

**Wichita and Affiliated Tribes
CARES**

P.O. Box 729

Anadarko, OK. 73005

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PPR Assistance Program

Prepare, Prevent, and Respond

FY – 2021

October 1, 2020 to December 31, 2020

CARES@wichitatribe.com

Applicant checklist for program eligibility are as follows:

1. **One-Time Assistance per **tribal member** for PPR Assistance up to \$300.00**
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** - Employment (two most recent check stubs), *Current* Social Security Statement (retirement or disability), Unemployment Statement, and any other income (received by *everyone* in household). If declaring zero or no income, a **NO INCOME VERIFICATION FORM** will need to be requested.
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. **Explanation of need for assistance. This must be included on or with application**
(Reason Why You Are Requesting Assistance **MUST BE FILLED OUT)**
Need must meet one of the following qualifications regarding preparation, prevention, or responding to the COVID-19 pandemic:
 - Positive COVID-19 test result (must submit documentation)
 - Low Income, Temporary Reduction in household income (must be documented)
 - Hospitalization due to COVID-19 related issues, COVID-19 Testing (work or school related)
 - Aid for Loss of Income, 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), COVID-19 cleaning supplies
 - Job Readiness Assistance
 - Substance Abuse Counseling or Treatment, Mental or Behavioral Health Treatment
 - Child Welfare Services, Juvenile and Youth Services, Childcare & Development
 - Domestic Violence Services or Family Violence Prevention

APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED. ONCE COMPLETED, PLEASE ALLOW (5) WORKING BUSINESS DAYS FOR PROCESSING AND ELIGIBILITY DETERMINATION



FY-21 CARES Act ESSENTIAL NEEDS APPLICATION

Time of Arrival to Family & Children Services office

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: _____

HAVE YOU OR AN IMMEDIATE HOUSEHOLD MEMBER HAD TO RECOVER FROM COVID-19? YES NO

****COPY OF ENROLLMENT/CDIB FOR EVERYONE MUST BE PROVIDED****

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

NAME	RELATIONSHIP to applicant	AGE	TRIBE AFFILIATION
1.	SELF		WICHITA
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please use a different sheet of paper for additional household members

TYPE OF ASSISTANCE REQUESTING:

<input type="checkbox"/> RENT OR MORTGAGE RELIEF	<input type="checkbox"/> COVID-19 TESTING	<input type="checkbox"/> EMERGENCY FOOD SUPPLEMENT
<input type="checkbox"/> UTILITY BILL (incl. Propane)	<input type="checkbox"/> EMPLOYMENT ASSISTANCE	<input type="checkbox"/> CHILD CARE SERVICES
<input type="checkbox"/> TEMPORARY HOUSING (Must meet criteria)	<input type="checkbox"/> PPE or CLEANING SUPPLIES	<input type="checkbox"/> ELDER CARE SERVICES
<input type="checkbox"/> COVID-19 HOSPITALIZATION	<input type="checkbox"/> JUVENILE/YOUTH SERVICES	<input type="checkbox"/> MENTAL or BEHAVIORAL HEALTH
<input type="checkbox"/> SUBSTANCE ABUSE COUNSELING	<input type="checkbox"/> OTHER REQUEST: _____	

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

VENDOR INFORMATION:

UTILITY PROVIDER/SUPPLIER	LANDLORD NAME/MORTGAGE COMPANY <small>(Landlord Info Form and W-9 are needed for Rental Assistance)</small>
VENDOR:	NAME:
ACCOUNT #:	AMOUNT: \$
ACCOUNT HOLDERS NAME:	

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 and documented 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 SUPPORTING DOCUMENTATION NEEDED TO COMPLETE APPLICATION. _____ (INITIALS)

I FURTHER ACKNOWLEDGE THAT THIS APPLICATION WILL BE VOIDED AFTER 30 DAYS OF NO ACTIVITY AND A NEW APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS WILL NEED TO BE RESUBMITTED.
_____ (INITIALS)

APPLICANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE (If Applicable)

DATE

By signing this application, I authorize **The Wichita and Affiliated Tribes, Social Services Department and/or the CARES PPR Program** 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.