

## SOCIAL SERVICES DEPARTMENT

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

# Tribal Assistance Program

The Tribal Assistance Program application period begins October 1<sup>st</sup> and ends September 30<sup>th</sup>. This program operates on a first come first serve basis depending on availability of funds. All checks for utilities, glasses, hearing aids and dentures are made to the vendor. **NO REIMBURSEMENTS** will be made for purchases made prior to this application.

**ASSISTANCE** The following benefits are for all tribal citizens. Must be 18 or older to receive utility assistance and the **bill must be in tribal citizen's name**.

- **Clothing \$75**

Purchases are limited to clothing only. Items that may be purchased include: dresses, shirts, shoes, boots, blouses, pants, shorts, capris, undergarments, school uniforms, jackets, coats, winter gloves, backpacks and belts.

- **Food \$75**

Unapproved grocery purchases include: makeup, jewelry, perfume, hair products, tobacco and alcohol products

- **Utilities \$150**

Must attach utility bill. All cut off notices for utilities will take 7-10 business days before a check will be issued to utility vendor.

### **HEALTH**

- Glasses: **\$200** for tribal citizens (0-59)

**ELDER HEALTH ASSISTANCE** All applicants must be 60 years old or more for the following benefits:

- **Glasses: \$500** every year
- **Dentures: \$3,000** every 5 years
- **Hearing Aids: \$3,000** every 5 years

**PLEASE REQUEST ELDER APPLICATION**

### **REQUIREMENTS**

- All applications must have a bill or invoice if you apply for UTILITIES, DENTURES OR GLASSES. If not your application will be placed on **pending** status.
- Minors (under 18) **cannot** apply for utilities
- Our office cannot rush checks for utility cut off notices

### **SERVICES AREA**

Nationwide



PLEASE PRINT

|                   |                     |                                      |                                        |
|-------------------|---------------------|--------------------------------------|----------------------------------------|
| <b>Name</b>       | <b>Enrollment #</b> | <b>Male</b> <input type="checkbox"/> | <b>Female</b> <input type="checkbox"/> |
| <b>Address</b>    | <b>City</b>         | <b>State</b>                         | <b>Zip</b>                             |
| <b>Birth date</b> | <b>Age</b>          | <b>Social Security #</b>             | <b>Phone</b>                           |

**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. **NO REIMBURSEMENTS WILL BE MADE FOR PURCHASES PRIOR TO THIS APPLICATION. All checks must be made out to a vendor.**

**CHOOSE ONE ITEM BELOW**

- GLASSES **(\$200)** An invoice must be attached with application
- FOOD ( **\$75**) **RECEIPTS MUST BE SUBMITTED AFTER PURCHASE**
- CLOTHING **(\$75)** **RECEIPTS MUST BE SUBMITTED AFTER PURCHASE**
- 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*

*and that if supportive documents are not submitted then I will not be eligible for this program. It is further understood that this is not an entitlement program. I also understand that receipts will be submitted for clothing and food assistance.*

\_\_\_\_\_  
**PRINT NAME (Parent/Legal Guardian)**

\_\_\_\_\_  
**Signature (Parent/Legal Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Services Department**

\_\_\_\_\_  
**Date**

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Amount \$ \_\_\_\_\_

