



Absentee Shawnee Tribe of Oklahoma **2021 ARPA Winter Assistance**

On behalf of the Absentee Shawnee tribe of Oklahoma, the Executive Committee in response to the COVID-19 pandemic has established a **2021 ARPA Winter Assistance Program**. The Executive Committee understands the impact this pandemic has had on our Absentee Shawnee tribal members and wants nothing more than to help serve our people.

The **2021 ARPA Winter Assistance Program** will be for enrolled Absentee Shawnee Tribal members. All AST tribal members on the roll as of June 1st, 2021 are eligible to receive a one (1) time payment of **\$500.00**.

Winter Assistance Program Application Acceptance: Tuesday, November 30th, 2021

Deadline: Thursday, December 30th, 2021

ARPA Winter Assistance Program Eligibility:

- Must be an enrolled member of the Absentee Shawnee Tribe of Oklahoma on or before **June 1st, 2021**
- Must have a copy of AST tribal members current CDIB card (attached to application)
- Must have a completed **2021 ARPA Winter Assistance Program** application (one application per tribal member)
- All applications **MUST BE SUBMITTED ON OR BEFORE THURSDAY, DECEMBER 30th, 2021**

ARPA Winter Assistance Program Required Documents

- Completed **2021 ARPA Winter Assistance Program** application,
- Copy of updated CDIB card,
- Copy of Parent(s) CDIB and State ID,
- Children living with Custodial Parent or Legal Guardian or an Out-of-home placement, must provide:
 - CDIB and State ID for the adult applying on child(ren) behalf; and
 - Custody Documentation (need minimum of 1 document indicating custody status)
 - Divorce Decree
 - Guardianship
 - Legal or Notarized Custody Agreement
 - Letter from Child(ren) School (Proof of Residency)
 - OKDHS Letter (TANF, Food Stamps, ect.)

ARPA Winter Assistance Program Submission Options: NO FAXES

- By snail mail to AST Enrollment Department, 2025 S. Gordon Cooper Dr., Shawnee, OK 74801
- By AST website electronic application
- By email to arpahelp@astribe.com

By signing, I hereby acknowledge that I have read and understand the ARPA General Fund guidelines. I hereby agree to submit all the necessary documentations and understand failure to submit could cause a delay in disbursement.

Signature

Date



Absentee Shawnee Tribe of Oklahoma

2021 ARPA Winter Assistance

Self/Parent/Legal Guardian

First M.I. Last Maiden

Address City State County Zip Code

Home/Cell Phone DOB CDIB No. Who's applying? (Self, Parent or Legal Guardian)

If applicable, (Custodial Parent or Legal Guardian or Out-of-home Placement s ONLY), please revert back to required documents on page 1.

Minor Information

There could be a thirty (30) day delay for ALL minors to review further information regarding his or hers application.

First M.I. Last

Address City State County Zip Code

Home/Cell Phone Date of Birth CDIB No.

PLEASE SELECT ALL THAT APPLY

**** How has your everyday life been financially impacted by the COVID-19 pandemic? ****

- | | |
|--|---|
| <input type="radio"/> Economic hardship (unable to make ends meet) | <input type="radio"/> Furlough from employment |
| <input type="radio"/> Need of medical Supplies and/or equipment | <input type="radio"/> Daycare, school or any educational institute closure |
| <input type="radio"/> Need of food items | <input type="radio"/> Considered high risk due to medical health and/or age |
| <input type="radio"/> Termination of employment or in ability to gain employment | <input type="radio"/> COVID-19 symptoms resulting in quarantine |

PLEASE UNDERSTAND AND INITIAL INFORMATION BELOW

____ I understand the information above is true and correct. If requested by the Absentee Shawnee Tribe of Oklahoma, I can provide documentation in support of my attestation of need. I also understand that if any of the above information supplied is found to be false, I can be required to return the payment assistance received.

____ I understand I have been negatively impacted by the COVID-19 pandemic in ways which have caused or may cause myself and family members of my household to need the **2021 Winter Assistance Program**.

____ I understand that I am applying and accepting a one-time payment of **\$500.00** from the **2021 Winter Assistance Program**.

____ I understand obtaining **2021 Winter Assistance Program Funds** under false pretense or illegally, may result in suspension of any future general welfare relief funds.

Signature

Date