



## Osage Nation Financial Assistance Department

627 Grandview Avenue

Pawhuska, OK 74056

Phone: (918) 287-5325

Fax: (918) 287-5593

Dear ᄀᄀ ᄀᄀᄀᄀᄀ Applicant:

The ᄀᄀ ᄀᄀᄀᄀᄀ Program operates on a fiscal year (October through September) and serves low-income Native Americans families, residing in the service area (Osage County). This program is designed to help families spend more time together as their children participate in sports, art initiatives and after-school activities. This initiative requires a family participation rate of 50%. The total amount of assistance may not exceed \$500. Costs associated with sports, art initiatives and after-school programs may include fees, equipment, uniforms, supplies, materials, and other related expenses.

Youth participants, 18 years or younger, must belong to a federally recognized tribe and the family unit income cannot exceed 125% of the Health & Human Services Federal Poverty Guidelines.

Families may participate in the following activities:

- Brownies
- Girl Scouts
- Cub Scouts
- Boy Scouts
- Gymnastics
- Tumbling
- Martial Arts
- Boxing
- Ballet
- Jazz
- Tap
- Hip Hop
- Cheerleading
- Softball
- Baseball
- Soccer
- Football
- Camps
- Golf
- Swimming
- Archery
- Workshops
- After-School Programs
- Other

The application process contains three dates, which include the application date, application completion date and the approval/denial date.

1. If the application is incomplete, the applicant will be notified within two (2) business days. The applicant will have an additional three (3) business days to complete the application. If unable to comply, the applicant's file will be closed.
2. Complete applications will be processed within ten (10) business days from the application completion date and each applicant will receive an approval/denial letter.
3. In case of denial, applicants will have ten (10) business days from date of the denial letter to appeal decisions. Applicants must submit the Appeal Form to the Financial Assistance Department.

Please read and complete each section of the attached application. Completed applications contain the following attachments:

- Copy of an Osage Nation membership card for Osage Preference, or a non-Osage tribal membership card or CDIB for each person in family unit
- Copy of photo identification of each parent or legal guardian
- Copy of Social Security card for each person in family unit
- Proof of residency (current utility bill in applicant's name or certification of address form)
- Copy of birth certificates or guardianship papers for each youth in family unit
- Income verification for past 30 days from the date of this application, from parent(s) or legal guardian in family unit (unemployment statements required on each adult not currently employed)

If applicable, please also attach the following:

- For veteran status, a copy of the DD form 214 - for purposes of benefit and services, a person who served in the active military service and who was discharged, or released, under conditions other than dishonorable is a veteran
- For disabled status, verification of Social Security Disability (SSD or SSDI) or Supplemental Security Income (SSI)

The Financial Assistance Department is located at 239 W. 12<sup>th</sup> Street Pawhuska, Oklahoma. Office hours are Monday - Friday from 8:00 am to 4:30 pm, excluding Osage Nation holidays. For questions please call 918-287-5325 / 888-822-1248, fax 918-287-5593 or email [financial-assist@osagenation-nsn.gov](mailto:financial-assist@osagenation-nsn.gov) . We look forward to assisting you.

Sincerely,

Jennifer Oberly  
Financial Assistance Department, Director



## ᄀᄀ ᄆᄆᄆᄆᄀ Application

Applicant Information			
Last Name:	First Name:	MI:	Application Date:
Physical Street Address:	City:	State:	Zip Code: County:
Mailing Address: (Street or PO Box):	City:	State:	Zip Code: Email Address:
Federally Recognized Tribe:	If Osage, Membership No.:		Phone:
Are you the parent or legal guardian?	Disabled: YES or NO	Veteran: YES or NO	Message Phone:

Family Unit Data (applicant must be included)						
Last, First Name	Age	Gender	Social Security Number	Federally Recognized Tribe	Enrolled Osage Yes or No	Osage Membership #
1. SELF				See above	See above	See above
2.						
3.						
4.						
5.						
6.						

Family Unit Income (past 30 days from the date of application)			
INCOME	PARENT	PARENT	LEGAL GUARDIAN
Wages (Net)	\$	\$	\$
Social Security Administration (SSA) excluding Medicare deduction	\$	\$	\$
Social Security Income Benefits (SSI)	\$	\$	\$
Retirement/Pension Benefits	\$	\$	\$
Self-Employment	\$	\$	\$
Rental Income	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$
<b>INITIALS</b>			

**I. Applicant Rights and Responsibilities**

I understand my completed application will be processed within ten (10) business days and I shall receive a denial or approval letter. The approval letter will include benefit amount and vendor information. If the application is denied, I will receive a notification letter stating the reason and information detailing the appeal process. I understand that I have ten (10) business days to appeal.

Federal law governing fraud: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick scheme or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing on documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Osage Nation Financial Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

**II. Release of Information**

I have read and understand the above statements and I authorize the Osage Nation Financial Assistance Department to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Osage Nation Financial Assistance Department of any changes in the information provided on this application, and that all information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Spouse / Significant Other              Date

**{State of OKLAHOMA}**  
**{County of OSAGE}**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared \_\_\_\_\_ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.  
Given under my hand and seal the day and year last above written.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Commission expiration

\_\_\_\_\_  
Commission number