

Osage Nation

C.A.R.E.S. Direct Assistance Application

direct-assist@osagenation-nsn.gov

Phone: (918) 287-9745

Fax: (918) 287-5593



I. Osage Applicant Information (or Legal Guardian)						
First Name:		Middle	Last Name:		Application Date:	
Physical Address:		City	State	Zip	Email Address:	
Mailing Address:		City	State	Zip	Telephone Number:	
Social Security #:	Date of Birth;	Age	Osage Membership #*:	High Risk for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No

II. Osage Minor Information					
Last, First Name	Date of Birth	Social Security Number	Osage Nation Member Number*	Covid-19 High Risk? Yes/No	Teleworker/ Distance Learning?
1.					
2.					
3.					
4.					
5.					

I attest, the COVID-19 pandemic has affected my finances, the ability to meet essential needs, has created an economic hardship and unforeseen but necessary expenses; therefore I am requesting assistance with:

- | | |
|---|--|
| <input type="checkbox"/> lost job or other reduced income | <input type="checkbox"/> contracted COVID / required quarantine |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> adequate and affordable food items |
| <input type="checkbox"/> preventing eviction or foreclosure | <input type="checkbox"/> preventing the disconnection of household utilities |
| <input type="checkbox"/> health / medical needs | <input type="checkbox"/> telework expenses |
| <input type="checkbox"/> Distance Learning programs | <input type="checkbox"/> unordinary childcare expenses |

If the COVID-19 pandemic has resulted in other hardships, please list them here:

Total documented household COVID caused loss and increased expenses: \$ _____

Assistance is available up to \$1,000 for each senior (65+) and up to \$500 for each adult and child.

*Must be a current member of the Osage Nation as of July 1, 2020 to be eligible, newborns excluded.

How do you want to receive the assistance?

Paper check mailed directly to me

Electronically transferred to my bank account (complete the EFT form)

Check box if the statement below is TRUE:

THIS ASSISTANCE ADDRESSES AN UNMET COVID NEED. If you have received COVID assistance from other federal programs such as LIHEAP or TANF, state programs, other tribal programs, or insurance claims, this direct payment funding can only be applied to an unmet COVID need. Under penalty of law, you must request COVID caused loss reimbursement that have not been previously addressed with other sources.

Check box if the statement below is TRUE:

The total documented household COVID caused loss and increased expenses as requested on this application are true. I have documents and receipts for this loss and/or added expense and I will retain these records in the event of a federal audit.

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.”

Submitting false applications constitutes conspiracy to defraud the United States Treasury and provides for a sentence of no greater than 10 years in prison, three years of supervised release, and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. The charge of wire fraud provides for a sentence of no greater than 20 years in prison, three years of supervised release, and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. In the event the federal government fails to prosecute, the Osage Nation will.

I have read and understand the above statements, and understand the program policy is available for public review on the Osage Nation website. By submitting this application, you hereby consent to the personal jurisdiction of the Osage Nation courts for all matters related to the enforcement and prosecution of any matters related to funds received pursuant to this application. I authorize the Osage Nation Financial Assistance Department to obtain necessary information from other sources to determine my eligibility for assistance. I certify that all information provided is true and correct to the best of my knowledge.

Applicant or Legal Guardian Signature

Date

{State of _____}

{County of _____}

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