

THE WICHITA AND AFFILIATED TRIBES PANDEMIC RECOVERY PROGRAM (PRP) MINOR APPLICATION FOR THOSE 17 AND UNDER



INSTRUCTION: (READ ALL INSTRUCTIONS)

1. All enrolled children that are 17 years of age and under on July 16, 2021 are eligible for one-time assistance of \$2,000 per child under the Wichita Tribe Pandemic Recovery Program. All parents/legal guardians applying on behalf of a minor child must certify that the child suffered economic impacts due to the coronavirus pandemic.
2. This application must be returned no later than 5:00 p.m on Thursday, July 1, 2021 to receive the payment on July 16, 2021.
3. 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. on (2) in person at the Administration Building (3) Mail to: Wichita and Affiliated Tribes, Pandemic Recovery Program for Minors, P.O. Box 729, Anadarko, OK 73005 (4) by email to pandemicrecoveryprogram@wichitatribe.com in PDF only.
4. You **MUST** include a copy of the parents federal photo ID, State federal photo ID or tribal Photo ID.
5. You **MUST** include a copy of the child's CDIB card.
6. No check will be mailed or handed out prior to Friday, July 16, 2021.
7. Checks 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 besides yours or your child(s). All remaining checks not picked up will be mailed at 3:00 p.m.
8. PANDEMIC RECOVERY PROGRAM: **PLEASE CIRCLE** HOW YOUR CHILD HAS BEEN AFFECTED BY THE PANDEMIC:

- | | | |
|------------------------------|-----------------|--------------------------------|
| Distance/Virtual Learning | Food Insecurity | Lack of Electronics for School |
| Parent's Job Loss | Depression | Lack of Wifi |
| Tested Positive for COVID-19 | Failing Grades | Lack of Child Care |

OTHER: _____

PARENT/LEGAL GUARDIAN INFORMATION: THE CHECK WILL BE MADE OUT TO THE CHILD IN CARE OF THIS PERSON. PRINT NEATLY.			
NAME: _____	STATE: _____		
ADDRESS: _____	ZIP CODE: _____		
CITY: _____	PHONE: _____		

CHILD'S INFORMATION: (AS IT APPEARS ON THE TRIBAL ROLL)

CHILD'S FULL NAME: _____	DOB: _____	SSN#: _____	RELATIONSHIP: _____
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As the parent or legal guardian, I hereby certify that I have read "The Wichita and Affiliated Tribes Notice to All Enrolled Tribal Members Regarding the Pandemic Recovery Program" that was attached to this application. I also certify that my child has suffered economic impacts due to the coronavirus pandemic as circled above. Application must be signed by a parent or **legal** guardian.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____	DATE _____
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(FOR OFFICE USE ONLY)

ENROLLMENT VERIFIED: _____	APPROVED AMOUNT: _____	
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Tribal Government Services Specialist _____	Date _____	President or Chief Operations Officer _____	Date _____
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