



# KAW NATION

P.O. Box 50  
Kaw City, OK 74641  
Phone (580) 269-2552  
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## KAW NATION COVID 19 TRIBAL ASSISTANCE PROGRAM

This application will be used for any Kaw Nation Tribal Member who is currently experiencing a financial hardship due to the COVID 19 pandemic. The Kaw Nation will provide some assistance to help you during this time. You must be an enrolled Kaw Nation Tribal member and at least 18 years of age and not received other COVID-19 funding from the Kaw Nation.

### APPLICATION MUST BE MAILED AND MUST BE POSTMARKED BY OCTOBER 15, 2020

#### **Incomplete applications will not be processed**

Please complete this application and submit the following documents with it:

\_\_\_\_\_ Copy of photo identification

\_\_\_\_\_ Copy of Kaw Nation membership card

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Kaw Nation Membership #: \_\_\_\_\_

### Reason You Are Requesting Assistance (mark all that apply)

**Food** \_\_\_\_\_ **Housing** \_\_\_\_\_ **Loss of Income** \_\_\_\_\_  
**Child Care** \_\_\_\_\_ **Technology** \_\_\_\_\_ **Public Health** \_\_\_\_\_  
**Health Care** \_\_\_\_\_ **PPE** \_\_\_\_\_ **Public Safety** \_\_\_\_\_

**Other:** \_\_\_\_\_

***I CERTIFY THAT BY COMPLETING AND SIGNING THIS FORM I INCURRED COVID-19 EXPENSES AND NEED ECONOMIC RELIEF***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

CHECK NUMBER: \_\_\_\_\_ MAILED ON DATE: \_\_\_\_\_

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

CHECK NUMBER: \_\_\_\_\_ MAILED ON DATE: \_\_\_\_\_