Maiden*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Tribal roll # \_\_\_\_\_ DOB \_\_\_\_\_ Gender: \_\_\_\_\_

### Household

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ Roll# \_\_\_\_\_ Relationship: \_\_\_\_\_

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Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ Roll# \_\_\_\_\_ Relationship: \_\_\_\_\_

### Household Demographics

Does the household participate in any of the following programs? (circle all that apply)

Snap/Foodstamps    WIC    TANF    Section8/Subsidized housing    None

Does the household rent or own this home? (circle one)

Rent    Own    Live with someone    Other

Impacted how:    Unemployed, Laid Off, Medical, Reduction in hours, Business closed (Circle One)

Have you or a family member contracted the Covid-19 Virus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or a family member been quarantined?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or a family member been hospitalized?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Assistance Needed**

Service Needed: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**(Circle all that apply)**

Childcare, Rent/Mortgage, Utilities, Food, Medical/Mental Health, Small Business/Self Employed, Education/Training,  
Other \_\_\_\_\_

**Must provide supporting documentation for all assistance circled.**

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. Also, the information listed may be used for statistical purposes.*

*If this application is approved for Covid-19 services, I understand that false or misleading information in my application or interview may result in my denial.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remit to: Narragansett Indian Tribe  
Covid-19 Team  
P.O. Box 268  
Charlestown, RI 02813

E-mail: [Nitcovid2019@gmail.com](mailto:Nitcovid2019@gmail.com)

Contact number: 401-364-1100 X206