

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

Date: _____

Emergency Travel 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: _____

Emergency Travel Assistance:

Provides assistance for Delaware Tribal members to include, but not limited to, health/medical transportation costs, assistance and/or other related costs. Emergency travel designated as personal health, physician's statement of need must be submitted, death of family member (parent, brother, sister or grandparent), death certificate or obituary must be submitted prior to approval. This is a once per calendar year assistance not to exceed \$200.

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: _____