



Osage Nation Financial Assistance Department

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

Dear Career Development Applicant:

The Career Development Program operates on a fiscal year (October through September) and serves low-income Native Americans within the Osage Reservation (Osage County) by providing temporary employment and training activities. This program is designed to thoroughly develop the academic, occupational, and literacy skills of Adult and Youth participants.

The **Adult Career Services** will provide career development skills in preparation for adults to enter, reenter, or retain unsubsidized employment leading to self-sufficiency.

The **Youth Service program** (ages 16-21 years) will provide supplemental employment, training and related services to eligible youth. Summer employment opportunities and other employment opportunities may be available throughout the school year.

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 applicable
- Copy of photo identification of applicant
- Copy of Social Security card for applicant
- Proof of residency (current utility bill in applicant's name or certification of address form)
- Income verification for past 30 days from the date of this application, from each adult in family unit
- Financial statement of need

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

Youth Services applicants 18 years or younger must also provide:

- Proof of enrollment or recent graduation from high school
- Most recent record of grades and may include the last mid-term grades or previous semester
- Proof that standard attendance requirements mandated by the high school were met
- Proof of age (Birth Certificate, State Identification Card, Driver's License, etc.)

The application process contains two dates, which include the application completion date and the approval/denial date. Incomplete applications will not be accepted.

1. Complete applications will be processed within ten (10) business days from the application completion date and each applicant will receive an approval/denial letter.
2. 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.

The Financial Assistance Department is located at 239 W. 12th 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. We look forward to assisting you.

Sincerely,

Jennifer Oberly
Financial Assistance Department, Director



Career Development 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:
Which program are you applying for? <input type="checkbox"/> Adult Employment <input type="checkbox"/> Youth Employment	Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran: <input type="checkbox"/> YES <input type="checkbox"/> NO	Message Phone:

Household 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.						

Household Income (past 30 days from the date of application)			
INCOME	ADULT	ADULT	ADULT
Wages (Net)	\$	\$	\$
Social Security Administration (SSA) excluding Medicare deduction	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$
Retirement/Pension Benefits	\$	\$	\$
Self-Employment	\$	\$	\$
Rental Income	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Dividends & Interest	\$	\$	\$
Unemployment	\$	\$	\$
Per Cap, Revenue Sharing, etc.	\$	\$	\$
TOTAL	\$	\$	\$
INITIALS			

Youth Participants: What is your T-shirt size? S M L XL 2X 3X (Check one)

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