Dear Native Friend,

Thank you for your interest in services provided by Wyandotte Nation. The governing body of Wyandotte Nation desires to provide services allowed under Public Law 102-477, which allows federally recognized tribes to combine formula-funded federal grants that are employment and training-related into a single plan.

Wyandotte Nation’s goals with the purpose of P.L. 102-477 include, but are not limited to, creating safe and stable families, raising educational achievement, developing and enhancing employment opportunities, integrating employment and training services, increasing self-sufficiency by addressing and reducing the dependency on public assistance programs, and other community-building activities.

Eligibility requirements for Wyandotte Nation’s P.L. 102-477 Services Program include:
1. Signed and dated application for assistance;
2. Proof of Membership of a Federally Recognized Indian Tribe or CDIB Card;
3. Proof of Residency in Service Area (100 mile-radius from Wyandotte, OK);¹
4. Selective Service Registration Card (if applicable); and
5. Self-Sufficiency Plan (Statement of need on application will temporarily work for this purpose)

All responses to this application will remain confidential, where applicable.

Sincerely,

Chief Billy Friend

Mail the application and required documents to:
c/o 477 Department
Wyandotte Nation
8 Turtle Drive
Wyandotte OK 74370-2114

- or -

Scan and Email the completed application and required documents to:
wn477@wyandotte-nation.org
Subject: P.L. 102-477 Application for Assistance

¹Proof of residency may include one or more of the following: bank statement; cell phone bill; driver's license; health insurance card; mortgage statement; paycheck/paystub; real estate deed; tax return (IRS or State); residential lease agreement; utility bill; vehicle title/registration; and/or voter registration.
Wyandotte Nation  
64790 East Highway 60  
Wyandotte OK 74370-2098  
Phone: (918) 678-3268 – FAX: (918) 678-3087  
wyandotte-nation.org

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

Name: ________________________________________________________

Address: ______________________________________________________

(please provide proof of residency)

Email: _________________________________________________________

Phone Number: _________________________________________________

(Home) __________ (Cell) __________

Tribal Affiliation: _______________________________________________

CDIB Number or Proof of Tribal Affiliation: ___________________________

(please provide CDIB or proof of 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

□ Job  □ School Supplies  □ GED

□ Childcare  □ Tuition Assistance  □ Vocational Training

□ ACT Prep  □ Resume Building  □ Work Clothes/Supplies

□ Other

Need: _________________________________________________________

Client Signature: ________________________________________________  (Date)

Intake Signature: ________________________________________________  (Date)

Referred Caseworker: _____________________________________________  (Date)