



Delaware Nation

Self-Governance American Rescue Plan Act

General Welfare Elder Home Fuel Assistance 2nd Round

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This Self-Governance ARPA Program is a temporary nation-wide elder assistance for home fuel **up to \$500.00 while funding is available. Home fuel includes propane, gas and electricity. Payments will be processed until the \$500.00 limit is reached. This may require multiple billing cycles to be submitted if initial bill is less than \$500.00.**
- **APPLICATION PROCESS:**
Eligible tribal citizens 60 and over as of the date of application must provide proof of primary residence and complete the attached application to qualify for this assistance. If proof of primary residency cannot be provided, the applicant will not be eligible for the assistance, **no exceptions.**
- **REQUIRED DOCUMENTATION FOR PROCESSING:**
A completed application with the following documentation:
 1. Copy of CDIB card
 2. A current utility bill in the tribal citizen's name with the home's address as proof of primary residency
 3. Monthly invoice, quote or bill from vendor for amount of home fuel cost
- **START & DEADLINE DATES:** This funding will be provided from **June 5, 2023** and will remain open until funding is exhausted or September 30, 2024. First round will be closed and no longer available.
- **INVOICES:** Invoices for home fuel that exceed the \$500.00 limit will require the tribal citizen to pay the overage prior to Delaware Nation's payment.
- **REIMBURSEMENTS:** Reimbursements for purchases from June 1, 2021 will be accepted with appropriate documentation (**a vendor invoice showing paid-in-full**). Reimbursement will not be made for previous payments made by Delaware Nation or any other government/non-profit assistance program.
- **APPLICATION SUBMISSION:** Applications can be obtained on the Delaware Nation website or by calling **405-247-2448**. The tribal citizen's application with documentation may be submitted through one of the following:
Email: Spitner@delawarenation-nsn.gov (**Please submit to this email only**)
Fax: **405 247-5942**
Mail: **Delaware Nation**

Delaware Nation

Social Services
P.O. Box 825
Anadarko, OK 73005



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APPLICATION: Please print the information below.

Citizen Roll #: _____

Name: _____

Mailing Address: _____

City, State & Zip Code: _____

DOB: _____

Contact Number: _____

Alternate Contact Number: _____

Email Address: _____

Self-Certification: (Check all that apply)

- ☐ Reduced weekly hours or furloughed due to COVID-19
- ☐ Unemployed due to COVID-19 and currently looking for employment
- ☐ Higher cost of living due to COVID-19.

By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate. I further certify that any misuse of funds will result in ineligibility of future participation in any Delaware Nation Assistance Program until funds are reimbursed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

Signature of applicant/Date:
