

**EMERGENCY ASSISTANCE
ELIGIBILITY REQUIREMENTS**

This application is used for Emergency Assistance, Emergency Utility Deposit, and Emergency Transportation/Medical Assistance. The Social Services Director will approve or disapprove all applications and the amount to pay. The utility bill should be in the name of the tribal member, unless the utility bill is in the name of the spouse. Any false statement will result in disapproval of service. Information will be verified by the Social Services Department.

Emergency Assistance Program

The Emergency Assistance Program is for utility bills. The limit is \$300.00 per year and may not be over one (1) month delinquent. The check will be mailed to the utility company by the tribal office. The applicant will provide the following:

- (1) Copy of cut-off notice from the utility company.
- (2) Verification of monthly income.
- (3) Application must be signed by the tribal member.

Emergency Utility Deposit Program

The Emergency Assistance Program is for utility deposits. The maximum amount of assistance is \$100.00. The applicant will provide the following:

- (1) Statement from the utility company showing the cost of the deposit.
- (2) Verification of monthly income.
- (3) Application must be signed by the tribal member.

Emergency Transportation/Medical Assistance Program

The Emergency Transportation/Medical Program assists with transportation for stranded tribal members. The maximum amount paid is \$100.00. This is also used for emergency medical assistance. The following must be provided:

- (1) Verification of income if applicable.
- (2) Application must be completed and signed by the tribal member requesting assistance.
- (3) When applying for the Emergency Transportation/Medical Assistance, an explanation is required on page two of the application.

Return complete application to: Social Services Department
Kaw Nation of Oklahoma
Drawer 50
Kaw City, OK 74641

INCOME VERIFICATION

DID YOU ATTACH A COPY OF YOUR FAMILY INCOME VERIFICATION?

_____ YES _____ NO

IF NO, PLEASE EXPLAIN BELOW WHY YOU DID NOT ATTACH INCOME VERIFICATION.

PLEASE ATTACH A COPY OF ANY INCOME, INCLUDING UNEMPLOYMENT BENEFITS, SOCIAL SECURITY, FOOD STAMP CARD, ETC.

PLEASE INCLUDE ALL INCOME FROM OTHERS LIVING IN YOUR HOUSEHOLD.

APPLICATIONS WILL BE CONSIDERED INCOMPLETE WITHOUT SOME TYPE OF RESPONSE TO THIS SECTION AND INELIGIBLE FOR PAYMENT.

KAW NATION
APPLICATION FOR EMERGENCY ASSISTANCE

Date: _____ Phone #: _____

Name: _____

Address: _____

Street City State ZIP Code

Social Security #: _____ Birth date: _____

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

Kaw Tribal Member? Yes ___ No ___ Roll Number: _____

Number of family members currently living in your household: _____

List family members currently living in your household below:

Name & Relationship to Applicant	Occupation	Age	Sex

INCOME: Please list below the amount you receive from the items listed:

1. Lease Money \$ _____ 2. Child Support \$ _____

3. AFDC \$ _____ 4. VA Payments \$ _____

5. Food Stamps \$ _____ 6. Social Security \$ _____

7. Unemployment \$ _____ 8. Employment/Other \$ _____

PLEASE ATTACH CURRENT VERIFICATION OF ITEMS CHECKED

Have you applied for emergency assistance from the locations listed below:

County Welfare: Yes ___ No ___ Where: _____ Declined: Yes ___ No ___

BIA Social Services: Yes ___ No ___ Where: _____ Declined: Yes ___ No ___

SHELTER/UTILITIES INFORMATION:

Type of shelter: Home or mobile home: _____ Apartment: _____

Room: _____ HUD Home: _____

Is shelter: Rented _____ 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 assistance 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 subject to denial of emergency assistance with the Kaw Nation.

I certify that I have read this application or the application has been read to me; that I fully understand the application and all information that I have given is true and correct in all particulars. I hereby authorize any necessary investigation to verify the answers I have given and I understand the necessity for investigation of my financial situation and other factors resulting to my eligibility for the assistance hereby applied for and other benefits resulting there from. I understand that I am fully responsible for the information in the application to which I certify.

Signature: _____

Date: _____

