

## Wichita and Affiliated Tribes

A.R.P.A

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## Response Household Assistance Program (RHAP)

Assistance to Households/Economic Impact Response

FY – 2023

October 1, 2022 to September 30, 2023

[ARPAdepartment@wichitatribe.com](mailto:ARPAdepartment@wichitatribe.com)

### Applicant checklist for program eligibility are as follows:

1. **One-Time Assistance for Household Assistance up to \$500.00**
2. Must be a Wichita and Affiliated Tribes enrolled Tribal Member (applicant) and 18 years of age or older
3. **Completed Application:** Your application must be filled out completely, an incomplete application could cause a delay in the process of your assistance request or jeopardize your eligibility.
4. **CDIB copies** – for any and **all** tribal household members  
**State ID** or **birth certificate** for non-tribal household members (18 years or older)
5. **Social Security Card copies** (for applicant and all household members 18 and older)
6. **Income Verification** – documentation will only need to be provided when your reason for requesting assistance is income loss or a financial hardship has occurred
7. **Utility Assistance-** copy of recent bill, if account is NOT in applicant's name, please request a [RESIDENCE VERIFICATION FORM](#)  
**Lease, W-9, and Landlord Information Form for Rental/Mortgage Assistance-** if utility or lease is not in applicant's name, please request a [RESIDENCE VERIFICATION FORM](#)
8. **Hardship Experienced.** **(Reason Why You Are Requesting Assistance MUST BE FILLED OUT)**  
Need must meet one of the following qualifications resulting from a negative economic impact to the COVID-19 public health emergency:
  - Positive COVID-19 test result (must submit documentation)
  - Low or Moderate Income, Temporary Reduction in household income (must be documented)
  - Hospitalization due to COVID-19 related issues, COVID-19 Testing (work or school related)
  - Loss of earnings, Employment Search, Removal of barriers to employment
  - Elder – 55 years or over, Nursing Home Client Support, Disabled
  - Utility disconnection prevention or Eviction prevention, Restore Services, or Relocation Deposits
  - Personal Protective Equipment (PPE) or COVID-19 cleaning supplies
  - Increased Food Cost or Housing Insecurity
  - Other: *Documentation will be requested to support all requests made that do not fall under any categories within the ARPA Response Household Assistance Program*

**APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED. ONCE COMPLETED, PLEASE ALLOW (10) WORKING BUSINESS DAYS FOR PROCESSING AND ELIGIBILITY DETERMINATION**



FY-2023 ARPA

Time of Arrival to Family & Children Services office

RESPONSE HOUSEHOLD ASSISTANCE PROGRAM APPLICATION (RHAP)

DATE: \_\_\_\_\_ APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ WICHITA TRIBAL ENROLLMENT #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_
House # & Street Name City State Zip Code

CELL PHONE #: \_\_\_\_\_ MESSAGE PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\*\*COPY OF ENROLLMENT/CDIB and IDENTIFICATION FOR EVERYONE MUST BE PROVIDED\*\*

LIST ALL HOUSEHOLD MEMBERS (INCLUDE APPLICANT AND SPOUSE/COMPANION)

Table with 5 columns: NAME, LAST FOUR OF SSN, RELATIONSHIP to applicant, AGE, TRIBE AFFILIATION. Row 1: 1., SELF, WICHITA.

Please use a different sheet of paper for additional household members

\*\* REASON WHY YOU ARE REQUESTING ASSISTANCE: \*\* MUST BE FILLED OUT

Have you experienced financial hardships associated with the COVID-19 pandemic that has created or increased a risk of rental or mortgage delinquency, mortgage default, loss of utilities or home energy services, or displacement?

(check all that apply)

- Positive COVID-19 Test Result, Disconnect or Eviction Notice, A reduction in household income, Elder- 55 years or older, Increase in living expenses, Loss of Employment/Temporary Layoff/or Furlough, Increased costs due to healthcare or need to care for a family member, Other financial hardship; list: \_\_\_\_\_

TYPE OF ASSISTANCE REQUESTING: Please Select One Option ONLY

Form with checkboxes for RENT OR MORTGAGE RELIEF, UTILITY BILL, TEMPORARY HOUSING, OTHER, RECONNECTION OF SERVICES, APPLIANCE REPAIR, NATURAL DISASTER RELIEF, DEPOSIT- (UTILITY OR RENTAL), INCARCERATION ASSISTANCE, REFERRAL SERVICES.

ARE YOU NEEDING PERSONAL PROTECTIVE EQUIPMENT (PPE) SUPPLIES? YES NO

If you answered YES, please specify your PPE need: \_\_\_\_\_

**VENDOR INFORMATION:**

<b>UTILITY PROVIDER/SUPPLIER</b> Utility Bill must be attached to this application	<b>LANDLORD NAME/MORTGAGE COMPANY</b> Landlord Info Form and W-9 are needed for Rental Assistance
<b>VENDOR:</b>	<b>NAME:</b>
<b>ACCOUNT #:</b>	<b>AMOUNT: \$</b>
<b>ACCOUNT HOLDERS NAME:</b>	

*Additional supporting documents are required if applicant's name does not appear on the bill.*

**ALL HOUSEHOLD INCOME:** *all earned and unearned must be reported for entire household*

NAME	SOURCE	AMOUNT	HOW OFTEN RECEIVED
		\$	
		\$	
		\$	

**I HAVE PROVIDED THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE AND/OR MISLEADING INFORMATION WILL RESULT IN DENIAL OF APPLICATION, TERMINATION OF SERVICES, AND/OR LEGAL ACTION.** \_\_\_\_\_ (INITIALS)

**I ACKNOWLEDGE THAT IT IS MY SOLE RESPONSIBILITY AS THE CLIENT TO OBTAIN AND SUBMIT ALL REQUIRED DOCUMENTATION VERIFYING THAT MY HOUSEHOLD WAS ECONOMICALLY IMPACTED BY COVID-19 IN WHICH IS NEEDED TO COMPLETE MY APPLICATION.** \_\_\_\_\_ (INITIALS)

**I FURTHER ACKNOWLEDGE THAT THIS APPLICATION WILL BE VOIDED AFTER **14 DAYS** OF NO ACTIVITY AND A NEW APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS WILL NEED TO BE RESUBMITTED.** \_\_\_\_\_ (INITIALS)

By signing this application, I authorize **The Wichita and Affiliated Tribes, Tribal Funded Social Services Department and/or the ARPA Department** to release and/or obtain any information necessary to establish eligibility for assistance and/or to include internal referral(s) within the tribal organization if deemed necessary for my household's critical circumstances.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**