



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

DENTAL ASSISTANCE APPLICATION FORM

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____ E-Mail: _____

Date of Birth: _____ Age: _____ Applicant Phone: _____

Dental Program:

- ☐ Provides assistance for dental services up to \$300. Services may include tooth repair, dental fillings, dentures or emergency services. Routine dental exams and cleaning are not covered. Payment will be made to vendor and not the tribal member.

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 Tribal enrollment card **MUST** accompany the application. Contact Enrollment Office for Cards.
- ✓ A short statement about situation for which assistance is required.

Incomplete applications are not 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).
- Must be a registered tribal member of the Delaware Tribe of Indians to apply.

Vendor/Provider Name *(To whom check should be issued)*: _____

Address: _____

City: _____ State: _____ Zip: _____

**Applications are approved on a case by case basis. 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)*

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied by: _____ Date: _____

Reason for Denial: _____

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Notice to Applicants

As of July 14, 2022: Applications turned in 48 hours prior to scheduled Community Service meetings will not be considered until the following months meeting.

1. How many members are in the household? _____
2. Total gross household income? _____
3. List all sources of income: _____
4. *Do not forget to write a personal statement below on why these funds are being requested.*

By signing this form, I acknowledge that the information I have provided is true and/or correct to the best of my knowledge.

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

Date

Personal Statement (Required):