

RETURN APPLICATION TO: [vouchers@pgst.nsn.us](mailto:vouchers@pgst.nsn.us) or the black box on THE SIDE OF THE CHILDREN AND FAMILY SERVICES BUILDING. DO NOT HAND TO STAFF.

**GENERAL WELFARE PROGRAM  
COVID-19 COMMUNITY SUPPORT ASSISTANCE PAYMENT  
DUE NO LATER THAN TUESDAY JANUARY 31, 2023 @ 12:00 P.M.**

This application is for Community Support Assistance (CSA), **available to enrolled Port Gamble S’Klallam tribal members 18 years or older** in compliance with CSA policy. Cash assistance is to help tribal members with the negative economic harms caused by lingering impacts from COVID 19. Cash assistance may be used for food, rent, mortgage, utilities, home repairs, weatherization, counseling, legal aid, and childcare. Eligibility must be verified by Tribal staff. **Payment will be issued directly to enrolled tribal member applicant.**

This assistance to Tribal members is to promote the social welfare, self-determination and is of a cultural and historical significance to the Port Gamble S’Klallam Tribe (PGST). Council recognized that tribal members continue to experience increased cost of living expenses in connection with the public health emergency via Motion on 6/8/2020, amended via Resolution on 11/29/2021, and via motion 12/13/2022.

FULL LEGAL NAME:	
MAILING ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	

SELECT SUPPORT THAT YOU ARE REQUESTING (CHECK BOX) :

COMMUNITY SUPPORT PAYMENT  \$2,000

I am an Enrolled Member of the Port Gamble S’Klallam Tribe and 18 years of age or older.

Yes:  No:

Myself or my household has experienced negative economic impacts.

Yes:  No:

I intend to use this benefit only for its designated purposes and will return any unused amount.

Yes:  No:

***I certify that the information I provided in this form is correct to the best of my knowledge and belief.***

PRINT NAME:	
SIGNATURE:	
DATE:	

**FOR STAFF USE ONLY**

STAFF SIGNATURE:	
REVIEWED BY:	
ADMIN. APPROVAL:	

**VERIFIED ELIGIBLE UPON STAFF SIGNATURE**

*This form replaces the standard W-9 form*