



KIOWA TRIBE SOCIAL SERVICES PROGRAM
208 Hardees West Street • Anadarko, Oklahoma 73005
Office: (405) 648-0492 • Email: ss01@kiowatribe.org

EMERGENCY ASSISTANCE APPLICATION

General Information

The Kiowa Tribe Emergency Assistance Program is intended to assist Kiowa Tribal households. The program begins July 1st – June 30th every year. All applicants must complete their own application. The Emergency Assistance Program will only pay up to **\$400 per household**.

All payments will be made directly to the vendor. The Emergency Assistance Program WILL NOT reimburse any tribal member. It is the responsibility of the applicant to submit all required documentation listed below **only** for the assistance you are applying for in order for this office to process the application.

ONLY the applicant will receive notification on the status of their application. We will not give out information to anyone except the applicant.

If you submit a utility bill with a cut-off notice, it will take 5-7 business days for a check to be issued. WE CANNOT SEND PROMISSORY LETTERS TO VENDORS.

Eligibility Requirements

The Emergency Assistance Program is on a first-come, first-serve basis depending on funding. There are 8 points of guidance for identifying and determining the recipients. They are as follows:

1. The Tribal member **must be head of household** and not just residing in the household.
2. The bill must be in the Tribal member's name
3. The \$400 can be split between other household bills.
4. The Tribal member cannot use the household address more than once between Tribal members.
5. The Tribal member can only use the \$400 for utility bills, medical, rent and other emergencies that occur in their household and must provide appropriate documentation along with their application.
6. The Tribal member cannot request \$400 in case for their own personal use.
7. The Tribal member must complete the emergency application and submit to the Social Services Department Intake Clerk.
8. The emergency assistance is only once per fiscal year for the Tribal member.

EMERGENCY ASSISTANCE APPLICATION

ENROLLED KIOWA CITIZEN (18 YEARS AND OLDER) HEAD OF HOUSEHOLD INFORMATION

Applicant's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Kiowa ID: _____

List all members who reside in your home: *(Include Applicant and Spouse/Companion)*

Name	Date of Birth	Age	Tribal Affiliation/Race	Enrollment/CDIB Number

PLEASE CHECK ONE BOX BELOW

UTILITY BILL

MEDICAL BILL

RENT/MORTGAGE

OTHER EMERGENCY (Please state): _____

VENDOR INFORMATION

Name of Vendor: _____

Address: _____

Acct #: _____ Phone: _____

Verify All Documentation Is Included:

_____ Completed Emergency Assistance Application (signed and dated)

_____ Copy of your Kiowa Enrollment Card or Certified Document

_____ **Utility Assistance** – current utility bill (must be in the Tribal Head of Household's name)

_____ **Rent or Mortgage Payment** – must provide a W-9 from the landlord with your lease agreement (must be in the Tribal Head of Household's name)

_____ **Medical Bill** – invoice from the vendor

_____ **Other Emergency** – appropriate documentation which may include a W-9 from vendor.

I certify that all information is true, complete and correct. I will submit all required documentation. I understand that the Emergency Assistance is on a first-come first-served basis depending on funding. I also understand that assistance is granted once per year (July 1 to June 30). Any false information will disqualify me from the Emergency Assistance program.

Applicant Signature: _____ Date: _____

For Office Use:

Processed by: _____ Approved by: _____ Date: _____