



Wyandotte Nation

64700 East Highway 60
Wyandotte OK 74370-2098
Phone: 918.678.2297 - FAX: 918.678.2944
wyandotte-nation.org



October 14, 2020

Dear Wyandotte Nation Citizen,

The Wyandotte Nation recognizes that the COVID-19 public health emergency continues to affect our tribal citizens, including by creating ongoing and severe economic hardship. We have a responsibility to our citizens to alleviate these harms where possible through tribal government programs that provide relief and promote the general welfare. It is for this reason that the Wyandotte Nation has authorized a second direct emergency financial assistance disbursement under the COVID-19 Public Health Emergency Relief Program in the amount of \$1,500.

The Wyandotte Nation received monies from the Coronavirus Relief Fund made available to tribal governments under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. It utilized a portion of these monies to make an initial \$1,500 direct emergency financial assistance disbursement to eligible tribal citizens earlier this year. This previous disbursement was made under the COVID-19 Public Health Emergency Relief Program created as part of the Wyandotte Nation's General Welfare Program. The Wyandotte Nation has determined that provision of economic support and assistance to our tribal citizens through a second disbursement is a necessary expenditure at this time.

In order to be eligible for the second direct emergency financial assistance disbursement under the COVID-19 Public Health Emergency Relief Program, a tribal citizen must be age 18 or over as of November 15, 2020, and submit the attached application. The Wyandotte Nation will use these applications to conduct an assessment of whether the applicant tribal citizen is in need of financial assistance due to the COVID-19 public health emergency. The Wyandotte Nation will deny an application where need is not established, as required by the United States Department of the Treasury.

Tribal citizens will be required to spend the funds they receive by December 30, 2020. Funds may only be spent on emergency needs incurred due to the COVID-19 public health emergency, and tribal citizens must maintain all receipts documenting expenditures.

Applications will be accepted through November 15, 2020.

Please direct any questions you may have to Family Services by phone at 918-678-6319 or email at wnfs@wyandotte-nation.org.


Chief Billy Friend



Wyandotte Nation



COVID-19 Public Health Emergency Relief Program
Application for Second Direct Emergency Financial Assistance Disbursement
Deadline to Submit ~ November 15, 2020

PERSONAL AND CONTACT INFORMATION

Name: _____
(Last) (First) (M.I.)

Address: _____

(City) (State) (Zip)

Has your address changed since the last disbursement? YES NO

Email Address: _____

Phone Number: _____
(Home) (Cell)

Enrollment Number: _____ Date of Birth: _____
(MM/DD/YYYY)

PAYMENT INFORMATION

Payment Method: Check Mailed to Above Mailing Address
 Deposit into Bank on Credit Authorization Form

Has your bank account information changed since the last disbursement? YES NO

If *yes*, please complete a new Credit Authorization. This is only necessary if you wish to receive money via a bank deposit.

If *no*, there is no need to complete a new Credit Authorization.

NEED FOR FINANCIAL ASSISTANCE

We must assess whether you are in need of financial assistance due to the COVID-19 public health emergency. In order to help us make this assessment, please check all of the following that apply to you so that we can assess whether your household has been economically impacted by the COVID-19 public health emergency. **You must provide information about at least one economic impact in order to be eligible for disbursement.**

- You or a member of your household have become ill with COVID-19
- Your employment or the employment of a member of your household has been terminated as a result of COVID-19
- You or a member of your household have been temporarily furloughed as a result of COVID-19
- Your income or the income of a member of your household has otherwise decreased as a result of COVID-19
- Lack of or reduced child care as a result of COVID-19 has decreased your ability or the ability of a member of your household to work
- An underlying condition or other vulnerability to COVID-19 has decreased your ability or the ability of a member of your household to work
- Your or a member of your household's medical/health expenses have increased as a result of COVID-19
- Your household utility expenses have increased as a result of COVID-19
- Your household child care expenses have increased as a result of COVID-19
- Your household grocery and/or food delivery expenses have increased as a result of COVID-19
- Your household has had to make purchases or incur expenses related to at-home schooling as a result of COVID-19
- Your household has had to make purchases or incur expenses related to working remotely as a result of COVID-19
- You have additional people living in your household during this period as a result of COVID-19
- You or a member of your household have had to secure alternative lodging during this period as a result of COVID-19

If your household has otherwise been economically impacted by the COVID-19 public health emergency or you would like to provide additional information, please use the space provided below.

ATTESTATION AND AUTHORIZATION

By signing my name below, I attest that the information provided herein is true and accurate to the best of my knowledge.

By signing my name below, I attest that I have suffered economic impacts through increased expenditures and/or decreased income due to the COVID-19 public health emergency, where said economic impact amounts to at least \$1,500 and, if I also received the first direct emergency financial assistance disbursement, at least \$3,000. I further attest that I am in need of emergency financial assistance in such amounts and that such economic assistance is necessary due to the COVID-19 public health emergency.

By signing my name below, I attest that any funds I receive from the COVID-19 Public Health Emergency Relief Program will be expended only on emergency needs incurred due to the COVID-19 public health emergency, including, but not limited to, expenditures associated with rent or mortgage, utility fees, food and food delivery, employment and training programs, distance learning, teleworking, healthcare, funerals, or other emergency individual needs. I attest that I will use all funds by December 30, 2020. I agree to maintain all receipts documenting my expenditures, which I will provide to the Wyandotte Nation upon request. I acknowledge that any funds I use improperly are subject to recoupment.

I authorize the Wyandotte Nation to deposit funds into my account in the financial institution listed above or otherwise provide my disbursement via check to the mailing address listed above.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

SUBMISSION OPTIONS

Mail application to:

c/o Family Services
Wyandotte Nation
64700 East Highway 60
Wyandotte OK 74370-2098

Email application to:

wnfs@wyandotte-nation.org
SUBJECT: COVID-19 Application #2

FAX application to:

918-678-2944
Attention: Family Services



CREDIT AUTHORIZATION
(To Single Account)



I (We) hereby authorize the Wyandotte Nation herein after called "Company," to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to credit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ (Financial Institution Name) _____ (Branch)

_____ (Address) _____ (City/State) _____ (Zip)

_____ (Routing Number) _____ (Account Number) Type of Account: Checking Savings

This authorization is to remain in full force and effect until the Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

_____ (Print Individual Name) _____ (Roll Number) _____ (Email Address)

In addition to myself, I (We) authorize the Company to initiate credit entries to this account for the following individuals:

_____ (Print Individual Name) _____ (Roll Number)

I certify by my signature below that the information herein provided is true and accurate and that IF there are minor children or individuals listed I am the legal guardian of said individuals. In order to process ACH transactions this form MUST be signed and dated.

_____ (Signature) _____ (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK, DEPOSIT SLIP OR OTHER BANK DOCUMENT THAT
DISPLAYS THE ABOVE LISTED ACCOUNT AND ROUTING NUMBERS TO THIS FORM**