



Kaw Nation

Tribal Youth COVID-19 Gift Card Program

Application

The Kaw Nation’s Tribal Youth COVID-19 Gift Cards Program is designed to provide financial support to Kaw Youth whose household has suffered economic impacts through increased expenditures or decreased income due to the COVID-19 pandemic. Eligible Kaw Nation Citizens, age seventeen (17) and younger will receive one-time cash assistance loaded onto a one-time gift card. Expenses must be used to ensure the health and welfare of youth Tribal citizens. This program is funded by the American Rescue Plan Act – State and Local Fiscal Recovery Funds.

Qualified applicants aged seventeen (17) and younger may submit an application on their own behalf. Otherwise, an adult may submit the application on behalf of a Kaw Nation youth aged seventeen (17) and younger. One application must be submitted per Tribal youth enrolled by 12-31-2022. Payments will be processed approximately 30 days after verification of an approved application. Applications must be received by the Tribe on or before April 30, 2023. For more information, please call 580-269-2552.

SUBMIT APPLICATION BY MAIL ONLY TO:

**KAW NATION
ATTN: TRIBAL YOUTH GIFT CARDS
P.O. BOX 50
KAW CITY, OK 74641**

Applicant Personal and Contact Information

Youth Applicants Full Name			
Application Completed by	<input type="checkbox"/> Self (you are the person listed above)	<input type="checkbox"/> Parent/Guardian/Custodian	
Applicant Date of Birth		Applicant Kaw Nation Tribal Enrollment Number	
Name of Applicant's Mother	<input type="checkbox"/> Kaw Nation Citizen	Name of Applicant's Father	<input type="checkbox"/> Kaw Nation Citizen
Physical Address (Street, City, Zip)			

Mailing Address (Street, City, Zip)			
Phone Number		Email Address	
Custody of Applicant	<input type="checkbox"/> Shared Custody among both parents <input type="checkbox"/> Full-Time Custody with one parent: _____ <input type="checkbox"/> Other Name of Guardian/Custodian if Applicant is not in care of parents: _____ <i>(Please include Description of Authority for Guardianship/Custody by non-parent to this Application)</i>		
Preferred Method of Obtaining Gift Card	<input type="checkbox"/> Mail to Mailing Address Listed Above <input type="checkbox"/> Pick Up in Person at Kaw Nation Tribal Headquarters (by appointment only Pending application approval.) <i>All gift cards will be mailed unless otherwise specified.</i>		

How has the COVID-19 pandemic affected you within the last three (3) months?

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Experienced unemployment | <input type="checkbox"/> Increased food expenses |
| <input type="checkbox"/> Experienced a reduction in income | <input type="checkbox"/> Low-income or moderate-income |
| <input type="checkbox"/> Housing insecurity | |

Applicant Checklist

- | | |
|---|--|
| <input type="checkbox"/> Fully Completed Application | <input type="checkbox"/> Proof of Kaw Nation Tribal Citizenship for each child in household (copy of enrollment card must be included with application) |
| <input type="checkbox"/> Description of Authority for Guardianship/Custody by non-parent (if necessary) | |

Authorized Use of Funds and Certification

Use of funds must be consistent with expenditures related directly in response to the current COVID-19 pandemic, prevention of COVID-19 spread, and/or economic recovery of tribal households.

By signing below, I hereby certify that I have met the requirements for the Tribal Youth COVID-19 Gift Card Program and that the information submitted on this Application is true and correct to the best of my knowledge. I am also giving authorization to the Kaw Nation to (1) update my tribal enrollment file using the information submitted in the "Applicant Personal and Contact Information" section and (2) verify my tribal enrollment.

The Kaw Nation is not responsible for lost or stolen Gift Cards.

I agree that I may be called upon to prove that I did not use this funding for unallowable expenses (i.e., alcohol, tobacco, luxurious items).

If applying on behalf of a Minor, I certify that I am a legal and physical custodian of the minor. I certify that I have coordinated with others who may have legal and/or physical custodian of the minor in completing this application and have their authorization to complete this application on behalf of the minor.

Applicant Printed Name:	
Signature:	Date:
Signature of Parent/Guardian:	

For Official Use Only		
Date received by the Tribe:		
Tribal enrollment verified for each child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Verified:
Application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardianship/Custody Documentation: (if needed) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		
If not approved, reasoning and notification verification:		
Card#:	Amount:	Date mailed: