



Delaware Tribe of Indians
Social Services Department

Carbon Monoxide, Smoke Detector, and Fire Extinguisher Application

Name: _____

County: _____

Address: _____

Phone # : _____

Eligibility requirements:

1. Please submit a copy of your **Delaware Tribal Membership Card** with complete application.
2. Applicants must live within the 5 counties of the Delaware Tribe to be eligible.(Washington, Craig, Rogers, Nowata and North Tulsa)
3. Qualify under the HHS State Income guidelines.
4. Top priority will be given to elderly and/or handicap and families with small children.

Check each unit you are applying for:

☐ Carbon Monoxide Detector

Type of fuel in home: ☐ natural gas ☐ propane ☐ electric

Homes with fuel (natural gas, propane, ect.) or wood burning appliances and heating devices are eligible.

Total electric homes are not at risk of carbon monoxide poison and therefore, are not eligible.

☐ Smoke Detector

Do you currently have smoke detectors in the home? ☐ Yes ☐ No

If yes, is the unit currently working? ☐ Yes ☐ No

☐ Fire Extinguisher

Do you currently have a fire extinguisher in the home? ☐ Yes ☐ No

If yes, is the unit currently working? ☐ Yes ☐ No

Return applications to:

**Delaware Tribe Social Services
Att: Lacey Harris
170 NE Barbara
Bartlesville, Ok 74006**

Please list ALL current household members

Name	Birth Date	Social Security #	Tribal Enrollment #

Please list any other additional household member on the back of this sheet

Please list your current household income to include the amount and frequency (bi-weekly, monthly, annually, etc.)

Name	Source	Amount	Frequency
		\$	
		\$	
		\$	
		\$	

IF NO INCOME IS REPORTED, you must also submit the verification of NO Income form.

2011/2012 HHS Income Guidelines
For all states (except Alaska and Hawaii) and for the District of Columbia

Size of family unit	100 Percent	116 Percent	150 Percent	200 Percent
1	\$10,890	\$12,632	\$16,335	\$21,780
2	\$14,710	\$17,064	\$22,065	\$29,420
3	\$18,530	\$21,495	\$27,795	\$37,060
4	\$22,350	\$25,926	\$33,525	\$44,700
5	\$26,170	\$30,357	\$39,255	\$52,340
6	\$29,990	\$34,788	\$44,985	\$59,980
7	\$33,810	\$39,220	\$50,715	\$67,620
8	\$37,630	\$43,651	\$56,445	\$75,260

Please refer to the 150% column

VERIFICATION OF NO INCOME

In order to determine the eligibility of _____ for REACH assistance, please assist us by answering the questions below. **The person signing this form should not be an immediate member of the household applying for REACH assistance OR an immediate relative of the applicant (example: husband, wife, brother, sister, aunt, uncle, grandparent, etc.,)**

To my knowledge, _____ has not had any income for the past
(check all that apply):

☐

Week

☐

Month

☐

Year

The reason for this to be true is because:

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

Printed name: _____

Date _____

Signature: _____

Address: _____

Phone number _____
