



Osage Nation Financial Assistance Department

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

Dear Applicant:

The Youth Employment Program operates on a fiscal year (October through September) and serves low-income Native Americans with work experience and related services, within the Osage Reservation (Osage County). Eligible youth are of 15-20 years of age, at the time of application. Youth may be subject to drug screening, background checks and COVID testing. All youth **MUST** attend and complete orientation.

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 the family unit
- ☐ Copy of photo identification of applicant and all adults in the family unit
- ☐ Copy of Social Security card for applicant and each person in the family unit
- ☐ 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
- ☐ Copy of Selective Service Registration (for males 18 yrs +)

You may submit the application through the US mail, e-mail, or place in the drop box located at the front door of the Welcome Center.

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, or email financial-assist@osagenation-nsn.gov. We look forward to assisting you.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Oberly".

Jennifer Oberly, Director
Financial Assistance Department



477 Assistance Application

I. 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 currently employed? YES or NO	Are you residing with someone? YES or NO	Do you pay shelter costs YES or NO		Is Physical Address in Osage County YES or NO		
Previous Client YES or NO Dates serviced: _____	Is this a 3 month Recertification <input type="checkbox"/> Yes <input type="checkbox"/> No		Household Information <input type="checkbox"/> Single <input type="checkbox"/> Family			

II. Employment Information

If you currently employed please list current employer and current salary:

Do you work less than 30 hours a week?

YES or NO

If you are unemployed briefly explain your reasoning:

If unemployed, please write the date of your last check: _____ Wage at last employment: _____

III. Type of Assistance Requesting

☐ Work Experience

☐ On-the-job Training

☐ Classroom Training

☐ Cash Assistance

☐ Rental Assistance

☐ Other, please describe:

☐ Energy Assistance

IV. Household Information

Full name	Social Security Number	Relationship to Applicant	Marital Status	Sex	Date of Birth	Age	Tribal Affiliation – OR- Membership #	Absent Parent	Teen Parent	Disabled	Veteran	Disabled Parent	Death of Parent	Unemployment of Parent
1.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
2.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
3.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
4.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
5.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
6.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
7.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								

V. Income from the last 30 days from date of application date

*Wages, Salaries, Commissions (net)	\$
*Self-employed profit less business costs and normal deductions	\$
*Interest/Dividends	\$
Oil, gas, royalties	\$
Per capita distributions/Annuities	\$
Rental Property	\$
*Child Support and/or alimony	\$
Gaming winnings	\$
*Retirement benefits	\$
Veteran's disabilities	\$
*Unemployment benefits	\$
*SSA or SSI	\$
Workers Comp	\$
Insurance Settlements	\$
Welfare	\$
<u>Total Income in the last 30 days</u>	\$
Income from sale of trust land	\$
Income from sale of real or personal property	\$
IIM monies including surplus, grazing and interest	\$
<u>Total Income in the last 30 days</u>	\$
Federal Tax refund	\$
State Tax refund	\$
<u>Total Tax refund in the last 30 days</u>	\$

Application Procedure

1. Applications will be processed within ten (10) business days from the application completion date
2. Complete applications will be processed, to determine eligibility, within five (5) business days from the application completion date
3. Applications are considered complete when required documents, including application, forms, and inspections have required signatures, including notary information
4. After eligibility has been determined, applications will be processed within five (5) business days from the approval/denial date
5. Each applicant will receive an approval or denial letter within (10) business days of the application completion date
6. Applicants will have (10) business days from date of the denial letter to appeal decisions
7. If applications are not complete, the applicant will be notified within two (2) business days from the application date and the applicant will have three (3) business days to comply or the application will be considered incomplete and closed

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 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.

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.

Client Signature

Date

Case Worker

Date



Office Use Only		
Application Completed Date		Staff initials
Approved or Denied Date		Director initials
Redetermination Date		