



# 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 (60 years or older) with one of the following.

- HEARING AID up to \$3,000 every 5 years
- DENTURES up to \$3,000 every 5 years
- GLASSES up to \$500 every year

### ELIGIBILITY REQUIREMENTS:

- 60 years of age or older when application is submitted
- Delaware Nation tribal citizen

### PLEASE SUBMIT:

- Invoice from doctor and/or clinic

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

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

## ELDER ASSISTANCE 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 or fax to:

Delaware Nation  
Social Services Department  
PO Box 825  
Anadarko, OK 73005

**Fax Number: 405-247-5942**