



**Osage Nation Financial Assistance Department**

627 Grandview Ave. Pawhuska, OK 74056

Phone: (918) 287-5325

The **ᏌᏉᏍᏔᏅᏍᏔᏅ** Program provides financial assistance to low income Native Americans families, residing in the service area (Osage County). This program is designed to help youth participate in sports, art initiatives and after-school activities. Youth participants, 18 years or younger, must be a member of a federally recognized tribe and the family unit income cannot exceed 125% of the current Federal Poverty Guidelines.

Allowable activities include but are not limited to the following:

- Brownies
- Girl Scouts
- Cub Scouts
- Boy Scouts
- Gymnastics
- Tumbling
- Martial Arts
- Boxing
- Ballet
- Dance Class
- School Clothing
- School supplies
- Cheerleading
- Softball
- Baseball
- Soccer
- Football
- Camps
- Golf
- Swimming
- Archery
- Workshops
- After-School Programs
- Other

Completed applications include the following attachments:

- ☐ Osage Nation Membership card or non-Osage tribal membership card for each person in the family unit
- ☐ Photo identification of each parent or legal guardian in the family unit
- ☐ Social Security card for each person in the family unit
- ☐ Proof of residence (current utility bill in applicants name or certification of address form)
- ☐ Income verification for past 30 days from application date, from each parent or legal guardian in the family
- ☐ Invoice from youth organization
- ☐ Verification of school enrollment (if applying for clothing or supplies)

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, or email [financial-assist@osagenation-nsn.gov](mailto:financial-assist@osagenation-nsn.gov) . You may also utilize the drop box located at the main entrance of the Welcome Center. We look forward to working with your family.

Best Regards,

Andrea M. Kemble, Director

Osage Nation Financial Assistance Department



| Applicant Information                 |                           |                       |                   |
|---------------------------------------|---------------------------|-----------------------|-------------------|
| Last Name:                            | First Name:               | MI:                   | Application Date: |
| Physical Street Address:              | City:                     | State:                | Zip Code:         |
| Mailing Address: (Street or PO Box):  | City:                     | State:                | Zip Code:         |
| Federally Recognized Tribe:           | If Osage, Membership No.: |                       | Phone:            |
| Are you the parent or legal guardian? | Disabled:<br>YES or NO    | Veteran:<br>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                                                           | \$     | \$     | \$             |
| Unemployment                                                      | \$     | \$     | \$             |
| 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.

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Applicant Signature

Date

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Spouse / Significant Other

Date

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