



THE DELAWARE NATION ELDER ASSISTANCE PROGRAM

APPLICATION INFORMATION SHEET

The Delaware Nation Tribal Assistance Program (Formerly 10% Program) will be assisting eligible Delaware Nation elders with one of the following.

- HEARING AID
- DENTURES

ELIGIBILITY REQUIREMENTS:

- 60 years of age or older
- Delaware Nation tribal member

PLEASE SUBMIT:

- Invoice from doctor and/or clinic

HEARING AID	DENTURES
<p>Up to \$3,000</p> <p>Tribal elder can reapply for this assistance in 5 years</p>	

**PLEASE KEEP THIS PAGE FOR YOUR INFORMATION
SUBMIT THE APPLICATION (PG.2) WITH YOUR INVOICE**

THE DELAWARE NATION ELDER ASSISTANCE PROGRAM

APPLICATION

PLEASE PRINT

Name _____ Enrollment# _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Social Security # _____

Home Phone _____ Cell Phone _____

CHOOSE ONLY ONE BELOW

HEARING AID

Will pay up to \$3,000

DENTURES

Will pay up to \$3,000

GLASSES

Will pay up to \$500

Please attach an invoice to this application

My signature below will indicate that I have agreed to the conditions listed on page one of this application to receive funding from this program. Applications without an invoice will be pending until one is submitted to Social Services.

APPLICANT SIGNATURE

DATE

SOCIAL SERVICES

You can mail for fax to:
Delaware Nation
Social Services Department
PO Box 825
Anadarko OK 73005