



WICHITA AND AFFILIATED TRIBES PANDEMIC RECOVERY PROGRAM (PRP) ADULT APPLICATION FOR THOSE 18 AND OVER

INSTRUCTIONS: (Read all instructions)

1. All enrolled tribal members, who are 18 years of age and over on July 16, 2021, are eligible for one-time assistance of \$2,000 under the Pandemic Recovery Program. All tribal members applying must certify that they are eighteen (18) years of age or older as of July 16, 2021 and suffered economic impacts due to the coronavirus pandemic.
2. This application must be returned to the Wichita and Affiliated Tribes Administrative Offices no later than 5:00 p.m. on Thursday, July 1, 2021 to receive the payment on July 16, 2021. All applications after July 16, 2021 will run in the normal check run.
3. **You MUST return this application and a copy of your tribal photo ID, state photo ID or federal photo ID.**
4. You may submit your application: (1) **Drive Thru drop off on Monday, June 14, 2021 from 10:00 a.m. to 3:00 p.m.** (2) **in person at the Administration Building** (3) Mail to: **Wichita and Affiliated Tribes, Pandemic Recovery Program, P.O. Box 729, Anadarko, OK 73005** (4) or by email to pandemicrecoveryprogram@wichitatribe.com in PDF format only. No other format will be accepted. If you can't turn it into a PDF then you must mail the application.
5. **No check will be mailed or handed out prior to Friday, July 16, 2021 with the exception of Elders as stated in #6.**
6. **ELDERS ONLY** ages 55 and over may pick up their check on Thursday, July 15, 2021 between 1:00 p.m. and 5:00 p.m. however, if they have minor children in their custody that they are applying for those checks have to be mailed or picked up on Friday, July 16, 2021.
7. Checks for all other enrolled tribal members may be picked up at the **Community Building on Friday, July 16, 2021 between 9:00 a.m. and 3:00 p.m.** You cannot pick up anyone else's check beside yours. If your name is not on the check then do not ask to pick it up.
8. **PRP PROGRAM ELIGIBILITY: PLEASE CIRCLE HOW YOU HAVE BEEN AFFECTED BY THE PANDEMIC:**

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|--------------------|-----------------------------------|--|
| JOB LOSS | FOOD INSECURITY/RISING FOOD COSTS | LACK OF ELECTRONICS FOR TELEWORKING |
| DEPRESSION | LACK OF INTERNET/WIFI | TESTED POSITIVE FOR COVID-19/QUARANTINED |
| LACK OF CHILD CARE | MEDICAL CARE | HOUSING WATER/ELECTRIC/SEWER |

OTHER: _____

PLEASE COMPLETE THIS SECTION. **PRINT NEATLY.**
Incomplete applications will be set to the side.

FIRST NAME	MIDDLE NAME	LAST NAME

MAILING ADDRESS:	CITY	STATE	ZIP

ROLL #:	DATE OF BIRTH:	PHONE #:	EMAIL ADDRESS:

I, _____, hereby certify that I have read "The Wichita and Affiliated Tribes Notice All Enrolled Tribal Members Regarding the Pandemic Recovery Program" that was attached to this application. I also certify that I have suffered economic impacts due to the coronavirus pandemic.

Must be signed by the Enrolled Tribal Member
No electronic signatures will be accepted

Date

OFFICE USE ONLY:

Enrollment Verified	President or COO	Date
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