



**Absentee Shawnee Tribe of Oklahoma**  
**COVID-19 Food and PPE Assistance Program**

On behalf of the Absentee Shawnee Tribe of Oklahoma, the Executive Committee has established the **COVID-19 Food and PPE Assistance Program** in response to the pandemic. The Executive Committee understands the impact this pandemic has had on our AST community and wants nothing more than to help our people. That being said, the **COVID-19 Food and PPE Assistance Program** is designed to help assist membership to purchase food staples and needed personal protective equipment and/or cleaning supplies.

The **COVID-19 Food and PPE Assistance Program** is a one-time payment of **\$150.00** for eligible AST enrolled tribal members. This service will be distributed and/or mailed out as a Wal-Mart gift card. The Absentee Shawnee tribal members who meet the guidelines are eligible for this service. No payment or reimbursement will be made to the applicant. **This one-time payment assistance will be used towards food staple items, personal protective equipment and/or cleaning supplies.**

**COVID-19 Food and PPE Assistance Eligibility:**

- Must be an enrolled member of the Absentee Shawnee Tribe of Oklahoma on or before **June 1<sup>st</sup>, 2020**
- Must be 18 years of age or older
- Must have a copy of AST tribal members updated CDIB card (attached to application)
- Must complete the **COVID-19 Food and PPE Assistance Program** application for AST tribal member
- All applications **MUST BE SUBMITTED ON OR BEFORE FRIDAY, NOVEMBER 13<sup>th</sup>, 2020**

**COVID-19 Food and PPE Assistance Required Documents:**

- A complete **COVID-19 Food and PPE Assistance Program** application
- A copy of AST tribal members updated CDIB card

**COVID-19 Food and PPE Assistance Application Submission Options:** **NO FAXES**

- Mail {2025 S. Gordon Cooper Dr., Shawnee OK, 74801}
- By appointment with Enrollment {Bldg. 1, second floor, (405) 275-4030}
- Electronic application
- Via email, [foodassistance@astribe.com](mailto:foodassistance@astribe.com)



**Absentee Shawnee Tribe of Oklahoma**  
**COVID-19 Food and PPE Assistance Program Application**

**\*\*\* AST ENROLLED TRIBAL MEMBERS MUST HAVE A COMPLETED APPLICATION \*\*\***

**GENERAL INFORMATION**

|                        |                       |                      |               |                 |
|------------------------|-----------------------|----------------------|---------------|-----------------|
| <hr/>                  | <hr/>                 | <hr/>                | <hr/>         |                 |
| <i>Last</i>            | <i>First</i>          | <i>Middle</i>        | <i>Maiden</i> |                 |
| <hr/>                  |                       |                      |               |                 |
| <i>Address</i>         | <i>City</i>           | <i>State</i>         | <i>County</i> | <i>Zip Code</i> |
| <hr/>                  |                       |                      |               |                 |
| <i>Home/Cell Phone</i> | <i>Marital Status</i> | <i>Date of Birth</i> | <i>Sex</i>    | <i>CDIB No.</i> |

**{AST tribal member must attach driver's license, state issued ID, or CDIB}**

**ASSISTANCE QUESTIONNAIRE**

Has the COVID-19 Pandemic affected my ability to purchase food? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the COVID-19 Pandemic affected my ability to purchase PPE? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the Pandemic affected my ability to purchase cleaning supplies? Yes \_\_\_\_\_ No \_\_\_\_\_

If my application is approved, I agree to use the Wal-Mart gift card to purchase the above mentioned items.

Yes \_\_\_\_\_ No \_\_\_\_\_

**AGREEMENT**

I understand that on behalf of the Absentee Shawnee Tribe of Oklahoma, the Executive Committee has provided the **COVID-19 Food and PPE Assistance Program**, which will be a one-time payment for purchasing food staple items, personal protective equipment and/or cleaning supplies.

I understand that this one-time payment of **\$150.00** will be issued as a Wal-Mart gift card.

I understand that if I submit any false information, I will not be eligible for the **COVID-19 Food and PPE Assistance Program**.

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*Applicants Signature*

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*Date*