



Osage Nation Financial Assistance Department

627 Grandview
Pawhuska, OK 74056
Phone: (918) 287-5325
Fax: (918) 287-5593

Dear Crisis Assistance Applicant:

The Osage Nation Crisis Assistance Program assists enrolled Osage Nation members age 18 year's old or above in alleviating crisis situations beyond financial control. Applicants may receive up to \$1,000 in total assistance within a fiscal year (Oct-Sept). Assistance may be available for the following crisis situations:

- Victims of Domestic Violence
- Homelessness
- Utility assistance because of death of a household income provider
- Natural Disaster
- Illness or injury resulting in incapacitation

Please read and complete each section of the attached application and submit the following documents:

Check List

- _____ Completed Application
- _____ Copy of photo identification
- _____ Copy of Osage Nation membership card
- _____ supporting documents relating to your crisis

The Financial Assistance Department is located inside the Welcome Center at the 239 W. 12th Pawhuska, Oklahoma. For assistance please call 918-287-5325/888-822-1248, fax 918-287-5593 or email financial-assist@osagenation-nsn.gov

Sincerely,

Jennifer Oberly
Director of the Financial Assistance Department



Crisis Assistance Application

I. Applicant Information

Name:	Last	First	MI	Date:
Physical Address:	Street	City	State	Zip
Mailing Address:	Street	City	State	Zip
Email Address:				Osage Membership number

Briefly explain your crisis situation and the type of assistance needed:

II. Applicants Rights and Responsibilities

I understand my completed application will be processed within two (2) business days and I shall receive a denial or approval via telephone, email or letter.

If the application is denied, I will receive a notification letter stating the reason and information detailing the appeals 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.

This application is considered a protected record under the Open Records law of the Osage Nation and as such will be protected from public disclosure. The information on this application, however, may be shared among Osage Nation Departments to enhance services, gather statistical information, and improve communications with our clients. All employees of the Osage Nation sign a confidentiality agreement upon employment with the Nation.

III. 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.

Signature - Applicant

Date