CARES Fund Hardship Assistance Program Detailed Online Application Instructions

Overview:
The Navajo Nation CARES Fund Hardship Assistance Program was established to provide direct emergency financial support to enrolled members of the Navajo Nation who have experienced hardship as a result of the coronavirus (COVID-19) pandemic. Hardship assistance will be available to those who complete an online or paper application and meet the following eligibility criteria:

1. **Financial Hardship:** Enrolled members will be required to attest that they have experienced a loss of income, reduced income, financial hardship, or increased expenses, resulting from the COVID-19 pandemic, and that they have been negatively impacted by the COVID-19 pandemic.

2. **Tribal Enrollment:** All persons listed as a fund applicant in SECTION 3 of the application must be an enrolled member of the Navajo Nation as of the date of application.

3. **Residency Requirement:** Enrolled members living on- and off- reservation may apply for payment under the Hardship Assistance Program.

Adults ages 18 and older as of March 1, 2020 are eligible to receive **up to $1,500** and minors under the age of 18 are eligible to receive **up to $500** per person. Final payouts will be awarded based on demonstrated need, program funding, and total number of applicants.

The quickest way to apply is online at [www.navajo-nsn.gov](http://www.navajo-nsn.gov), [www.nnooc.org](http://www.nnooc.org), or other Navajo division websites. Each person can only apply **once** and all sections of the application must be completed. **Applying more than once or submitting an incomplete application may risk delaying the processing of your application and timing of your payout.**

Applications will be processed as soon as possible, and our team members may reach out with any follow up questions. Final determination of all payouts will be finalized after the application period closes and payments will be made in December 2020.

**What You’ll Need to Complete the Application:**

For each applicant you will need to know the following information:

1. Legal name of applicant
2. Their Census ID / Enrollment Number, which can be found on their Certificate of Indian Blood (CIB) card
   a. Information on obtaining CIBs and related information can be accessed online at the Navajo Nation Office of Vital Records and Information: [https://www.novri.navajo-nsn.gov/](https://www.novri.navajo-nsn.gov/) or by calling (928) 871-6386 or (928) 729-4020.
3. The last four digits of their social security number
4. Their date of birth
Online Portal Application Instructions:

General Instructions

To access the online application portal, please visit www.navajo-nsn.gov or www.nnooc.org and click on the link for the online application portal. For the best experience, we recommend using Chrome or Safari internet browsers. Note: Internet Explorer is a retired product and is unsupported by the portal. Use of Internet Explorer will likely NOT work.

Prior to starting your application, you will be asked to enter a valid Census ID (CIB number) and date of birth. Note: once you use an individual’s census ID and date of birth combination to submit an application, you may not re-use them to start a new application.
Section 1. Who are you applying for?

1. To begin the application, click the “Start/Edit Section” button.
2. Please choose one selection from the dropdown. You may choose from the following:
   - **Myself** – select this option if you are the only person applying with this form.
   - **Myself and others** – select this option if you are applying for multiple applicants, including yourself.
   - **On behalf of an eligible member(s)** – select this option if you are completing the application for other individuals that do not include yourself. This option would be appropriate for an individual that may not be eligible themselves but is applying on behalf of an adult or minor that is an enrolled member and is eligible.
Who are you applying for?

Please select from the drop down before proceeding to the other sections.

- Myself and Others (for example: spouse, minors, other adults)
Section 2. Contact Information

Please list the contact information for the person completing the application. The more information provided, the easier it will be to follow up with questions, if any, during application processing. Please remember, the contact person listed in this section must also be listed in SECTION 3 of the form to qualify for a payout, but is not required if applying on behalf of an eligible member.

1. To begin entering data in Section 2, click the “Start/Edit Section” button.
2. Add your legal first and last name.
3. Add the mailing address you would like all listed applicant payout checks sent to.
4. Add the email address you would like to use for follow up questions, if any, during application processing. An email address is not required but is recommended as this will be the easiest way to contact an applicant with questions.
5. Add the phone number you would like to use for follow up questions, if any, during application processing.
6. Select your preferred contact method from the dropdown menu. You may choose between phone, email, or mail. Note: whichever selection you choose will be the first option used for any follow up questions during application processing.
7. Select your preferred payment delivery option from the dropdown menu. You may choose between in-person check pick up (location(s) to be determined) or receiving your check by mail to the address listed in step 2. If you do not have a valid mailing address, please select “Pick Up” for your Payment Option.
8. Click the “Save Section” button at the top of the section box.
SECTION 2

Contact information

A check for each applicant will be mailed to this location.
You must also add your information to Section 3 to be eligible to receive any funds.

First Name: John
Last Name: Begay
Address Line 1: 123 Easy Street
City: Window Rock
State: AZ
Zip: 12345

Email: john.begay@gmail.com
Phone Number (10 digits, no hyphens): 1234567890
Preferred Contact Method: Phone
Payment Option: Mail

Before continuing to Section 3 click the red “Save Section” button above.
Section 3. All Fund Applicant(s)

Please list all persons on whose behalf you are applying. All persons are only allowed to apply to the Hardship Assistance Program once. Individual checks will be sent to each individual listed who meet the established eligibility requirements. Note: if the person listed under SECTION 2. Contact Information is also an applicant for the Hardship Assistance Program, they must enter their information in SECTION 3 as well.

1. To begin entering data in Section 3, click the “Start/Edit Section” button.
2. Add the legal first and last name of the applicant.
3. Add the applicant's census number (which can be found on their Certificate of Indian Blood (CIB) card).
   a. Information on obtaining CIBs and related information can be accessed online at the Navajo Nation Office of Vital Records and Information: https://www.novri.navajo-nsn.gov/
4. Add the applicant's last four (4) digits of their social security number.
5. Add the applicant's date of birth, using the dropdown selections.
6. Note the relationship of the applicant to the contact person listed in Section 2.
7. Add the amount of demonstrated need requested for this applicant, rounded to the nearest whole dollar, without punctuation. Amount requested should be based on demonstrated need defined as additional expenses or loss of income resulting from the COVID-19 pandemic. Adults 18 years and older as of March 1, 2020 are eligible to receive up to $1,500 and minors under the age of 18 are eligible to receive up to $500 per person based on demonstrated need.
8. Select the name of the Chapter this applicant is affiliated with from the dropdown menu. If you are not affiliated with a Chapter, please leave this blank.
9. Click the “Save Applicant” button.
10. Repeat steps 1-7 for each applicant, as needed. Note: if you do not complete each field in the applicant section and click save, your applicant may not be processed as part of this application.
11. Once you are finished adding all applicants, click the “Save Section” button at the top of the section box.
All Fund Applicant(s)

Please list all persons on whose behalf you are applying, including yourself. All persons are only allowed to apply to the Hardship Assistance Program once. Individual checks will be sent to each individual listed below who meet the established eligibility requirements. Amount requested should be based on demonstrated need. Demonstrated need is defined as additional expenses or loss of income resulting from the COVID-19 pandemic. Adults 18 years and older as of March 1, 2020 are eligible to receive up to $1,500, and minors under the age of 18 are eligible to receive up to $500 per person based on demonstrated need.

Please save each applicant as you complete them and then save Section 3 when all applicants are complete.

First Name
John
Last Name
Begay
Date of Birth
Month
January
Day
1
Year
2020
Relationship
Myself
Amount
1500
Chapter Affiliation
Alamo

Please click “Save Applicant” as you complete each applicant then save Section 3 when all applicants are complete. Before continuing to Section 4 click the red “Save Section” button above.
Section 4. Financial Hardship

1. To begin entering data in Section 4, click the “Start/Edit Section” button.
2. Select all eligible categories that apply for the applicants listed in SECTION 3 by checking each corresponding box. By selecting each box, you are certifying that one or more applicants have met these criteria. Additional proof of hardship may be requested on an as needed basis, but will not be required as part of the initial application process. Applicants must use funds received from the Hardship Assistance Program to cover the costs of expenses or lost income that resulted from the COVID-19 pandemic. Funds must be used to reimburse or pay reasonable and necessary personal, family, living, or funeral expenses incurred including, but not limited to, rent, utilities, childcare, healthcare costs, purchase of personal protective equipment, and cost of food and fuel incurred during the period March 1, 2020 through December 30, 2020. This is required to ensure that the proceeds received from this program are not subject to Federal taxation.
3. Click the “Save Section” button at the top of the section box.
Section 5. Certifications and Authorizations

1. Review the representations, authorizations, and certifications.
2. If you agree, click “Submit” to e-sign the application. By signing the application you are agreeing to the statements listed and accuracy of all information provided for each fund applicant. Remember, each person can only apply one time. Once you submit your application, you cannot modify it or create a new one.
   a. Applications will be processed as soon as possible, and our team members may reach out with follow up questions. Final determination of all payouts will be communicated after the application period closes.

Additional Support

For all other questions, please call 1-833-282-7248, or email NNCaresHelp@nnooc.org. Our support center is open Monday through Friday 8am to 8pm MT, Saturday 11am-5pm MT, and Sunday 1-5pm MT.