

**Official Kiowa Tribe Application**  
**Coronavirus State and Local Fiscal Recovery Funds**  
**Lump Sum Covid-19 Assistance Payments (LSCAP)**  
**“Respond, Recovery and Rebuild” (RRR)**

Every Kiowa enrolled tribal member is eligible for ARPA assistance through the Kiowa Tribe. This application is to be completed by the Kiowa Tribal Member receiving the Initial qualified disbursement. Each tribal member Adult & Children must submit an Individual Application. Application for minors must be completed by custodial, foster parent or guardian. All Checks will be Mailed out. Only fully completed applications will be accepted. **Please print clearly. Submit to [ss@kiowatribe.org](mailto:ss@kiowatribe.org).**

Name First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ CDIB: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**What is your specific individual or household need? (Circle all that apply)**

- |   |   |  |                                     |  |
|---|---|--|-------------------------------------|--|
| <input type="checkbox"/> Housing-Rent/Mortgage                                | <input type="checkbox"/> Payments           | <input type="checkbox"/> Utilities         | <input type="checkbox"/> Gasoline   | <input type="checkbox"/> Food          |
| <input type="checkbox"/> Medication   | <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Insurance  | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Household Items                                      | <input type="checkbox"/> Firewood           | <input type="checkbox"/> Student Loans     | <input type="checkbox"/> Employment | <input type="checkbox"/> Child Care    |
| <input type="checkbox"/> Education (Tuition/Education purchases due to COVID) | <input type="checkbox"/> Clothing           | <input type="checkbox"/> Child Support     |                                     |  |
| <input type="checkbox"/> Personal Protective Equipment (Purchased or needed)  |   |  |                                     |  |

**Please select the areas that you believe should be priorities for the Kiowa Tribe**

**(Please Number 1-5 with 1 Being the most important.)**

Education

\_\_\_\_ Career/Vocational Training \_\_\_\_ Tutorial \_\_\_\_ Distance Learning \_\_\_\_ Other

Infrastructure

\_\_\_ Water \_\_\_ Sewer \_\_\_ Broadband/Informational Network (Internet) \_\_\_ Covid-19 Related improvements

\_\_\_ Other

Public Health and Safety

\_\_\_\_ Economic Impact \_\_\_\_ Human Resources \_\_\_\_ Equipment \_\_\_\_ Oher

Behavioral Health

\_\_\_\_ New/Enhanced Services \_\_\_\_ Substance Abuse \_\_\_\_ Tele Health \_\_\_\_ Other

Medical Expenses

\_\_\_\_ Provide Care & Services Regarding Covid-19 \_\_\_\_ Risk Prevention \_\_\_\_ Long Term Effects from the virus  
\_\_\_\_ Other

Industry

\_\_\_\_ Tourism \_\_\_\_ Travel \_\_\_\_ Hospitality \_\_\_\_ Other

Small Business Assistance

\_\_\_\_ Loans & Grants \_\_\_\_ Prevention & Mitigation \_\_\_\_ Technical Assistance \_\_\_\_ Re-Hiring Pre-pandemic Staff  
\_\_\_\_ Other

Assistance to Workers

\_\_\_\_ Food Assistance \_\_\_\_ Assistance to unemployed workers \_\_\_\_ Survivor benefits related to Covid-19  
\_\_\_\_ Other

Assistance to Families

\_\_\_\_ Food Assistance \_\_\_\_ Housing \_\_\_\_ Survivors Benefits due to Covid-19 \_\_\_\_ Transportation \_\_\_\_ Other

Assistance to Tribal Members

\_\_\_\_ Direct Stimulus Payments \_\_\_\_ Tribal Housing Assistance \_\_\_\_ Tribal Services \_\_\_\_ Food and Clothing  
\_\_\_\_ Transportation \_\_\_\_ Other

*By my signature below, I attest that the information provided above is true and correct. I am an enrolled Kiowa Tribal Member or I am a guardian, foster parent or adoptive parent of a Kiowa Tribal member. I understand that if I purposefully falsify this document and receive funds, that I will jeopardize future services of the Kiowa Tribe. I understand that this is NOT a per capita payment or stimulus payment and this payment is subject to certification and/or documentation of my specified need. I understand that this assistance is provided under the Kiowa Tribe American Rescue Plan Act Program.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

*You are eligible for assistance if your income is less than \$75,000 for single, \$112,500 for Head of Household or less than \$150,000 Married (you will not be asked to provide proof of income.) This needs assessment informs the Tribe of additional assistance that your specific household needs beyond the initial disbursement. It will also inform the Tribe of your ideas in regard to program services that will help tribal members in general.*

Kiowa Tribal Member is Eligible for assistance

Date Application was Verified: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_