



Pawnee Nation of Oklahoma

PO Box 470 Pawnee, OK 74058; Phone: 918-762-3621

ATTN: Adult COVID Assistance

pawneeinformation@pawneenation.org

cc: changeaddress@pawneenation.org

ADULT COVID ASSISTANCE

- Date, Name, Date of Birth and Signature are required for address changes and Adult COVID Application
- PLEASE do NOT forget to SIGN this statement located at the bottom of the page
- A copy will be sent to Enrollment to update your mailing address
- This is not a second distribution
- Deadline to apply is DECEMBER 4, 2020

*Date: _____

Roll #: _____

*Name: _____

Telephone # : () -

*Date of Birth: _____

E-Mail: _____

Current Mailing Address:

City _____

State _____ Zip Code _____

Current Physical Address:

City _____

State _____ Zip Code _____

ADULT COVID ASSISTANCE

By signing this form I certify that I have incurred expenses related to the disruption of daily life due to the COVID-19 (Coronavirus) (including expenses such as: loss of income, food, housing, distance learning, technology improvements, health care, PPE, child care, or any other public health/safety needs and/or services.

By signing below, I agree to have my application sent to the Enrollment office to ensure my address is up to date.

*Signature of Tribal Member

Printed Name of Signature as shown on CDIB