

# ***Pawnee Nation CARES – COVID Recovery Program***

## **General Information**

The Pawnee Nation of Oklahoma has allocated money from the CARES funds to assist with the social needs of the Nation's Citizens, due to loss of job, loss of income and other hardships created incurred due to COVID Isolation. This funding will be allocated through the COVID Recovery Program (CRP).

CRP will start accepting applications immediately with disbursements starting now until December 4, 2020. CRP will provide assistance to aid with food, cleaning services or utilities, and rent/mortgage assistance or other COVID based need (as described below).

## **Eligible Assistance**

Food Stipend/Gift card – will be available during time of ISOLATION, through the partnerships of tribal programs (some will be based upon jurisdictional guidelines, others will not).

Cleaning services **or** Utility Assistance – will be provided to properly disinfect the residency after a person tests positive for COVID-19 and will be self-isolating until no longer considered contagious and is recovered; cleaning services will be performed to eradicate any contagions or Utility Assistance to help with any current bill due to loss of income, loss of job or other hardships incurred do to COVID isolation.

Rent/Mortgage Assistance **or** Other COVID Based Need – Assistance with home rental/mortgage payment will be available for a one- time payment to a vendor/landlord. Assistance for those who live within the Pawnee Tribal Housing Authority, will be eligible if they have been deemed ineligible for any assistance from the Housing Authority or any other item, such as medical equipment, deemed eligible because of loss of income, loss of job, and other hardships incurred to COVID isolation.

## **Participation**

Applications are open to any Pawnee Nation Tribal member that has tested positive for COVID-19 will be eligible for assistance through CRP.

Applicants must test positive and be confirmed by a valid health care professional or testing agency. Results must be received **BY** a valid health care professional or testing agency via email to [pawneeinformation@pawneenation.org](mailto:pawneeinformation@pawneenation.org) or by fax (918) 762-6446 ATTN: Pawnee Nation CARES CRP.

## **Oversight**

This program is under the Division of Planning & Tribal Development and being managed by the appointed designee(s). They will have oversight over application and approval process.

The designee(s) shall review, assess and approve each application. Ensure all required documentation is captured as needed for completed application and processing.

## **Documentation**

The following documentation will be required by the participant

- A completed application
- Most current bill for which you are seeking assistance
- Proof of residence (current utility bill)
- COVID-19 Positive Test from Health Care Professional or Testing Agency.

## **Payment**

Payments shall be processed in accordance with the Pawnee Nation Procurement Policy and/or contract documents. Food Assistance will be in the form of a gift card mailed directly to applicant. Other assistance payments will be made directly to the vendor, at no time will payments be made directly to the application.

## **Application Submission**

It is highly encouraged all completed application (with all attached required documentation) be submitted electronically to [pawneeinformation@pawneenation.org](mailto:pawneeinformation@pawneenation.org) or can be done over the phone.

## **Point of Contact**

Samuel Vannoy, Pawnee Nation of Oklahoma

Phone: (918) 762-3621 ext 230 or Email [sv1103@pawneenation.org](mailto:sv1103@pawneenation.org)

# Pawnee Nation CARES – COVID Recovery Program Application

\_\_\_\_\_  
Full Name (As seen on PN Tribal Membership Card) \_\_\_\_\_  
PN Tribal Enrollment #

Type of Assistance **1. Food**  
**2. Cleaning Services OR** Utilities  
**3. Rent/Mortgage OR** Other COVID Based Need

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address

Preferred Method of Contact Phone Email

Have you tested positive for COVID-19 Yes No  
If yes, please have your health care provider or testing agency forward your test results to fax # or email. This is a requirement for verification purposes only.

If known, please provide the name of the health care provider or testing agency \_\_\_\_\_

Is there anyone else in the household? Yes No

Is there more than one POSITIVE case of COVID-19 in the household? Yes No

### OFFICE USE ONLY

\_\_\_\_\_  
Date Received \_\_\_\_\_  
Received by

Positive COVID-19 Applicant verified Yes No

\_\_\_\_\_  
Verified by: Print Name & Position \_\_\_\_\_  
Date Verified

\_\_\_\_\_  
Verified by: Signature

Approval of Positive COVID-19 Assistance

Approved

Denied