

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

Date: \_\_\_\_\_

**Elder Optical 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: \_\_\_\_\_

**Elder Optical Assistance:**

- Provides assistance for optical services to Delaware Elders age 55 and over. Funds may be used for services, including glasses, physician's visits or related costs up to \$200 annually. Payment for services will be made to the vendor.

**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: \_\_\_\_\_