

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

Tribal Assistance Program

The Tribal Assistance Program formerly (10% Social Services program) is to provide assistance once a year to tribal members. This program operates on fiscal years (not calendar years). Fiscal years run October 1st to September 31st. This program operates on a first come first serve basis. All checks are made to the vendor for utilities, glasses, hearing aids and denture assistance.

NO REIMBURSEMENTS WILL BE MADE TO TRIBAL MEMBERS.

ASSISTANCE

- Clothing \$100
- Food \$90
- Utilities \$150 Must attach utility bill.

HEALTH Elders (60+) have a separate application for hearing aids and dentures.

- Glasses \$200 for tribal members under age of 60. Elders \$500
- Dentures \$3,000 must be an elder to request dentures. Every 5 years.
- Hearing Aid \$3,000 must be an elder to request dentures. Every 5 years.

REQUIREMENTS

- All applications must have a bill or invoice if you apply for UTILITIES OR GLASSES. If not then the application will be placed on pending status.
- 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.
- This program cannot rush checks for cut off notices

SERVICES AREA

Nationwide

Dentures and Hearing Aids can only be requested by elders (60+). Please request an Elder Assistance Application from Social Services

For more information contact Heather Cozad, Social Services Director (hcozad@delawarenation.com)



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. This program cannot rush checks for cut off notices. **NO REIMBURSEMENTS WILL BE MADE FOR UTILITIES OR GLASSES. All checks must be made out to a vendor. CHOOSE ONE ITEM ONLY**

- GLASSES (**\$200**) An invoice must be attached with application
- FOOD (**\$90**)
- CLOTHING (**\$100**)
- UTILITIES (**\$150**) A utility bill must be attached with application,

I certify that the enclosed information is true to the best of my knowledge. In regards to a minor child: I understand that if requested by the Delaware Nation Social Services to submit supportive documentation stating proof of legal custody of said minor child, it will be furnished. It is further understood that if supportive documents are not submitted then I will not be eligible for this program.

PRINT NAME (Parent/Legal Guardian)

Signature (Parent/Legal Guardian)

Social Services Department

Date

Date

OFFICE USE ONLY

Approved ____ Denied ____

Amount \$ _____