



Application ID: _____ Amount: \$ _____

DELAWARE TRIBE OF INDIANS
Community Services Committee
5100 Tuxedo Blvd
Bartlesville, OK 74006
918-337-6590

Community Service Applications Form

Applicant's Information: Please Print

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____ Phone Number: _____

Date of Birth: ____/____/____ Age: _____ E-Mail: _____

Please mark with an "X" which application you wish to apply for: All programs are based on funding availability.

_____ **(Burial)** Provides burial assistance for Delaware Tribal members **up to \$750**. The family may apply for up to \$750. The funds may be applied to expenses as is most beneficial to the family. (IE: funeral services, meals, wake, grave marker etc.). Documentation must be provided, including death certificate or obituary. Payment will be made as designated by the immediate family. **(Please skip page 2 and go to page 3 of this application).**

_____ **(Dental)** Provides dental assistance for services **up to \$300**. Services may include tooth repair, dental fillings, dentures or emergency services. Routine dental exams and cleaning are not covered. (Do not fill out page 3).

_____ **(Elder Prescription)** Provides prescription medication assistance to Delaware Elders age **60 and over** for pharmacy and related cost **up to \$75 per month**. Funds may be disbursed to vendors or to Elders who provide proper documentation which must include an invoice or a receipt displaying vendor's name and method of payment. (credit card receipt, debit receipt or cancelled check). (Do not fill out page 3).

_____ **(Emergency)** Provides emergency assistance **up to \$400**. Funds are to be used for Emergency situations. Documentation must be provided. Applicants must utilize all other community resources prior to application. (Do not fill out page 3).

_____ **(Emergency Travel)** Provides emergency travel assistance **up to \$200** to include, but not limited to, health/medical transportation costs, assistance and/or other related costs. Emergency travel designated as personal health, physician's statement of need must be submitted, death of a family member (parent, brother, sister or grandparent), death certificate or obituary must be submitted prior to approval. (Do not fill out page 3).

_____ **(Medical)** Provides medical assistance **up to \$300** for medical bills, including but not limited to, medical equipment (purchase or rental), home health care, pharmacy etc. (Do not fill out page 3).

_____ **(Optical)** Provides optical assistance **up to \$200**. Funds may be used for services, including glasses, physician's visits or related costs. (Do not fill out page 3).

_____ **(Rental/Mortgage Assistance)** Provide rental or mortgage assistance **up to \$400**. Eviction notice and/or other documentation must be submitted with the application. The Tribal member's name must be on the rental/lease contract or mortgage bill. (Do not fill out page 3).

NOTICE: Applications turned in 48 hours prior to scheduled Community Service Meetings will not be considered until the next month's meeting*

Required Documentation:

- ⇒ Copy of service provided billing/estimate or receipt. Provider name, address, phone, contact person and date of service **MUST** accompany the application.
- ⇒ Copy of a photo ID (Driver's license, tribal photo ID) and Delaware Tribe tribal enrollment card **MUST** accompany the application. Please contact the Enrollment Office for replacement cards.
- ⇒ A short statement about situation for which assistance is required.

Application Guidelines:

- ◆ Must be a registered tribal member of the Delaware Tribe of Indians to apply.
- ◆ Incomplete applications will not be considered.
- ◆ Approval of application must be obtained prior to the service payment.
- ◆ Applications must be filled out and signed by an adult (18 years and over or Parent/Legal Guardian).
- ◆ **Only 2 Community Service Applications are allowed per tribal member, per calendar year, with the exception of Elder Prescription, which can be applied for monthly.**

Check Issuance: To whom the check should be issued to. Please Print.

Vendor/Tribal Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

***Applications are approved on a case by case basis at regularly scheduled meetings. Emergency Applications are considered as received. Any tribal member purposely attempting to defraud the committee will be ineligible for any community service program for a period of one (1) year. Applications are subject to change.**

Personal Statement: (If more room is needed please use a separate sheet of paper)

How much are you requesting? \$ _____

Signature (Must be 18 and over or Parent/Legal Guardian)

Date

Community Service Director Use Only

Approved By: _____ Date: _____

Total Amount Approved: \$ _____ Committee Meeting Date: _____

Denied By: _____ Date: _____

Reason for Denial: _____



Application ID: _____ Amount: \$ _____

DELAWARE TRIBE OF INDIANS
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Burial Assistance Only

Deceased Tribal Member's Information: Please Print

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____ Phone Number: _____

Date of Birth: ____/____/____ Age: _____

⇒ Applicants relationship to Deceased: _____
(Mother, Father, Sister, Brother, Cousin, ect...)

⇒ If an obituary is turned in, would you like it published in the DIN (Delaware Indian News)? _____
Yes/No

Check Issuance: To whom the check should be issued to. Please Print.

Vendor or Applicants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Required Documentation:

_____ Copy of a photo ID (driver's license) and tribal enrollment card of the deceased must accompany the application. (If you do not have the tribal ID, please provide the driver's license and the Community Services Director will get a verification of enrollment from the Enrollment Department).

_____ Obituary or Death Certificate. Must have one or the other.

_____ If payment is to be made to a funeral home for services, please attach the bill, estimate or receipt.

Signature (Must be 18 and over or Parent/Legal Guardian)

Date