



Office of Veterans Affairs • 102 Wolf Robe Circle • P.O. Box 167 • Concho OK 73022  
 Phone (405) 422-7622 • Fax (405) 422-8207 • veteranservices@cheyenneandrapaho-nsn.gov

## VETERANS CARE ASSISTANCE ACT APPLICATION

The newly adopted Cheyenne and Arapaho Tribes Veterans Care Assistance Act authorizes \$150 per month to be paid to eligible veterans out of the American Rescue Plan Act of 2021 implemented by the 117<sup>th</sup> United States Congress. Eligibility is primarily based on the following:

- ▶ Cheyenne and Arapaho Tribal Member
- ▶ Between the ages of 18 to 54 years of age
- ▶ VA disability rating of 10% or higher
- ▶ Discharged/released from military service under conditions other than dishonorable

**IT IS THE RESPONSIBILITY OF THE VETERAN (or representative) to update this information should contact information or disability rating change.**

### Veteran Information

Name of Enrolled Cheyenne and Arapaho Tribal Member Veteran \_\_\_\_\_

Name of Guardian/Designated Representative of Veteran (if applies) \_\_\_\_\_

Last 4 Digits of Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ C & A Roll Number **2801A** \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Marital Status

Alternate Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

### AGREEMENT AND SIGNATURE

By my signature below, I attest that the information provided above is true and correct and I am an enrolled member of the Cheyenne and Arapaho Tribes. I understand the OVA staff respects my privacy as a veteran, and will hold in strictest confidence all information disclosed. I understand that no information will be communicated to any NON-Veteran agency without written consent from me, EXCEPT by court order, or in circumstances deemed necessary to avert a crisis. I understand that if I purposely falsify this document and receive funds, I will jeopardize future services with the Cheyenne and Arapaho Tribes. I understand this is not a per capita or stimulus payment and is subject to certification of my military service. I understand that this assistance is provided under the OVA Program, and will not be subject to federal income tax in accordance with the requirements of the federal Tribal General Welfare Exclusion Act of 2014.

\_\_\_\_\_  
 Tribal Member Veteran Signature

\_\_\_\_\_  
 Date

#### FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

Date App Verified \_\_\_\_\_

DD 214 on file

VA Disability Rating on file

10% Requirement Met

OVA Rep Signature \_\_\_\_\_

OVA Director Signature \_\_\_\_\_