

SOCIAL SERVICES DEPARTMENT

**PO BOX 825~ANADARKO OK~73005~PHONE
(405)247-2448~FAX (405)247-5942**



Tribal Assistance Program

The Tribal Assistance Program application period begins October 1st and ends September 30th. This program operates on a first come first serve basis depending on availability of funds. All checks for utilities, glasses, hearing aids and dentures are made to the vendor. **NO REIMBURSEMENTS** will be made for purchases made prior to this application.

ASSISTANCE:

The following benefits are for all tribal citizens.

- **Food \$100**

Unapproved grocery purchases include: makeup, jewelry, perfume, hair products, tobacco and alcohol products. **Applicants are required to submit receipt for items purchased.**

- **Utilities \$150**

Tribal citizen must be 18 years old or older to receive utility assistance and attach a **utility bill in the tribal citizen's name.** All cut off notices for utilities will take 7-10 business days before a check will be issued to utility vendor. **Delaware Nation is not responsible for late fees or reconnect fees.**

HEALTH:

- **Glasses up to \$200** for tribal citizens (0-59)

ELDER HEALTH ASSISTANCE:

All applicants must be 60 years old or older at the time of request. **An elder application must be submitted for assistance.**

- **Glasses up to \$400 every 2 years**
- **Major Dental up to \$500 every year**
- **Dentures up to \$3,000 every 5 years**
- **Hearing Aids up to \$3,000 every 5 years**

REQUIREMENTS:

- All applications must have a bill or invoice if you apply for UTILITIES, DENTURES OR GLASSES. If not your application will be placed on **pending** status.
- Minors (under 18) **cannot** apply for utilities.
- **Our office cannot rush checks for utility cut off notices.**

SERVICES AREA

- NATIONWIDE

Tribal Assistance Program
P.O. Box 825
Anadarko, OK 73005

Toll Free 1-800-203-2121
Phone (405)247-2448
Fax (405)247-5942

PLEASE PRINT

Name _____ Enrollment# _____ Male Female

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

PLEASE READ CAREFULLY: Minors (under 18) cannot apply for utilities. All cut off notices for utilities will take 7-10 business days before a check will be issued to utility vendor. **NO REIMBURSEMENTS WILL BE MADE FOR PURCHASES PRIOR TO THIS APPLICATION.** Payment will be made to the vendor indicated on the utility bill or invoice.

CHOOSE ONE ITEM BELOW

FOOD (\$100) RECEIPTS MUST BE SUBMITTED AFTER PURCHASE.

GLASSES (\$200) An invoice must be attached with the application.

UTILITIES (\$150) A utility bill in tribal citizen's name must be attached with application.

I certify that the enclosed information is true to the best of my knowledge. In regards to a minor child: I understand that if requested by the Delaware Nation Social Services to submit supportive documentation stating proof of legal custody of said minor child, it will be furnished and that if supportive documents are not submitted then I will not be eligible for this program. It is further understood that this is not an entitlement program. I also understand that receipts will be submitted for food assistance in order for future eligibility.

PRINT NAME (Parent/Legal Guardian)

Signature (Parent/Legal Guardian)

Social Services Department

Date

Date

OFFICE USE ONLY	
Approved _____	Denied _____
Amount _____	\$ _____