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 1st and ends September 30th. Assistance provided can be used for any of the categories listed below (with exception of age requirements) and may be split between any of the categories provided that receipts submitted equal or exceed the $600 assistance amount. 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 will receive $600 in assistance in any of the following categories:

- **Clothing** Unapproved purchases include makeup, jewelry, accessories and perfume. **Applicants are required to submit receipts for the items purchased.**
- **Food/Household Cleaning/Hygiene Supplies** Unapproved purchases include toys, hair products (except for shampoo and conditioner), pet food, electronics, décor, tobacco and alcohol products. **Applicants are required to submit receipts for items purchased.**
- **Utility** Tribal citizens must be 18 years old or older to receive utility assistance. The utility account must be in the tribal citizen's name. **Payment will no longer be made directly to the utility vendor. Applicants are required to submit a paid receipt from the utility company.**

HEALTH:

- **Prescription Glasses** Tribal citizens age 0-59 years. Reimbursements are now allowable. A paid receipt/invoice must be attached to the application. Payment for glasses must occur in the current fiscal year. **Payment will no longer be made directly to the vendor of service. Applicants are required to submit a paid receipt for prescription glasses purchased.**

REQUIREMENTS:

- Please complete and sign the TAP application.
- Minors (under 18) **cannot** apply for utilities.
- **Our office cannot rush checks for utility cut-off notices.**
- **Receipts totaling $600 or more for any or all of categories combined must be submitted in order to be eligible for the next fiscal year. For more efficient processing, please submit receipts as soon as funds received are spent.**

SERVICES AREA

- NATIONWIDE

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

Tribal Assistance Program
P.O. Box 825
Anadarko, OK 73005

Toll Free 1-800-203-2121
Phone (405)247-2448
Fax (405)247-5942

PLEASE PRINT

Name _____ Enrollment# _____ Male ☐ Female ☐

Address _____ City _____ State ____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Eligible Categories for Assistance:

- **Clothing** Unapproved purchases include makeup, jewelry, accessories and perfume.
- **Food /Household Cleaning/Hygiene Supplies** Unapproved purchases include toys, hair products (except for shampoo and conditioner), pet food, electronics, décor, tobacco and alcohol products.
- **Utility** Tribal citizens must be 18 years old or older to receive utility assistance. The utility account must be in the tribal citizen's name. **Payment will no longer be made directly to the utility vendor.**
- **Prescription Glasses** Tribal citizens age 0-59 years. Reimbursements are now allowable. A paid receipt/invoice must be attached to the application. Payment for glasses must occur in the current fiscal year. **Payment will no longer be made directly to the vendor of service.**

***All receipts submitted must equal or exceed the $600 assistance amount from any of the categories including the combination of categories. Receipts must be received in order to be eligible for the next fiscal year, no exceptions!**

Please allow 10-14 days for a check to be issued and mailed.

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 require a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program for a period of time as determined by the Delaware Nation Fraud Policy and/or the court. 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.

☐ Please check if you are a veteran.

_____
PRINT NAME (Parent/Legal Guardian)

_____ _____
Signature (Parent/Legal Guardian) **Date**

_____ _____
Social Services Department **Date**

OFFICE USE ONLY

Approved ____ Denied ____

Amount $ _____