



Specialized Services

10100 S. Bluejacket Road

Wyandotte, OK 74370

Phone: (918) 238-1663

Email: mlewis@estoo.net

ARPA Supplemental Pay Program

Policies and Procedures

FY 2024

Eastern Shawnee Tribe of Oklahoma

ARPA Supplemental Pay Program

The requirements, guidelines, and practices enacted and set forth below lay out the foundation for the American Rescue Plan Act (ARPA) Supplemental Pay Program (Program). The following policies and procedures lay the framework for guidance in the Program as approved by the Chief and the Business Committee. The Specialized Services Department shall administer the Program.

Purpose

The purpose of the Program is to provide direct financial assistance to tribal members who have a reduction or loss of wages due to Covid-19. This Program will serve eligible households per guidance set forth below and is subject to available funding.

Funding Amount

The Business Committee has determined that a Program applicant shall be eligible to receive a reimbursement of two thousand five hundred dollars (\$2,500.00) or less for Fiscal Year 2023.

Eligibility

1. There is a loss of wages due to Covid-19.
 - a. Furlough;
 - b. Separation from employment (due to Covid-19). Attendance and performance related separations are NOT eligible for funding; or
 - c. Medical conditions due to having Covid-19 with sufficient medical documentation from a health care provider.
2. Reduction in wages due to Covid-19.
 - a. Quarantine
 - i. Personal/paid time off, sick, or vacation days must have been exhausted prior to receiving funding.
 - ii. The employer must not offer supplemental pay.
3. If an applicant meets the eligibility requirements, they shall need to provide pay stubs showing loss or reduction in wages with time off balances being exhausted.

Funding Restrictions

- Assistance provided to an eligible household should not be duplicative of any other federally or Tribal funded assistance provided to such household.

Assistance Provided

Household maximum benefit is two thousand five hundred dollars (\$2,500.00)

1. For hourly employees:
 - a. Normal rate of pay for scheduled hours up to one hundred dollars (\$100.00)/day.
2. For tipped employees:
 - a. Average rate of pay for the previous two (2) pay periods with tips up to one hundred dollars (\$100.00)/day.
3. For self-employed employees:
 - a. Rate of pay figured from previous year 1099/ or tax returns; up to one hundred dollars (\$100.00)/day; or
 - b. OK minimum wage if 1099 not available up to one hundred dollars (\$100.00)/day.

Application Process

Applicant must be an enrolled member of the Eastern Shawnee Tribe of Oklahoma.

A completed application along with a letter from employer showing loss of wages, hourly rate and proof that no leave was taken for lost hours must be submitted to the Specialized Services Department Attention: ARPA Supplemental Pay Program. If self-employed a 1099 or tax return must be submitted showing wages from previous year.

Documents may be returned via email, fax or mail to Mercedes Lewis mlewis@estoo.net or Amber Mittag amittag@estoo.net, Fax 1-888-971-3899

Mailing address: Attn Specialized Services 10100 S Bluejacket Rd Wyandotte OK 74370

A department employee will then review the application for completeness and to determine eligibility. When necessary, a department employee may request additional information to make this determination. A department employee will notify the applicant of determination of assistance within ten (10) business days of receipt of application.

Appeal Process

If an applicant disagrees with a denial for funding, they may appeal the decision in accordance with the following procedure:

1. Written letter of appeal must be submitted to the Tribal Administrator within ten (10) business days of receipt of denial of assistance.
2. Supporting documentation supporting written letter of appeal must be included in correspondence to Tribal Administrator.
3. The Tribal Administrator has five (5) business days to determine the outcome of appeal and must submit decision in writing to applicant within five (5) business days.
4. If the applicant disagrees with the decision of the Tribal Administrator, they may submit a written appeal to the Chief within five (5) business days. This appeal should include all previous documentation along with any additional documentation showing the request does in fact qualify for the Program. The Chief will respond in writing within five (5) business days.
5. If the applicant is not satisfied with the decision of the Chief, a written request stating the condition of the appeal may be submitted to the Secretary of the Business Committee or the Chief of Staff. The Business Committee will review the request and notify the applicant of their decision within twenty (20) business days from the date of receipt of the appeal. The decision of the Business Committee shall be binding and final.

FRAUDULENT SANCTIONS POLICY

The Eastern Shawnee Tribe of Oklahoma is a federally recognized Indian tribe; therefore, theft of funds from the tribe is a criminal offense, which is punishable by law. This policy was created in order to protect the trust tribal members have placed in the staff of the Eastern Shawnee tribal office and conduct the Specialized Services programs with integrity. This will ensure that funds continue to be available to all the tribal members who have needs and qualify for Specialized Services benefits. The following actions will occur with any fraudulent claims submitted...

- ATTEMPTED FRAUD – Warning with denial of claim package that contained fraudulent material. Multiple attempts shall result in the review of suspension of services
- PROVED FRAUD – One (1) year household suspension from ALL tribal programs, with suspension permanent until repayment of all monies are reimbursed to the tribe
- REPEATED FRAUD – Suspension to be determined by the Business Committee. Suspension could range as far as lifetime banishment from ALL tribal programs

Eastern Shawnee Tribe of Oklahoma
Supplemental Pay Program

Name: _____
 (First) (MI) (Last)

Address: _____

Telephone: _____

Roll #: _____

Date of Birth: _____

Social Security #: _____

Marital Status: Single Married Divorced Widowed Other

Gender: Male Female

Reason for Application: _____

Total number in household: _____

List individual household information here:

Name	Relationship to applicant	Age	School/Work/Other
1. _____			
2. _____			
3. _____			

4. _____

5. _____

6. _____

I certify that all the above information is true, complete, and correct to the best of my knowledge. I also certify that it has been given in good faith.

Applicant Signature

Date