



PANDEMIC EMERGENCY ASSISTANCE FUNDING (PEAF) APPLICATION

Pandemic Emergency Assistance Funding

The American Rescue Plan Act, Public Law 117-2; section 403 (C) of the Social Security Act has established the Pandemic Emergency Assistance Fund (PEAF). SCTCA has PEAFF funding available to eligible families that have been affected by the pandemic. Funding is to be used for non-recurrent, short term benefits designed to deal with specific crisis or episode of need, not be intended to meet ongoing needs; and must not extend beyond four months; and must be a result from the COVID-19 Pandemic.

Pandemic Emergency (Supplemental) Services

- 1) **Emergency Financial Assistance**- one-time payment to supplement household income for families to deal with added costs caused by COVID-19 pandemic.
- 2) **Healthy Family Safety Promotion Package**- supplies such as disinfecting supplies, personal protection equipment, First Aid kits, masks, gloves, hand sanitizer, soap, garbage bags, thermometer, OTC medicine, and other items as needed.
- 3) **Emergency Food Assistance**- funding to assist families with the extra expense of children being in the home full time and learning remotely due to the pandemic.
- 4) **Burial Assistance**- funding assistance with burial expenses for eligible families who have lost a family member in their immediate household due to COVID-19.
- 5) **Quarantine Hotel Room Assistance**- supplemental funding for temporary housing (hotel lodging) for eligible individuals who need to quarantine away from their family due to exposure or positive test results.
- 6) **Quarantine Meal Assistance** - supplemental payment for eligible individuals who are in quarantine away from their family due to COVID-19 exposure or positive test results.
- 7) **Financial Hardship Rescue Assistance**- supplemental funding designed to help off-set expenses that families have incurred from financial hardships due to COVID-19 pandemic. For example; utility payments, mortgage/rent payments, etc.

Eligibility Criteria

- 1) Household income is equal or is less than 350% of Federal Poverty Guideline.
- 2) Household includes a minor dependent in the home.
- 3) One member of the household must include at least one enrolled member/lineal descendant of Federally Recognized Tribe, an Alaskan Native, or listed on the California Judgement Rolls.
- 4) Household residency is in the SCTCA service area of San Diego County, County of Orange, or Santa Barbara County.
- 5) Households immediate need is related to COVID-19 pandemic.

How to Apply

Applications and verifications may be submitted by email, fax, USPS or drop box at the office location

Phone: (760) 742-8606 ext. 148 Fax: (760) 742-0323 Email: peafprogram@sctca.net

Mailing: PMB 70 35008 Pala Temecula Rd. Pala, CA 92059

Office Location: 36146 Pala Temecula Rd. Bldg M, Pala, CA 92059

Verifications Needed:

- | | |
|---|--|
| 1) Valid California Driver's License/ California Identification | 5) Proof of Residency |
| 2) Proof of Indian Blood from Federally Recognized Tribe / California Judgement Rolls (for at least one household member) | 6) Proof of Income (Earned and Unearned Income) |
| 3) Birth Certificates (all household members) | 7) Proof of Child Guardianship/ Custody (needed for children placed in the home) |
| 4) Social Security Cards (all household members) | 8) Proof of need (documentation based on the nature of funding request) |



Monday – Friday 8:00am – 4:30pm
Closed Holidays
www.sctca.net



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Please complete this application in it's entirety and submit to the PEAFF Specilaist.

Applicant/Head of Household

Name of Applicant:			
Physical Address:	City:	State:	Zip Code:
Is your place of residency located on Indian Reservation land? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify reservation:			
Mailing Address:	City:	State:	Zip Code:
Phone Number:	Alternate Number:		
Email Address:			

Family Composition

Name (Include Applicant)	Relationship	DOB	Age	Gender	Tribal Affiliation	Highest Education/ Grade Level	SS#
	SELF						

Household Income

Include all earned/unearned income for all adult household members. For each source of income, please attach income verification for the current month.

Name	Source of Income	Monthly Amount



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Pandemic Emergency Needs Assessment

How has the pandemic impacted your household resulting in a crisis/episode of need?
Please explain (attach statement if additional space is needed):

What is your immediate need, please explain in detail:

Application Certification and Other Information

Is anyone listed in the family composition as a household member fleeing to avoid persecution or custody of confinement after conviction, for a crime or an attempt to commit a crime which is a felony under a federal or state law? Yes No If yes, list name: _____

Have you or any household members applied and/or received Pandemic Emergency Assistance Funding (PEAF) in the past with SCTCA, County or another Tribal TANF Program? Yes No If yes, list:
Program Name: _____ Date applied received : _____

I (We) certify under penalty of perjury that:

- 1) *My (our) request for PEAFF is to assist my household to deal with a specific crisis or episode of need that resulted from the Pandemic as described in my PEAFF application.*
- 2) *I have exhausted all other resources available to me for this type of assistance.*
- 3) *I will not receive nor do I expect to receive this supplement payment (or duplicate services) from any other organization or program.*
- 4) *All of the information provided is true and complete.*
- 5) *I (We) understand that falsification of any information is grounds for termination from the SCTCA PEAFF program and may result in SCTCA's recovery of any money paid to me while in the program and possible denial of PEAFF assistance.*

✂ _____ ✂ _____
Signature (Head of Household) Date Signature (2nd Adult) Date

↓ Office Use Only ↓			
Office: <input type="checkbox"/> Pala <input type="checkbox"/> Esc. <input type="checkbox"/> Manz. <input type="checkbox"/> La Mesa <input type="checkbox"/> FV <input type="checkbox"/> SY	Rcvd by Staff:	Application Number: 01	
Vendor Number:	Total Countable Income: \$	<input type="checkbox"/> <350% FPG <input type="checkbox"/> >350% FPG	
PEAFF Specialist Signature ✂	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for denial:	



Pandemic Emergency Assistance Fund Information Release Form

I, _____ (print), authorize the Southern California Tribal Chairmen's Association (SCTCA), Pandemic Emergency Assistance Funding (PEAF) Program, to make any necessary research, to request and to verify information I have given regarding my eligibility for Pandemic Emergency Assistance. I authorize the release of any information, documents, or forms to the SCTCA PEAF Program or their designee necessary for the purposes of determining my eligibility, including but not limited to:

- Earned Income: Employment, wages, vacation pay, or bonus.
- Unearned Income: Per Capita, Revenue Sharing, Child Support, Social Security, Disability SSI, Worker's Comp, etc.
- Residency: Housing, rental, lease agreements, temporary homeless.
- Pandemic Emergency Assistance with the County, State, or other Tribal Programs for non-duplication of benefits.
- Other, birth certificates, social security cards, tribal affiliation (proof of Indian Blood), guardianship and/or custody documents, etc.

I hereby release the SCTCA PEAF Program and its designees/employees from all liability, damages and claims which might result from the release of information as authorized.

A copy of this release should be accepted as an original.

By signing this form, I authorize the release of the following information/records to the SCTCA Tribal TANF Program. This signed release of information is valid for 1 year from the date listed below.

Authorizing Signature: ✕ _____

Printed Name: _____

Date: _____

Authorizing Signature: ✕ _____

Printed Name: _____

Date: _____