

# **SOCIAL SERVICES DEPARTMENT**

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



## **Tribal Assistance Program**

The Tribal Assistance Program is a general welfare assistance program. The application period begins October 1<sup>st</sup> and ends September 30<sup>th</sup>. This program operates on a first come first serve basis depending on availability of funds. Tribal citizens are eligible for this program once per fiscal year.

### **ASSISTANCE:**

Tribal citizens must choose only one of the below listed options per fiscal year.

- **Clothing \$300** **Applicants are required to submit receipts for the items purchased.**
- **Food \$300**  
Unapproved grocery purchases include: makeup, jewelry, perfume, hair products, tobacco and alcohol products. **Applicants are required to submit receipt for items purchased.**
- **Utility \$300**  
Tribal citizen must be 18 years old or older to receive utility assistance and attach a **utility bill in the tribal citizen's name.** Be aware when submitting cut off notices for utilities: it will take 7-10 business days before a check will be mailed to utility vendor. **Delaware Nation is not responsible for disconnections, late fees or reconnect fees.**

### **HEALTH:**

- **Glasses up to \$400** for tribal citizens (0-59). Reimbursements are now allowable. A paid receipt/invoice must be attached to the application. Payment for glasses must occur in the current fiscal year.

### **REQUIREMENTS:**

- Please complete and sign the TAP application and submit all required documents.
- All applications must have a bill or invoice in the tribal citizen's name if you are applying for UTILITIES.
- Minors (under 18) **cannot** apply for utilities.
- **Our office cannot rush checks for utility cut off notices.**
- **Receipts must be submitted for clothing and food assistance purchases in order to be eligible for the next fiscal year.**

### **SERVICES AREA**

- NATIONWIDE

Applications may be submitted to [ssapplications@delawarenation-nsn.gov](mailto:ssapplications@delawarenation-nsn.gov), mailed, faxed (405)247-5942, or dropped off at the Delaware Nation complex.

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. Payment will be made to the vendor indicated on the utility bill or invoice.

**CHOOSE ONE ITEM BELOW**

- CLOTHING (**\$300**) RECEIPTS MUST BE SUBMITTED AFTER PURCHASE.
- FOOD (**\$300**) RECEIPTS MUST BE SUBMITTED AFTER PURCHASE.
- GLASSES (**\$400**) An invoice must be attached with the application.
- UTILITIES (**\$300**) 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. I also understand that receipts will be submitted for food/clothing assistance in order for future eligibility.*

\_\_\_\_\_  
**PRINT NAME (Parent/Legal Guardian)**

\_\_\_\_\_  
**Signature (Parent/Legal Guardian)**

\_\_\_\_\_  
**Social Services Department**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY</b>	
Approved _____	Denied _____
Amount _____	\$ _____