



Sisseton Wahpeton Oyate

AMERICAN RESCUE PLAN (ARP) COVID-19 PANDEMIC Parent/Guardian Agreement AS TO ARP PAYMENT TO MINOR CHILD(REN) OR DEPENDENT ADULT(S)

**IF TWO PARENTS:
COMPLETE THIS
SECTION**

We, _____ and _____ are the parents of the minor child(ren) named below. There is no existing court order regarding custody of our child(ren). We agree that the adult who may apply for and, if eligible, receive the ARP payment for each child is as shown below:

**IF ONE PARENT ON
BIRTH
CERTIFICATE:
COMPLETE THIS
SECTION**

I, _____, am the sole parent of the minor children named below. There is no existing court order regarding custody of my children, and I am the only parent named on the birth certificate. I am the only person who is legally authorized to apply for my child(ren)'s ARP payment.

Check one:

My child(ren) reside with me in my household. (OR)

I agree that the adult who may apply for and, if eligible, receive the ARP payment for each child(ren) is as shown below:

**IF LEGAL
GUARDIAN:
COMPLETE THIS
SECTION**

I, _____, am the legal guardian of the minor children or dependent adult(s) named below. There is an existing court order regarding custody of these children or dependent adult(s) that shows I am the legal guardian. I am the individual who is legally authorized to apply for these child(ren)'s or dependent adult(s) ARP payment. These children or dependent adult(s) currently reside with me.

CHILDREN'S OR DEPENDENT ADULT(S) NAME	DATE OF BIRTH	ENROLLMENT #	PERSON TO RECEIVE ARP PAYMENT

(Attach additional sheets if necessary)

By signing below, we/I verify that the above information is correct, and we/I agree to the above-described designation of ARP payments for our/my child(ren) or dependent adult(s). By claiming or directing the payment of the SWO ARP payment for any of the above-listed minor child(ren) or dependent adult(s), we/I hereby release the Sisseton-Wahpeton Oyate from any liability whatsoever that may arise related to the distribution of these funds.

Mother/Guardian

Father/Guardian

Date

Date



I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that legal guardianship of minor child(ren) or dependent adult(s) may require verification through a legal document (e.g. physical custody order, notarized power of attorney). I understand that false statements herein are made subject to penalties including, but not limited to, repaying Covid-19 ARF financial support, tribal, and federal prosecution.

Applicant Signature: _____ Date _____

Address of Person to Receive ARP Payment:

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

Phone Number: _____

Send completed application (with signatures) to Covid Emergency Financial Assistance (EFA) at swocovidemergencyapp@swo-nsn.gov.

Phone: 605-698-8440
605-698-8441

Disbursement of payments will be mailed to applicants.

Note: Failure to include supporting legal documents may delay disbursement.

Note: This parent/guardian agreement must be notarized.

Signature of applicant: _____ Date: _____

This application is in alignment with the US Treasury "Coronavirus State and Local Fiscal Recovery Funds [FAQ's](#) as of June 23, 2021; Section 2, *Eligible Uses – Responding to the Public Health Emergency/Negative Economic Impacts*, sub-section 2.6.

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

(Seal)

Notary Public

My commission expires:

