

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

Date: _____

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: _____

E-mail: _____

Student Optical Assistance:

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 the vendor or provider of services.

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: _____