Delaware Nation

General Welfare Elder Utility Assistance

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This General Welfare Program is a temporary nationwide elder assistance for home utilities **up to $500.00 while funding is available. Utilities include propane, gas, water 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(s), quote(s) or bill(s) from vendor for amount of the utilities. Tribal citizen may submit multiple utility invoices to equal the $500.

- **START & DEADLINE DATES:** This funding will be provided from **October 1, 2026 – September 30, 2027.**

- **INVOICES:** Invoices for utilities that exceed the $500.00 limit will be the tribal citizen's responsibility.

- **REIMBURSEMENTS:** Reimbursements for purchases from October 1, 2026, 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 **(Please submit to this email only)**
  Fax: **(405) 247-5942**
  Mail: **Delaware Nation Social Services PO Box 825 Anadarko, OK 73018**

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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)

☐ Higher utility costs

☐ Unemployed

☐ Higher cost of living

☐ **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 participation in any Delaware Nation Assistance Program for a period of time determined by the Delaware nation Fraud Policy and/or the court. I accept the Terms and Conditions and agree to use these assistance funds for the intended purpose stated within this application.

Signature of applicant/Date: _____