

Kickapoo Tribe of Oklahoma

Department of Social Services
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TRIBAL ASSISTANCE APPLICATIONS

Kickapoo Tribe of Oklahoma tribal members may apply for assistance up to three (3) times a fiscal year, once every quarter to assist with any and all needs.

The following are the requirements for each applicant group:

- ☞ **KTO Elders (60 yrs of age and older)** will be eligible to receive \$600.00 up to three (3) times a fiscal year (Oct-Sept). Elders will need to show the need for assistance and may apply once every four (4) months not to exceed \$1,800.00 and payments can be paid directly to the individual and/or vendors.
- ☞ **KTO Members (50-59 years of age)** will be eligible to receive \$500.00 up to three (3) times a year (Oct-Sept) per household. Applicants will need to show the need for assistance to be paid and may apply once every four (4) months not to exceed \$1,500.00 and payments can be paid directly to the individual and/or vendors.
(* Because elders and disabled persons will be allowed direct payments they must be aware and take responsibility for reporting this income to the Social Security Office if they are receiving Supplemental Security Income (SSI), to the Department of Human Services if they are receiving any form of welfare assistance and to the Internal Revenue Service for tax purposes. If you sign a consent to release this information to any of these agencies, the Social Services Office will reply to a request to verify the payments you received. If you elect to pay a vendor direct for any living assistance costs, the agencies above may be able to exempt the tribal assistance received.)
- ☞ **KTO Families with children (18 to 49 years of age)** who maintain their own households and show the need for assistance will be eligible to receive \$400.00 up to three (3) times a fiscal year (Oct-Sept) towards rent and/or utilities (electric, gas, water). Applicants may apply once every four (4) months not to exceed \$1,200.00. If both parents in the household are KTO enrolled, both must sign the application, If only one parent is KTO that parent must sign the application. If parents are separated or divorced, the requestor must verify by court document they have custody of the KTO minor(s), (18 years of age and verify they are still attending high school or younger), child/children. If no court documents are available, you can submit current DHS case information verifying household(s) or school enrollment showing guardianship.
- ☞ **KTO Single/Married adults with no dependents(18 - 49 years of age)** who are maintaining their own households and show the need for assistance will be eligible to receive \$200.00 up to three (3) times a fiscal year (Oct-Sept) towards rent and/or utilities (electric, gas, water). Person(s) signing the application must be enrolled KTO member(s). Applicants may apply once every four (4) months not to exceed \$600.00
- ☞ **Heads of households who are not KTO members but have custody of KTO minor(s) (18 years and younger)** may apply. Showing the need of assistance will be required and limited to \$50.00 per child up to three (3) a fiscal year (Oct - Sept) with the maximum amount of \$200.00 per household. Applicants may apply once every four (4) months. Payments must be made towards rent and/or utilities (electric, gas water) Applicants are required to provide proof of custody by submitting court documents. DHS case records showing household compositions or school enrollment showing guardianship.

- 👤 **Guardians or Custodians of KTO Adult wards in State or Tribal Court Custody** will be eligible to apply for tribal assistance based on the needs of the adult. However, all payments will be made to vendors in behalf of the adult ward. If the elder or disabled person maintains his or her own household, designated vendors or housing and/or utilities will be paid up to the amount they are eligible for three times a fiscal year. Guardianship papers from the appropriate court must accompany the application.

KTO Families, Single/Married and heads of households living with other households will not be considered for Tribal Living Assistance until they can verify they have set up their own residence and are the primary head of household.

Documents required before applications can be processed:

- 👤 Tribal enrollment cards & ID's for all household members.
- 👤 A completed application with all household members listed, and any vendor(s) you want paid. If you have a P.O. Box, you must provide a physical address or directions to your home.
- 👤 Verification showing you are the head(s) of household. **All current utility bills (Electric, Gas, & Water) and lease agreement or mortgage statements. If you are requesting payment for rent/leases you will need a W-9 form completed by your landlord.** Copies of the W-9 form are available in the social services office. This will only need to be completed once for each landlord.
- 👤 Adults with custody of KTO children will need court documents, DHS approval letters or school verification showing you have custody or guardianship. Guardians or Custodians of KTO Adults wards in State or Tribal Court custody must have copies of court documents.
- 👤 **Assistance is strictly based on need and is not an entitlement.**
- 👤 Due to recent requirements by all utility companies we will no longer be able to assist anyone who does not provide our department with their social security number. Pledges will not be able to be made without your required information.

Appeal Process:

Any decision by the Social Services Director that is considered improper/unfair including denials may be appealed in writing to the Business Committee of the Kickapoo Tribe of Oklahoma, P.O. Box 70, McLoud, Oklahoma, 74851. Appeals must be filed within 20 days upon receipt of a notification letter or the decision will be considered final. Verbal appeals will not be considered. Decisions of the Business Committee are final.

Penalty for misrepresenting your circumstances on application:

Any false information given on an application for Tribal Assistance will result in rejection of the application. These matters may be turned over to the Tribal Attorney General's office for investigation and prosecution.

Application for Tribal Assistance

(Incomplete applications will be rejected)

Applicant Name _____ (Maiden) _____ DOB _____ AGE _____ CDIB#

Co-Applicant Name _____ (Maiden) _____ DOB _____ AGE _____ CDIB#

Mailing Address Street City State Zip

Finding Address Street City State Zip

Telephone # _____ Message# _____

Must List all persons in your household:

| NAME | AGE | DOB | ROLL# | RELATION |
|------|-----|-----|-------|----------|
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| | | | | |
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I, therefore am granting the Social Service Department limited authority to verify my needs including the consent to vendors that I have listed.

IF YOU ARE NEEDING A PLEDGE MADE ON YOUR UTILITIES PLEASE LIST SOCIAL SECURITY NUMBER

Vendor

(Example: OG&E, ONG, CVEC, etc.)

Amount

LIST NEED OF ASSISTANCE

I have been informed that any person knowingly, willfully and fraudulently provides false information for the purpose of obtaining benefits which he/she is ineligible to receive, may be subject to prosecution to the fullest extent by the Kickapoo Tribe of Oklahoma.

I have read or had explained to me and understand/agree with the policies, procedures and requirements that govern the Tribal Living Assistance program.

Signature of Applicant _____

Date _____

Signature of Co-applicant _____

Date _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

| | | |
|---|---|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate | |
| | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ | <input type="checkbox"/> Exempt payee |
| | <input type="checkbox"/> Other (see instructions) ▶ | |
| Address (number, street, and apt. or suite no.) | | Requester's name and address (optional) |
| City, state, and ZIP code | | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

| Employer identification number | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.