



COVID-19 YDSP TRIBAL FOOD SECURITY ASSISTANCE GRANT

The Ysleta del Sur Pueblo (YDSP) has established the “COVID-19 YDSP Tribal Food Security Assistance Grant” program to help YDSP Tribal members (18 years of age and older and living anywhere in the United States or U.S. Territories) or any member of a federally recognized Indian tribe (18 years of age and older and living in the El Paso or Hudspeth counties, Texas) affected by the COVID-19 pandemic. YDSP will provide a **one-time food payment** (i.e., a Walmart Gift Card) to qualified American Indian and Alaskan Native families affected by the COVID-19 pandemic. YDSP recognizes that more than one “family unit” can reside at one address and each family unit can qualify for their own food security assistance. **These egift cards can only be used to purchase food.**

1) Are you 18 years of age or older and an enrolled member of the Ysleta del Sur Pueblo (YDSP)?

- Yes (skip questions 2 & 3 and go to question 4)
 No

2) Are you 18 years of age or older and a member of another federally recognized Indian tribe living in the El Paso or Hudspeth Counties, Texas?

- Yes
 No

3) If you belong to another federally recognized Indian tribe, please specify which one:

4) What is your Enrollment number? _____

5) Are you a non-Tribal single parent (without support from your Tribal partner) with Tribal children?

- Yes
 No

6) Please identify the tribe in which your child/children are enrolled in.

- Ysleta del Sur Pueblo
 Other - Write In: _____

7) Have you or another member of your household have been affected by the COVID-19 pandemic?

This means that you have been laid off, furloughed, been given reduced work hours, experienced a loss of income due to the COVID-19 pandemic your area.

- Yes
 No
 I don't know

8) Have you recently experienced higher than normal grocery bills due to shortages of food in your area?

- Yes No

9) Have you received any COVID-19 financial assistance (such as the Small Business Administration Paycheck Protection Program) from local, state, tribal, and/or federal agencies?

Please note that if you have received such assistance that it does not necessarily disqualify this application

- Yes No

10) Please provide your contact information:

Name: _____

Address line 1: _____

Address line 2: _____

City: _____

State/Province/Region: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Email: _____

11) Are you married, or in a domestic partnership, with someone residing in your household?

- Yes
 No (skip question 9 and go to question 10)

12) Please provide the following information of the person to whom you are married to or have a domestic partnership with:

Name: _____

Tribal status: Tribal member Non-tribal member

Enrollment number: _____

PLEASE CONTINUE TO NEXT PAGE...

NUMBER OF CHILDREN IN HOUSEHOLD

13) Please list all of your children who are 17 years old or younger and reside (either full-time or part-time) in your household:

FULL NAME	AGE (IN YEARS)				RELATIONSHIP TO YOU	TRIBAL STATUS		ENROLLMENT NUMBER
	0-4	5-9	10-14	15-19		TRIBAL	NON-TRIBAL	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Did you include a copy of tribal-issued ID card for yourself and each of your dependents listed above? Yes No

Under penalty of perjury, I hereby certify that all information provided in this application and in any accompanying documents is true, accurate, and correct. I also agree that any grant funds awarded hereunder will be used for approved costs as described in this application. I further understand that any violation of this certification will result in a penalty which will include, but is not limited to, being declared a member not in good standing with Ysleta del Sur Pueblo.

Signature: _____ Date: _____