



Kialegee Tribal Town
P.O. Box 332
Wetumka, OK 74883
(405)452-3262

ARPA-ATTG Program Application

Applicant Information

Full Name: _____ Birth date: _____
Last First M.I.

Address: _____
Street Address Apt./Unit #

City State Zip Code

Phone: _____ Email: _____

Parent/Guardian: _____ Contact #: _____

Are you an enrolled member? Yes No

Which Program(s) are you applying for?(Check all that apply):

- Children and Youth Services
Social Services
Vocation Training and Educational Development
Employment Assistance

Educational Information (If applicable)

Applicant is a (Check one):

Post-Secondary Student Secondary Student
(Elem., H.S.)

Please Provide Document Verifying School Enrollment

School Name: _____ Phone: _____

Address: _____
Street Address City State Zip

Need assistance with, (Check all that apply):

- Clothing School Supplies School Activities
Sports/Clubs Tuition/Books Graduation



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Housing Completion Incentive Fuel Expense
(for Post-secondary) (for Post-secondary)
Other

Explain: _____

Employment Information (If applicable)

Applicant is currently (Check all that apply):

Unemployed Employed
Job Searching Start Date of Employment : _____

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Job Title: _____ Work Hours _____ to _____

Were your hours or pay reduced due to the COVID-19 Pandemic Yes
Were you laid off or furloughed due to the COVID-19 Pandemic Yes

Why is assistance needed? Explain: _____

Social Services (if applicable)

Why assistance is needed (Check all that apply):

Funeral/Burial Assistance Name of deceased member: _____



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- | | | |
|-------------------------------|--------------------------|---------------------------------------------------------|
| Gas assist for Dr's Appt | <input type="checkbox"/> | If checked, what location?: _____ |
| Food/Grocery Assistance | <input type="checkbox"/> | Utility- Gas (ONG, OG&E, CVEC) <input type="checkbox"/> |
| Utility Assistance - Electric | <input type="checkbox"/> | Rent <input type="checkbox"/> |
| Propane | <input type="checkbox"/> | |

Signature

- I certify that my answers are true and complete to the best of my knowledge.
- I attest that I and my household have been negatively impacted by the COVID-19 Pandemic.
- I understand it could take up to two weeks for the processing of my application.
- I understand that I have 30 days from the receipt of funds to return all receipts. If I don't, I risk repayment of funds, or denial of future application(s).
- I understand, if possible, payments will be made directly to vendor(s).

Signature: _____ Date: _____

For Office Use Only – Do Not Write Below

Date Received: _____ Approval Date: _____

Denial Date: _____ Staff Signature: _____