STUDENT OPTICAL ASSISTANCE APPLICATION FORM

Name: _____

      First   Middle   Last   (Maiden)

Address: _____

City: _____   State: _____   Zip Code: _____

Delaware Tribal Registration Number: _____

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

Student Optical Program:

- Provides assistance to students enrolled in grades K-12, colleges, universities or vocational technology schools. Student, parent/guardian must complete this application requesting assistance. Approval of application must be obtained before payment can be provided. Funds can be designated to pay for glasses, contacts, physician visits or related costs. Each request may not exceed $200. Payment for services will be made only to vendor or provider of services.

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 requested.
- ✓ **Income Verification Form** listing all sources of monthly income and documented proof of income.

Incomplete applications are not considered.

- ➢ Approval of application must be obtained prior to the service payment.
- ➢ Non-Tribal members are not eligible for services.

Vendor/Provider Name: _____

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) **Verification of Income shall be required.**

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: $ _____

Denied by: _____ Date: _____

Reason for Denial: _____

Revised: July 2020 arb

Community Service Committee
Program Income Limits

*Applicants for all Community Service Programs must complete this form regarding income verification with the exception of Burial Assistance. Income verifications are required and **MUST** accompany the application in order for application to be considered. Include this form with completed program application. **Please list all income in the household (salaries, interest income, disability, social security, child support, unemployment, etc.) and provide the most current documentation of listed income such as pay-stubs, statements, etc.**

Income limits for Community Services

Number of people in household:

1	2	3	4	5	6	7	8
$36,848	$42,112	$47,376	$52,640	$56,851	$61,062	$65,274	$69,485

1. How many members are in the household _____
2. Total gross household income_____
3. List all sources of income _____

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

_____
Signature of Applicant

_____
Date

Personal Statement: