

# **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.

**By signing this application, I certify under penalty of law** that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

Please check here if 18 or older and have submitted a request for direct deposit and payment is not being made directly to vendor.

\_\_\_\_\_  
PRINT NAME (Parent/Legal Guardian)  
\_\_\_\_\_  
Signature (Parent/Legal Guardian)  
\_\_\_\_\_  
Social Services Department

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date

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