

KAW NATION EMERGENCY ASSISTANCE PROGRAM

ELIGIBILITY REQUIREMENTS

This application is used for Emergency Assistance, Emergency Utility Deposit, Emergency Transportation/Medical Assistance. Please read the following instructions to apply for any of the services below. Information will be verified by the Social Services Department. Any false statement will result in disapproval of service.

Emergency Assistance

The Emergency Assistance Program is for assisting tribal citizens in emergency situations. This program can also be used for utility assistance. If applying for utility assistance, the utility bill should be in the name of the Kaw tribal citizen unless the utility bill is in the name of the tribal citizen's spouse. The utility bill may not be over one (1) month delinquent. If approved, the check will be mailed to the utility company by the tribal office within 5-7 business days.

The maximum amount of assistance is up to \$300.00 per year/per household depending on the emergency. The applicant must provide the following:

- (1) Copy of the utility bill or cut-off notice from the utility company.
- (2) The application must be signed by the Kaw tribal citizen.

Emergency Utility Deposit Assistance (A One-Time Assistance)

The Emergency Utility Deposit Assistance Program is for utility deposits. The maximum amount paid is up to \$150.00. Applicants should provide the following:

- (1) Statement from the utility company showing the cost of the deposit.
- (2) The application must be signed by the Kaw tribal citizen.

Emergency Transportation/Medical Program (A One-Time Assistance)

The Emergency Transportation/Medical Program assists with transportation for stranded Kaw tribal citizens. This may also be used for emergency medical assistance for supplies or medicines not provided through the Indian Health Service. The maximum amount paid is up to \$100.00. The following must be provided.

- (1) Application must be completed and signed by the Kaw tribal citizen needing assistance.
- (2) When applying for the emergency transportation/medical assistance, an explanation is required on page two of the application. Please attach a copy of the invoice/prescription if applying for medical assistance.

Please return the application to: Kaw Nation Social Services Department

P.O. Box 50
Kaw City, OK 74641

Phone: 580/269-1186 Fax: 580/269-2116 E-mail: ssast@kawnation.gov

To Accounting: _____

**KAW NATION
APPLICATION FOR EMERGENCY ASSISTANCE**

Date: _____ Phone #: _____

Name: _____

Address: _____
Street Apt. City State Zip

Last (4) digits of Social Security #: _____ Birth Date: _____

Marital Status: (Please Circle) Single Married Divorced Separated Widowed

Are you an enrolled elder? (+55): _____

Kaw Roll Number: _____ Email address: _____

List family members currently living in your household below and their tribal affiliation:

Name & Relationship to Applicant	Occupation	Age	Tribe

Have you received assistance from any other programs within the Kaw Tribe, including Housing, Child Welfare, etc? Yes _____ No _____

If yes, list assistance received here: _____

PLEASE READ!

Applications will be considered incomplete without a response to this section and ineligible for payment.

Please state your emergency and attach any necessary documentation:

Applicant Signature: _____ Date: _____

SHELTER/UTILITIES INFORMATION:

Please circle the type of shelter you live in:

Home HUD (Kaw) Home Apartment Room
Mobile Home Owned or being purchased Supplied

DOCUMENTATION AND VERIFICATION OF UTILITIES

Utility	Current Amount	Past Due Amount	Reconnect Amount	Account Number	Total Amount Due
Gas					
Propane					
Electric					
Water					
Utility Deposit					

EMERGENCY TRANSPORTATION/EMERGENCY MEDICAL:

Please explain below the reason emergency transportation/medical is needed. Do not complete this section for any other type of assistance:

I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits, may be reason for denial. I certify that I have read this application; that I fully understand the application and all information that I have given is true and correct to the best of my knowledge. I also certify that I am an enrolled citizen of the Kaw Nation and that I am not enrolled with another tribe. I understand that dual enrollment is not allowed and that if evidence of such is found, this application will be void and I will be denied services. I also understand that if evidence of dual enrollment is found after services are received, that legal action may be taken to recover any benefits awarded.

Signature of Kaw Nation citizen

Date