



Three Affiliated Tribes - People's Fund Department – Fort Berthold Indian Reservation
404 Frontage Road New Town, North Dakota 58763-9402 (701) 627-8779

MINOR DISBURSEMENT FORM

Resolution No. 22-193-FWF – American Rescue Plan Act Disbursement September 2022

FOR MINOR TRIBAL MEMBERS UNDER AGE 14 AS OF 11.01.2022

Parent/Legal Guardian Name: _____ Relationship to Minor: _____
(PLEASE PRINT CLEARLY)

I hereby verify that I am the custodial parent/legal guardian of the minor listed below, who is in my custody and care. (If you are not the minor's biological parent, please provide legal documents, such as adoption or guardianship papers, indicating that you are the adoptive parent or legal guardian with physical custody of said minor. If you are not the minor's parent with whom the minor resides full-time or you are in a shared parenting relationship with regard to the minor, provide documentation that you have primary physical custody of the minor child for a minimum of 51% of the time, and legal custody, which means you have a decision-making responsibility of the minor child that includes the right to physical custody, the right and duty to protect, clothe, shelter, educate, and authorize and provide medical services.) The TAT Finance Department reserves the right to verify the information you provide.

CHILD'S NAME (First, Middle, Last – Please Print Clearly)

DOB:

Enrollment #:

LEGAL GUARDIAN'S PHONE NUMBER: _____

Male

Female

Current Mailing Address: _____

I authorize TAT Finance Department to send a check made to the [Minor's Legal Guardian stated above] **FOR THE BENEFIT OF [the minor child]** to the minor's primary residence on file with TAT Enrollment Office, for the amount of \$1,000.00 authorized by TAT Resolution #22-193-FWF.

INDIVIDUALS GIVING INSTRUCTIONS FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

I certify and attest that the information furnished on this form is true and correct to the best of my knowledge and that the TAT Finance Department may rely on and verify this information to authorize the funds for the designated minor as provided by TAT Resolution #22-193-FWF. I further agree that I may be held personally responsible for funds falsely distributed to me to the fullest extent of Tribal and Federal Law.

I further certify that, while caring for the minor listed between March 3, 2021, through August 15, 2022, as his/her parent/legal guardian I have incurred a minimum of \$1,000.00 in economic impact as described in the aforementioned resolution to include at least one of the following circumstances: child whose school closed prior to the end of the normal school year or began with distance learning rather than in-person learning in order to curb the spread of COVID-19, were laid off or had your work hours reduced due to COVID-19 restrictions/employer mandated safety precautions or your employer required you to work remotely, needed to decrease your regular hours worked due to aiding your child in distance learning or due to childcare restrictions, were required to purchase disposable face masks or materials to make reusable face masks throughout the pandemic due to state or local mask mandate requirements for either work or personal use, during period stated had to quarantine due to exposure to COVID-19 or personally testing positive to COVID-19 or otherwise quarantine due to state/local mandated restrictions, were financially impacted by the death of an immediate household member from COVID-19, personally hospitalized from complications of contracting COVID-19, required to get tested for COVID-19 because of an employer request, personal contact, or to ensure you are not a carrier of the virus, experienced food cost inflation or increase or shortage of essential cleaning supplies or household goods due to an increase in demand or manufacturing/ distribution shortages in your area, and child is an enrolled member of the Three Affiliated Tribes as of disbursement resolution dated August 15, 2022.

I am the custodial parent or legal guardian of the above-mentioned minor and have read and understand the preceding instructions regarding my personal legal liability for any funds received from false information.

Signature of Person Filing Affidavit

STATE OF: _____)

COUNTY OF: _____)

Subscribed and sworn before me this _____ day of _____, 20____

{SEAL}

My Commission Number: _____

NOTARY Public: _____

PLEASE RETURN ONE FORM PER MINOR CHILD WITH NECESSARY DOCUMENTS TO THE ABOVE ADDRESS. Faxes and emails will not be accepted. Allow up to four weeks to process this form once Finance receives your form.

DEADLINE TO SUBMIT THIS FORM IS DECEMBER 31, 2024