



THE DELAWARE NATION ELDER ASSISTANCE PROGRAM

APPLICATION INFORMATION SHEET

The Delaware Nation Tribal Assistance Program (Formerly 10% Program) will be assisting eligible Enrolled Delaware Nation Elders.

ELIGIBILITY REQUIREMENTS:

- Enrolled Delaware Nation tribal citizen
- 60 years of age or older upon submission of application

ASSISTANCE AVAILABLE:

- **Major Dental:**
 - Extractions; root canals; crowns; and denture repair up to \$500 once a year
- **Glasses**
 - Up to \$400 every two (2) years
- **Dentures; Bridges; and Partial**
 - Up to \$3,000 every five (5) years
- **Hearing Aid**
 - Up to \$3,000 every five (5) years

REQUIRED DOCUMENTATION:

- Invoice from doctor and/or clinic (No Reimbursements will be made)

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION
SUBMIT THE APPLICATION (PG.2) WITH YOUR INVOICE

THE DELAWARE NATION ELDER ASSISTANCE PROGRAM

APPLICATION

PLEASE PRINT

Name _____ Enrollment# _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Social Security # _____

Home Phone _____ Cell Phone _____

CHOOSE ONLY ONE BELOW

Major Dental Work up to \$500 (once a year)

Glasses up to \$400 (every 2 years)

Dentures up to \$3,000 (every 5 years)

Hearing Aids up to \$3,000 (every 5 years)

Please attach an invoice to this application

My signature below will indicate that I have agreed to the conditions listed on page one of this application to receive funding from this program. Applications without an invoice will be pending until one is submitted to Social Services.

APPLICANT SIGNATURE

DATE

SOCIAL SERVICES

You can mail for fax to:

Delaware Nation
Social Services Department
PO Box 825
Anadarko OK 73005