

ROUND VALLEY INDIAN TRIBES
A Sovereign Nation of Confederated Tribes

TRIBAL COUNCIL OFFICE
77826 COVELO ROAD
COVELO, CALIFORNIA 95428
PHONE: 707-983-6126
FAX: 707-983-6128



LOCATION: ON STATE HWY 162
ONE MILE NORTH OF COVELO
IN ROUND VALLEY
TRIBAL TERRITORY SINCE TIME BEGAN

ROUND VALLEY RESERVATION ESTABLISHED 1856

2021 American Rescue Plan Act Distribution Intake Form

Please complete this form to receive your \$3000 ARPA distribution.

Notice of Eligibility for distribution: Eligible tribal members must have completed their membership by December 31, 2020. ARPA funds will be mailed to the address on file with RVIT Enrollment Office, unless otherwise specified and signed below. For dependents in a household and/or minors under legal guardianship, documentation must accompany this form. ALL Intake Forms must accompany a copy of the Tribal ID provided by Round Valley Indian Tribes.

Deadline for this form to be received by RVIT is November 1, 2021.

Forms may be emails to tribalreceptionist@rvit.org or mailed to Round Valley Indian Tribes, ATTN: ARPA, 77826 Covelo Rd, Covelo, CA, 95428.

Name: _____ Enrollment #: _____
Date Of Birth: _____ Phone #: _____
Physical Address: _____
Mailing Address (if different than Physical): _____

Dependents (minors in household as verified):

Name: _____	Enrollment #: _____
Name: _____	Enrollment #: _____
Name: _____	Enrollment #: _____
Name: _____	Enrollment #: _____
Name: _____	Enrollment #: _____
Name: _____	Enrollment #: _____
Name: _____	Enrollment #: _____

The following must be completed. Check all that apply:

I have experienced a negative economic impact as a result of the COVID-19 pandemic (check all that apply):

<input type="checkbox"/>	I (or someone in my household) became unemployed, reduced hours, furloughed, due to COVID-19.
<input type="checkbox"/>	I (or someone in my household) is unable to work or experiencing financial hardship due to no childcare/school closure due to COVID-19.
<input type="checkbox"/>	I (or someone in my household) is unable to work because my medical issues prevent me from returning to the office due to COVID-19 or I was the primary care provider for a person with COVID-19.
<input type="checkbox"/>	I (or someone in my household) is experiencing other financial hardship due to COVID-19 (Please explain).
<input type="checkbox"/>	Was your household unable to access adequate PPE during COVID-19
<input type="checkbox"/>	Was your education, training, business affected adversely by COVID-19
<input type="checkbox"/>	Due to COVID-19 my household was adversely affected in at least one of the following areas: mortgage, utilities, fuel, medication, food, medical equipment, mental health care, medical bills, insurance, firewood, water, childcare, child support, clothing, hygiene care, debts.
<input type="checkbox"/>	Other (please explain):

Signature: _____ Date: _____

I verify that the above statements are true and correct to the best of my knowledge and belief. I understand that I may be subject to legal action regarding any fraudulent claims herein and am completely liable for claims I make behalf of myself, and others listed above. I have provided all documentation requested in my possession evidentiary to my claims.

PLEASE NOTE: All incomplete Intake Forms and missing documentation may subject your claim to delay and a potentially a non-payment.

Questions call: RVIT 707-983-6126 or email: tribalreceptionist@rvit.org

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2021 ARPA Disbursement
Check Release Authorization Form

I, _____, hereby authorize _____,
to pick up my ARAP disbursement check on my behalf. For the reason stated below:

Printed Name: _____ Enrollment No. _____

Signed _____ Date: _____

I may be reached for confirmation at: (____)-_____

I release Round Valley Indian Tribes of all liability related to this claim and the ARAP disbursement to the party signed above.

Signatures must match that on the RVIT tribal enrollment document or may be subject to delay for further verification. Any fraudulent and unauthorized claims may be subject to further legal action by the individuals listed and named above. Upon signing this document RVIT is not liable for any transaction pertinent to this claim.

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ADDRESS UPDATE:

Tribal Enrollment Number _____

Name: _____

Address: _____

City, State, Zip Code: _____

Members of Family with enrollment number:

Name

Enrollment Number

Signature

Phone Number

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