KAW NATION EMERGENCY ASSISTANCE PROGRAM

ELIGIBILITY REQUIREMENTS

This application is used for Emergency Assistance, Emergency Utility Deposit, and 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 utility bills. The utility bill should be in the name of the Kaw tribal member unless the utility bill is in the name of the tribal member’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 3-5 business days. The maximum amount of assistance is $300.00 per year/per household. The applicant must provide the following:

1. Copy of the utility bill or cut-off notice from the utility company.
2. Verification of monthly income.
3. The application must be signed by the Kaw tribal member.

Emergency Utility Deposit Assistance (A One-Time Assistance)

The Emergency Utility Deposit Assistance Program is for utility deposits. The maximum amount paid is $100.00. Applicants should provide the following:

1. Statement from the utility company showing the cost of the deposit.
2. Verification of monthly income.
3. The application must be signed by the Kaw tribal member unless a parent/guardian of Kaw children

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

The Emergency Transportation/Medical Program assists with transportation for stranded Kaw tribal members. 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 $100.00. The following must be provided.

1. Verification of income.
2. Application must be completed and signed by the Kaw tribal member needing assistance.
3. 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: khowe@kawnation.com
PLEASE READ!

Income Verification Requirements

Please attach a copy of all income verification your household receives.

Acceptable Proof of Income includes current:
- Pay stubs
- Employer Verification
- Unemployment Verification Documents
- Social Security Award Letter
- Food Stamp Card/Commodity Letter
- Workman=s Comp Letter
- W-2 Forms
- Disability Letter

Also include income from others living in your household.

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

If you did not attach a copy of your household income please explain why:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Applicant Signature: ____________________________
To Accounting: __________

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:

<table>
<thead>
<tr>
<th>Name &amp; relationship to applicant</th>
<th>Occupation</th>
<th>Age</th>
<th>Sex</th>
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INCOME: Please list the monthly amount you receive and provide verification of items checked below:

1.  Lease Money $__________  2.  Child Support $__________
3.  TANF $__________  4.  VA Payments $__________
5.  Food Stamps $__________  6.  Social Security $__________
7.  Unemployment $__________  8.  Employment/Other $__________

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:
Please check the type of shelter you live in:
Home/Mobile Home_______ HUD Home_______ Apartment_______ Room_______

Is shelter: Rented__________ Owned or being purchased__________ Supplied__________

DOCUMENTATION AND VERIFICATION OF UTILITIES

<table>
<thead>
<tr>
<th>Utility</th>
<th>Current Amount</th>
<th>Past Due Amount</th>
<th>Reconnect Amount</th>
<th>Account Number</th>
<th>Total Amount Due</th>
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<td>Gas</td>
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<td>Water</td>
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<td>Utility Deposit</td>
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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 reason for 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 relating to my eligibility for the assistance hereby applied for and other benefits resulting therefrom. I understand I am fully responsible for the information in the application to which I certify.

________________________________________________________________________
Signature of Kaw tribal member                                     Date