

CHILD APPLICATION



Wyandotte Nation



COVID-19 Public Health Emergency Relief Program
Application for Third Direct Emergency Financial Assistance Disbursement
Child Application (Under Age of 18)
Deadline to Submit ~ August 15, 2021

PERSONAL AND CONTACT INFORMATION OF APPLICANT TRIBAL CITIZEN CHILD

Child's Name: (Last) (First) (M.I.)

Child's Mailing Address: (City) (State) (Zip)

Child's Enrollment Number: Child's Date of Birth: Age of Child:

PERSONAL AND CONTACT INFORMATION OF INDIVIDUAL COMPLETING APPLICATION AND RECEIVING DISBURSEMENT ON BEHALF OF APPLICANT TRIBAL CITIZEN CHILD

Individual's Name: (Last) (First) (M.I.)

Individual's Mailing Address: (City) (State) (Zip)

Individual's Phone Number: Email Address:

Individual's Roll Number (if applicable): Date of Birth (must be 18 or older):

PAYMENT INFORMATION

Payment Method: [] Check Mailed to Above Mailing Address Listed for Individual Completing Application
[] Deposit into Bank on Credit Authorization Form

Has the individual completing the application received a prior disbursement and, if so, has the individual's bank account information remained the same since the prior disbursement? [] YES [] NO

If no, please complete a new Credit Authorization. This is only necessary if you wish to receive money via a bank deposit.
If yes, there is no need to complete a new Credit Authorization.

NEED FOR FINANCIAL ASSISTANCE

We must assess whether the child's household is in need of financial assistance due to negative economic impacts the child's household has experienced as a result of the COVID-19 public health emergency. In order to help us make this assessment, please check all of the following that apply to the child's household. You must provide information about at least one economic impact in order to be eligible for disbursement.

- A member of the child's household has become ill with COVID-19
- The employment of a member of the child's household has been terminated as a result of COVID-19
- A member of the child's household has been temporarily furloughed as a result of COVID-19
- The income of a member of the child's household has otherwise decreased as a result of COVID-19

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- A member of the child’s household is currently unemployed
- A member of the child’s household experienced unemployment as a result of COVID-19
- Your adjusted gross income is \$75,000 or less for a single person or married person filing separate returns, \$112,500 or less for a head of household, or \$150,000 or less for married couples filing joint returns and surviving spouses
- Lack of or reduced child care as a result of COVID-19 has decreased the ability of a member of the child’s household to work
- An underlying condition or other vulnerability to COVID-19 has decreased the ability of a member of the child’s household to work
- A member of the child’s household’s medical/health expenses has increased as a result of COVID-19
- The child’s household’s utility expenses have increased as a result of COVID-19
- The child’s household’s child care expenses have increased as a result of COVID-19
- The child’s household’s grocery and/or food delivery expenses have increased as a result of COVID-19
- A member of the child’s household has had to make purchases or incur expenses related to at-home schooling as a result of COVID-19
- A member of the child’s household has had to make purchases or incur expenses related to working remotely as a result of COVID-19
- The child’s household has additional people living in the household during this period as a result of COVID-19
- A member of the child’s household has had to secure alternative lodging during this period as a result of COVID-19
- The child’s household has experienced increased food insecurity as a result of COVID-19
- The child’s household has experienced increased housing insecurity as a result of COVID-19

If the child’s 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 the child I am filing this application on behalf of lives in my household and/or I am financially responsible for the child. I also attest that the child is in need of financial assistance due to negative economic impacts the child’s household has experienced as a result of the COVID-19 public health emergency. I attest that the child’s household has suffered negative economic impacts through increased expenditures and/or decreased income due to the COVID-19 public health emergency, where said negative economic impacts amount to at least \$500. I further attest that the child is in need of emergency financial assistance in such amounts and that such economic assistance is necessary due to the COVID-19 public health emergency. I further attest that \$500 is reasonably proportional to and not grossly in excess of the amount needed to address the negative economic impacts of the COVID-19 public health emergency on the child’s household.

By signing my name below, I attest that any funds I receive on behalf of the child from the third direct emergency financial assistance disbursement under the COVID-19 Public Health Emergency Relief Program will be expended only to address the child’s needs arising from the negative economic impacts of the COVID-19 public health emergency on the child’s household. *I further attest that I will only use the funds for costs associated with the child.* Such expenditures include, but are not limited to, those 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 31, 2024, at the latest. 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 Individual Completing Application)

(Signature of Individual Completing Application)

(Date)

SUBMISSION OPTIONS

Mail application to:

c/o Family Services
Wyandotte Nation
8 Turtle Drive
Wyandotte OK 74370-2098

Email application to:

wnfs@wyandotte-nation.org
SUBJECT: COVID-19 Application #3

FAX application to:

918-676-7028
Attention: Family Services