

Delaware Tribe of Indians
Community Service Committee
170 NE Barbara * Bartlesville, OK 74006 * (918) 337-6572

Date: _____.

Dental Assistance Application Form

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____

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

E-mail Address: _____

Dental Assistance:

Provide assistance for dental services up to \$350. 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 provider 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.

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.*

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied By: _____ Date: _____

Reason for Denial: _____