



## Delaware Nation

# Self-Governance American Rescue Plan Act

## General Welfare Elder Home Fuel Assistance 2<sup>nd</sup> 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. 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: [socialservices@delawarenation-nsn.gov](mailto:socialservices@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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### Elder Home Fuel Assistance 2<sup>nd</sup> Round

**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.

☐ **Please check if you have submitted a request for direct deposit and payment is not being made directly to vendor.**

**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.

Signature of applicant/Date:

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