

Who We Are . . .

Wyandotte Nation provides services under Public Law 102-477, which allows us to combine certain formula-funded federal grants into a single plan.

Our goal is to create safe and stable families, raise educational achievement, develop and enhance employment opportunities, integrate employment and training services, and increase self-sufficiency.

Eligibility Requirements . . .

1. Complete, signed, and dated application
2. Member of a Federally Recognized Tribe.
3. Selective Service Registration Card.
4. Proof of Residency in Service Area.

Service Area:

Wyandotte Nation's 477 Plan serves all counties within a 100-mile radius from Wyandotte, OK.

WYANDOTTE



NATION

Address . . .

64790 East Highway 60
Wyandotte, OK 74370-2098

Email: wn477@wyandotte-nation.org

Phone: 918.678.3268

FAX: 918.678.3087

Wyandotte Nation

Public Law 102-477
Services Program

WYANDOTTE



NATION



What Services we provide . . .

Employment, Education, and Training

Wyandotte Nation provides services for job training and work experience as well as educational assistance.

We provide financial assistance for classroom training, vocational training, and other job readiness services.

Additional required documents include:

1. Driver's License
2. Social Security Card
3. Financial Aid Needs Analysis
4. Personal Statement for Service
5. FAFSA Report

Child Care

Wyandotte Nation also provides funding assistance to our Native American community in order to increase the availability, affordability, and quality of childcare services. Each family is able to select an approved childcare provider that fits their needs, which allows families to maintain or achieve self-sufficiency through work or education.

We provide a childcare subsidy for eligible families that meet income guidelines based on their family size. Parents are responsible for a copay to the day care and the tribe covers the remaining childcare costs.

Additional required documents include:

1. Soc. Sec. Card (all household members)
2. Birth Certificate of Children in Day Care
3. Verification of Income
4. Class schedule, if attending classes



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P.L. 102-477 Services Program ~ Application for Assistance

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

Address: _____

(City) (State) (Zip) (County)

Email: _____

Phone Number: _____
(Home) (Cell)

Tribal Affiliation: _____

CDIB Number *or*
Proof of Tribal Affiliation: _____

Date of Birth: _____
(Month) (Day) (Year)

Gender: Male Female **Selective Service:** Yes No

Veteran: Yes No **Employed:** Yes No

Hours Employed: _____ per week **Salary/Wage:** \$ _____ per hour

Education Level: Dropout High School/Diploma/GED
 Student Post High School

Have you received Cash Assistance in the last 6 months? (BIA, TANF, DHHS) Yes No

Need: Job School Supplies GED
 Childcare Tuition Assistance Vocational Training
 ACT Prep Resume Building Work Clothes/Supplies
 Other _____

Client Signature: _____
(Date)

OFFICE USE ONLY	
Intake Signature: _____	Date: _____
Referred Caseworker: _____	Date: _____