

Wichita and Affiliated Tribes

Terri Parton
President

Jesse E. Jones
Vice President

Myles Stephenson Jr.
Secretary

Vanessa Vance
Treasurer



Shirley Davilla
Committee Member

Nahusheah Mandujano
Committee Member

Matt Roberson
Committee Member

Tribal Administration
P.O. Box 729 · Anadarko, OK 73005
Telephone (405) 247.2425 Fax (405) 247.2430
www.wichitatribe.com

COVID-19 Outbreak:

Wichita Tribe to Offer Emergency Assistance for Enrolled Tribal Members

The Wichita and Affiliated Tribes Sugar Creek Casino closed at 12:00 a.m. on Tuesday morning, March 17, 2020. The closure was a result of the COVID-19 Outbreak and the CDC guidelines for having no more than 10 people gathered together. Our plans were to reopen on March 31, 2020 but that is still uncertain.

We currently have no revenue coming from our tribal casino nor do we have the tax revenue that is normally generated through our liquor tax, sales tax, entertainment tax and gaming device tax. In addition, our Smoke Shop has been closed and so there is no Tobacco Tax being generated. Finally, our Oil and Gas Severance Taxes will greatly be diminished.

The Wichita Executive Committee recognizes that many tribal members are without jobs, without hours worked that they can be paid for and also have children at home that normally get fed at school. The Wichita and Affiliated Tribes will provide assistance for enrolled tribal members due to the COVID-19 Outbreak. This payment is meant to help with food and other necessities. Please remember that there may come a time when we need to do this again so we are limited on what we can assist with at this time and hope that this helps you and your family in your time of need during this crisis that will affect all of our tribal people in some way.

- **03/23/2020**-On Monday, March 23, 2020, the Wichita Executive Committee, by a vote of 5-0-0, approved Resolution-WT-20-126, authorizing assistance in the amount of \$100 per enrolled tribal member.
- **03/24/2020**-Applications are being mailed on Tuesday, March 24, 2020 to all enrolled tribal members. For families that we can catch in the labeling that have multiple Wichita's in the home, we will try to only mail one. There only needs to be one application per household for tribal members with Wichita children. Each person over 18 years of age in the home must complete an application on their own behalf.
- **03/25/2020**-Applications will be put on the website on Wednesday, March 25, 2020.
- **03/27/2020**-A one day drive thru to drop off your applications will be held on Friday, March 27, 2020. We will be set up at the end of the sidewalk of the Administration

Building from 10:00 a.m. to 3:00 p.m. It is your responsibility to have all of your documentation.

- **04/01/2020**-All applications must be returned by this date for your check to be ready on Friday, April 3, 2020.
- **04/03/2020**- Applications will be available for drive thru pick up on Friday, April 3, 2020. No checks will be given out prior to that day so please do not call and ask as we are limited on staff. All other checks not picked up on Friday, April 3, 2020 will be mailed.
-

All applications must be mailed, emailed or delivered to:

1. By Mail:

Wichita and Affiliated Tribes
Emergency Assistance
P.O. Box 729
Anadarko, OK 73005

2. By Email to:

emergencyassistanceCOVID19@wichitatribe.com

3. One Day Drive Thru March 27, 2020 Only:

Only on Friday, March 27, 2020, from 10:00 a.m. to 3:00 p.m., tribal members may drive thru at the end of the sidewalk at the Administration Building parking lot and drop off your paperwork. Please make sure you have all of the following documents.

Documents Required to be Submitted with the Application:

- Completed application
- Completed W9 form
- Copy of CDIB's showing proof of Wichita tribal enrollment
- Phone Number
- Legal Custody Documentation, if applicable

Other Requirements that May Apply:

- Each enrolled tribal member over 18 years of age must complete an application if there are multiple adults living in the household.
- If you do not have your CDIB or your child's CDIB, we will have to have an Enrollment Records Request Form completed for each person who does not have a CDIB. This is included in the envelope that was sent to you.
- You must provide a valid phone number in case there are questions. If you do not answer the phone and we have questions, it may hold up your payment.

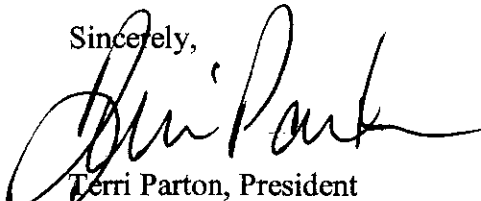
- Do not apply for a child that you are not the natural parent or do not have documentation of custody as this may hold up your payment. If you do not have legal custody papers, please make a separate application until we can confirm legal custody.
- For children, applications will be referenced with the FY-2019 Children's Clothing Assistance to see who received payment if there becomes a question in regards to guardianship.

It is the applicant's responsibility to provide the required documents. Income guidelines are waived for those applying for the COVID-19 emergency assistance.

All enrolled tribal members requesting the assistance must apply for the assistance by close of business on Thursday, April 30, 2020 for this assistance. Applicants are responsible for providing all information required as proof of eligibility. Please call (405) 247-2425 ext. 199 if you have any questions.

On behalf of the Wichita Executive Committee, we hope that this assistance will provide some relief to our tribal people during this worldwide crisis. Spend time with your families. All of our lives will be surely be changed after this is all said and done. Pray for our Wichita people. God bless and protect every one of you during this time.

Sincerely,



Terri Parton, President
Wichita and Affiliated Tribes

**Wichita and Affiliated Tribes
P.O. Box 729
Anadarko, OK 73005**

Emergency Assistance Application-COVID-19 Outbreak

Head of Household Information:

Name: _____

Date: _____

Tribal Affiliation: _____

Phone: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Have you or someone in your household received assistance from another Tribe?	
Yes	No
Tribe _____	

Household Profile for Enrolled Wichita Tribal Members Only:

Name	Age	Relationship	Tribe	Roll #

Please be advised that falsely receiving services for someone not living in your household may result in the loss of future assistance from the Tribe.

I hereby certify that I am the head of household and that the above information is correct.

Signature

Date

Office Use Only:

Amount Approved: _____

Address Verified: _____

\$100 x _____ = _____

Enrollment Verified: _____

Verified by: _____
 Staff _____ Date _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name; see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Wichita and Affiliated Tribes

ENROLLMENT RECORDS REQUEST

FULL NAME: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____
Street Address or P.O. Box

City State Zip

CELL PHONE: _____

E-MAIL ADDRESS: _____

Signature of Requestor

Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

RECORDS REQUESTED:	<input type="checkbox"/> CDIB CARD	<input type="checkbox"/> ENROLLMENT APP'L.
<input type="checkbox"/> BIA Form-4432	<input type="checkbox"/> CDIB COPY	<input type="checkbox"/> LEGAL NAME CHANGE
<input type="checkbox"/> H & F Permit	<input type="checkbox"/> PHOTO ID	<input type="checkbox"/> ENROLL. APP'L.
<input type="checkbox"/> Cobell Sch. Verif.	<input type="checkbox"/> S. S. CARD COPY	<input type="checkbox"/> ADDRESS UPDATE
<input type="checkbox"/> Proof of Descendancy	<input type="checkbox"/> BIRTH CERTIF. COPY	
	<input type="checkbox"/> FAMILY TREE COPY	

OTHER: _____

Michelle Emerson

Date

Address Updated on Progeny? Yes No