



Absentee Shawnee Tribe of Oklahoma **COVID-19 2nd General Welfare Relief Fund**

On behalf of the Absentee Shawnee tribe of Oklahoma, the Executive Committee in response to the COVID-19 pandemic has issued **COVID-19 2nd General Welfare Relief fund**. 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 **COVID-19 2nd General Welfare Relief Fund** will be for enrolled Absentee Shawnee Tribal members. All AST adult tribal members who are eighteen (18) and older will receive **\$1,000.00**. All AST tribal member children 17 and under will receive **\$500.00**.

June 1st, 2020 is the cut-off date to determine Adult or Minor status of the applicant. Parent or guardian of minor applicants must provide identification information in the form of a CDIB card or State ID. If you have legal guardianship of the minor applicant, please provide proof of custody documentation.

COVID-19 2nd General Welfare Application Acceptance: Monday, November 9th, 2020

COVID-19 2nd General Welfare Eligibility:

- Must be an enrolled member of the Absentee Shawnee Tribe of Oklahoma on or before **June 1st, 2020**
- Must have a copy of AST tribal members current CDIB card (attached to application)
- Must have a completed **COVID-19 2nd General Welfare Relief fund** application
- All applications **MUST BE SUBMITTED ON OR BEFORE FRIDAY, DECEMBER 11ST, 2020**

COVID-19 2nd General Welfare Required Documents:

- Completed **COVID-19 2nd General Welfare Relief Fund** application
- Copy of updated CDIB card

COVID-19 2nd General Welfare Proof of Custody:

- Parent or Guardians CDIB card or State ID
- Custody documentation

COVID-19 2nd General Welfare Application Submission Options: NO FAXES

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



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ADULT

(Please check one)

MINOR

GENERAL INFORMATION

First Middle Last Maiden

Address City State County Zip Code

Home/Cell Phone Date of Birth Sex CDIB No.

Are you parent or guardian? Yes No

If yes, please provide proof of custody documentation and parent or guardians CDIB or State ID.

PLEASE CIRCLE ALL THAT APPLY

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

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

Other:

____ I hereby certifiably 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 hereby certifiably 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 **COVID-19 2nd General Welfare Relief Fund**.

Print name Signature Date

*** DO NOT WRITE BELOW ***

<i>Date Received:</i>	<i>Date Paid:</i>	<i>Amount Received:</i>	<i>Check Number:</i>
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Finance Verified: _____ Enrollment Verified: _____