

Osage Nation

Youth Employment Program

Email: financial-assist@osagenation-nsn.gov

Phone: (918) 287-5325



Frequently Asked Questions

How can I apply or get the application?

Members can download and print an application at: <https://www.osagenation-nsn.gov/services/financial-assistance>

Or call (918) 287-5325 to request an application mailed to you.

Or come into the Welcome Center at 239 W. 12th Pawhuska, OK, 74056 for help to apply.

Where can I find more information about this program?

On the Osage Nation website:

<https://www.osagenation-nsn.gov/services/financial-assistance>

How can I submit my application?

Mail to: Osage Nation Financial Assistance

627 Grandview Ave.

Pawhuska, OK 74056

Email to: financial-assist@osagenation-nsn.gov

Drop Box: Welcome Center

239 W. 12th Street

Pawhuska, OK 74056

When will I know if my application is approved?

After the application is complete, the Financial Assistance team has up to ten (10) business days to make a determination. All correspondence will be mailed.

Is this assistance taxable income?

The Osage Nation is not treating these payments as taxable income. Consult with your own attorney or tax advisor for guidance. The Osage Nation has designed this program to meet the tax exempt status of an "Indian general welfare benefit" as defined by 26 USC Section 139E(b).

Can I receive my assistance directly deposited into my bank account?

Yes, Direct Deposit is REQUIRED for all participants in FY2025

Do I need to submit any additional information with my application?

Yes, please follow the checklist attached to the application.

Can I apply for my relatives/grandchildren?

If you are applying on behalf of a minor child and you are not listed as a biological parent of the minor child in the Osage Nation membership files, you must provide legal proof of custody or guardianship. By submitting the application, you are certifying that you are legally entitled to receive the assistance on your behalf, or on behalf of a minor child.

When do the youth start work?

Starting Monday June 2nd, 2025 Ending July 25th, 2025.

How much will the youth earn per hour?

Eligible youth will receive a work incentive of \$15 per hour.

Is the work part time or full time?

Eligible youth may work up to 32 hours per week.

Are youth required to drug test?

Yes, each youth participant will be screened for illegal drug use, prior to work placement.

What happens if the youth tests positive for illegal drug use?

Youth who test positive for illegal drug use will be referred to the Osage Nation Counselling Center for additional services and must comply to continue participating with the Youth Employment Program.

I am currently 15 years old, but my birthday is coming up, can I work on the Youth Program?

Eligible applicants must be 16 years old at the time of application and before March 31st, 2025.

When does the program start?

Applications will only be accepted March 1st, 2025 thru March 31st, 2025. The program will have a **mandatory** orientation in **May 28, 2025** and the first day of work will be **June 2, 2025** and end **July 25, 2025**.



Osage Nation Financial Assistance Department

627 Grandview Avenue
Pawhuska, OK 74056
Phone: (918) 287-5325
Fax: (918) 287-5593

Dear Youth Employment Applicant:

The Youth Employment Program services Native American Youth, ages 16-21 years, which reside within the Osage Reservation (Osage County). The program provides assistance, in the form of: work experience, specialized workshops / training, and financial literacy to eligible youth. The program is designed to prepare Native American Youth to enter the workforce by providing experience and training.

Please read and complete each section of the attached application and forms. All records from previous years have been archived, so please submit the following information with the application:

- Copy of an Osage Nation membership card, or CDIB for each person in the family unit
- Copy of photo identification of applicant and adults in family unit
- Copy of Social Security card for all members of the family unit
- Proof of residency (current utility bill or a notarized Certification of Address, from Parent / Guardian)
- Income verification for past 30 days from the date of this application, from each adult in family unit
- Completed and signed form W9 for the youth applicant

You may submit the application in the drop box located at 239 W. 12th Street Pawhuska, OK 74035.

You may email the application to financial-assist@osagenation-nsn.gov

You may mail the application to Financial Assistance 627 Grandview Ave. Pawhuska, OK 74035

Office hours are Monday - Friday from 8:00 am to 4:30 pm, excluding Osage Nation holidays. For questions please call 918-287-5325 / 888-822-1248, fax 918-287-5593 or email financial-assist@osagenation-nsn.gov. We look forward to assisting you.

Sincerely,

Andrea M. Kemble, Director
Financial Assistance Department



Youth Employment Application

I. Youth Applicant Information

Last Name:		First Name:		MI:	Application Date:	
Physical Street Address:		City:	State:	Zip Code:	County:	
Mailing Address: (Street or PO Box):		City:	State:	Zip Code:	Email Address (REQUIRED):	
Federally Recognized Tribe:		If Osage, Membership No.:		Phone:		
Are you currently employed? YES or NO	Are you residing with someone? YES or NO	Do you pay shelter costs YES or NO		Is Physical Address in Osage County YES or NO		
Previous Client YES or NO Dates serviced: _____	Is this a 3 month Recertification <input type="checkbox"/> Yes <input type="checkbox"/> No		Household Information <input type="checkbox"/> Single <input type="checkbox"/> Family			

II. Employment Information

If you are currently employed, please list current employer and current salary:

Do you work less than 30 hours a week?
YES or NO

If you are unemployed briefly explain your reasoning:

If unemployed, please write the date of your last check: _____ Wage at last employment: _____

III. Type of Assistance Requesting

Work Experience
(includes Youth Employment)

Classroom Training

Rental Assistance

Energy Assistance

On-the-job Training

Cash Assistance

Other, please describe:

IV. Household Information

Full name	Social Security Number	Marital Status	Sex	Date of Birth	Age	Tribal Membership Number	Absent Parent	Teen Parent	Disabled	Veteran	Disabled Parent	Death of Parent	Unemployment of Parent
1.													
Education: Last grade completed		Current Grade:				Current School:							
2.													
Education: Last grade completed		Current Grade:				Current School:							
3.													
Education: Last grade completed		Current Grade:				Current School:							
4.													
Education: Last grade completed		Current Grade:				Current School:							
5.													
Education: Last grade completed		Current Grade:				Current School:							
6.													
Education: Last grade completed		Current Grade:				Current School:							

I. Household Income from the last 30 days from date of application date

*Wages, Salaries, Commissions (net)	\$
*Self-employed profit less business costs and normal deductions	\$
*Interest/Dividends	\$
Oil, gas, royalties	\$
Per capita distributions/Annuities	\$
Rental Property	\$
*Child Support and/or alimony	\$
Gaming winnings	\$
*Retirement benefits	\$
Veteran's disabilities	\$
*Unemployment benefits	\$
*SSA or SSI	\$
Workers Comp	\$
Insurance Settlements	\$
Welfare	\$
<u>Total Income in the last 30 days</u>	\$
Income from sale of trust land	\$
Income from sale of real or personal property	\$
IIM monies including surplus, grazing and interest	\$
<u>Total Income in the last 30 days</u>	\$
Federal Tax refund	\$
State Tax refund	\$
<u>Total Tax refund in the last 30 days</u>	\$

I. Applicant Rights and Responsibilities

I understand my completed application will be processed within ten (10) business days and I shall receive a denial or approval letter. If the application is denied, I will receive a notification letter stating the reason and information detailing the appeals process. I understand that I have ten (10) business days to appeal.

Federal law governing fraud: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick scheme or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing on documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Osage Nation Financial Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

II. Release of Information

I have read and understand the above statements and I authorize the Osage Nation Financial Assistance Department to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Osage Nation Financial Assistance Department of any changes in the information provided on this application, and that all information provided is true and correct to the best of my knowledge.

Applicant Signature

Date

Parent / Guardian Signature (if minor)

Osage Nation		
Application completed date		Submitted
Approved by (Print Name)		Director/Initial

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																				
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 8.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/ir9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1098-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

THE OSAGE NATION
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Name: _____ Age: _____ Date: _____

Where do you attend School: _____?

Please select one of the following:

___ High School What Grade (Currently): ___ Name of School: _____

___ Vocational School What Program are you in: _____

___ Secondary School/ College Degree Choice: _____

What worksite peaks your interest: _____

Do you have transportation? Yes _____ No _____

****Disclaimer: We will review this document and attempt to make a placement that might suit your interests. However, this is NOT a promise you will be placed in your desired worksite.***