



Prairie Band Potawatomi Nation
 Finance Department - General Welfare Payments
 16281 Q Road, Mayetta, KS 66509
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CARES Act Distribution for General Welfare – Minors Request Form

Minor's Name: _____ Minor's Enrollment #: 2862U__ _ _ _ _

SSN: XXX-XX-__ _ _ _ _ DOB: ___ / ___ / ___ Minor's Age: _____

Mailing Address: _____

Parent/Guardian Name: _____ Direct Phone #: _____

- I AM THE CUSTODIAL PARENT OR A JOINT CUSTODIAL PARENT OF THE ABOVE NAMED MINOR.
- I AM THE COURT APPOINTED GUARDIAN OR A JOINT GUARDIAN OF THE ABOVE NAMED MINOR.

Certification: I understand that this CARES Act Distribution is being paid to me on behalf of the Minor listed above and I agree to use these funds only for the benefit of the minor or the household that the minor abides according to the requirements set forth below. I agree to limit expenditure of the funds for the following purposes: to pay expenses necessary for health, safety and welfare in connection with the COVID-19 pandemic, including payments to assist with virus-related medical expenses, stay-at-home order related expenses, food, sanitation products and personal protective equipment, emergency rent or mortgage payment assistance, emergency utilities and internet payment assistance, and related necessary expenditures.

I give permission to the Finance Department to verify the information on this application and understand that any false information or dishonesty in the making of this Application may result in legal action. I further understand that a check will be made payable to me in the manner selected above. I also understand that the payment will be processed no later than 5 business days after I submit a completed application with all required documentation.

 Parent/Guardian Signature Date

****All requested documentation must be submitted for processing - Payment will be made in **Check Form** and **mailed** to the address listed above****

Application Must Be Notarized, Submitted with Parent Photo ID & Minor's Birth Certificate
If Established - Must Attach Complete Document of Current Custodial Paperwork on File w/ Court

	Notary Acknowledgment
	In the State of _____, in the County of _____
	on this _____ (Date), the above person personally
	appeared and signed the foregoing instrument before me.
	_____ Notary Public Printed Name:
	_____ Notary Public Signature:
Notary Public Stamp	My Commission Expires: _____