

AMERICAN RESCUE PLAN ACT (ARPA) RESPONSE TO ALLEVIATE THE EFFECTS OF THE PANDEMIC FOR:

General Welfare Program: ELDER TELEHEALTH ASSISTANCE

- **PURPOSE:** This program will provide technology assistance funds for Tribal elders to participate in telehealth for needed medical visits. Due to their vulnerability to the coronavirus and comorbidities that have been diagnosed by a physician, this assistance will provide elders a convenient way to meet with their physicians and limit potentially exposure to ill patients in an office setting. These funds will be **available nation-wide** to all eligible applicants as long as funds are available.
- **APPLICATION PROCESS:** Applications can be obtained on the Delaware Nation website and may be submitted by email, fax or mailed to the Delaware Nation IT office. **Any inconsistent or missing data may delay processing, and further action taken to process will require additional time before your request can be completed.**
- **APPLICATION DATES:** June 7, 2021 to August 30, 2024 (while funding is available). Processing will begin once a completed application is received and verified. **Processing and shipping times may vary due to the availability of products and address of applicant. Elders will be notified of any delays by phone or email.**
- **TYPE OF ASSISTANCE:** This **one-time assistance** will provide an Apple iPad and compatible keyboard through our sole source vendor. If the eligible applicant lives in Oklahoma the vendor will ship the iPad directly to the Tribal citizen. If the eligible applicant lives outside the state of Oklahoma, the Delaware Nation will be responsible to ship the iPad to the Tribal Citizen. A confirmation email will be sent to notify of date of shipment.
- **It is important that the address below provides a good shipping address for the applicant.**

Email: ARPAElderTablets@delawarenation-nsn.gov

Address: Attn: IT, Delaware Nation, P.O Box 825, Anadarko, OK 73005

ELIGIBILITY REQUIREMENTS:

1. Must be an enrolled Delaware Nation elder (60 years or older) at the time application is submitted.
2. Must have access to internet service.

APPLICATION: Please provide the name, date of birth and citizenship roll number.

Delaware Nation Roll #: _____

Name: First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Physical/Shipping Address:

Street _____, City _____,

State _____ Zip Code _____

Email address: _____

Contact Phone #: _____

(A current contact number and email address will assist us in processing your request.)

SELF-CERTIFICATION FOR THIS ASSISTANCE (Check all that apply):

I have been diagnosed with one or more medical conditions that affect my overall health.

I have tested positive with the Coronavirus and unable to go into the doctor's office at this time due to their CoVID-19 protocol.

I am currently recovering from the Coronavirus.

I prefer to not go to crowded waiting rooms for doctor's visits and would utilize telehealth services.

I further self-certify that:

I have access to internet service.

By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate. I accept the Terms and Conditions and agree to use the ARPA Assistance funds for the intended purpose stated within this application.

Signature of applicant: _____

If you have any questions regarding eligibility or submission please call 405-247-2448 ext. 1122 to be directed to Delaware Nation staff assisting with questions.