



**PAWNEE NATION OF OKLAHOMA  
ELDERS | DISABILITY | EMERGENCY ASSISTANCE APPLICATION**

Date: \_\_\_\_\_ Type of Assistance: \_\_\_\_\_ Elders \_\_\_\_\_ Disability \_\_\_\_\_ Emergency (see criteria on back)

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Members of Household							
Name	D.O.B	Disabled	CDIB Card		Is this Person Employed?		If Yes - Employers Name
			Yes	No	Yes	No	
1.							
2.							
3.							
4.							
5.							

Source of Income for All Adult Members of Household 18 Years of Age or Older:			
Unemployment Compensation	\$ _____ Mo	Workman's Compensation	\$ _____ Mo
Social Security Income	\$ _____ Mo	Child Support/Alimony	\$ _____ Mo
Supplemental Security Income	\$ _____ Mo	Wages	\$ _____ Mo
State Aid	\$ _____ Mo	Self Employed Income	\$ _____ Mo
AFDC	\$ _____ Mo	Spouse Income	\$ _____ Mo
Veteran's Benefits	\$ _____ Mo	Other Income (specify)	\$ _____ Mo
Retirement/Pension	\$ _____ Mo	Total Household Income	\$ _____ Mo

If applying for utility assistance, what type? \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_ Electric \_\_\_\_\_ Propane \_\_\_\_\_ Rent

If applying for health assistance, what type? \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Optometry \_\_\_\_\_ Audiology \_\_\_\_\_ Rx  
\_\_\_\_\_ Other

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_ Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY			
APPROVED	DENIED	REASON FOR DENIAL	AMOUNT:\$

**PROGRAM REQUIREMENTS**  
*(Must be enrolled Pawnee Tribal Member)*

**Elders:**

Applicant must be at least 60 years old at the time of the application for assistance. Proof of age will be determined by a Certified Degree of Indian Blood (CDIB) or Tribal Membership Identification Card. Applicant must provide copy of CDIB.

Proof of guardianship/power of attorney must be provided if applying on behalf of an elder applicant.

**Disability:**

Applicant must provide proof of such disabled condition via a disability award letter from the Social Security Administration or Veteran's Affairs. Doctor's notes will NOT be accepted. Proof of age will be determined by a Certified Degree of Indian Blood (CDIB), Tribal Membership Identification card, or a copy of a birth certificate.

Proof of guardianship/power of attorney must be provided if applying on behalf of disabled applicant. Birth certificate required for all minor disabled applicants.

**Emergency:**

Applicant must be at least (18) years of age at the time of application for assistance and in a *\*crisis* to apply. Documentation of *\*crisis* may be required. Proof of age will be determined by a Certified Degree of Indian Blood (CDIB) or Tribal Membership Card. The maximum number of emergency assistance checks is one (1) per household.

\*A crisis is defined as a decisive or critical moment in regards to a client's health and/or life. The following constitutes as a crisis: loss of clothes and/or shelter due to natural disasters, becoming disabled due to illness or accident, and life-threatening sickness to immediate client or family members.

**Income:**

Applicant must meet poverty guidelines set forth by Department of Health & Human Services (DHHS). Household incomes must not exceed over 150% of poverty level. This applies to all three assistance programs. Please provide the last 30 days income verification (i.e. check stub, social security, bank statement, unemployment statement, TANF, etc.). **Tribal members age 85 and older do not have to provide proof of income.**

**Types of Assistances:**

Medical—covers medical exams and prescribed treatment

Dental—covers dental exams and treatment, partials, and dentures

Optometry—covers eye exams and treatment and eyeglasses

Audiology--covers hearing exams and hearing aids

Prescriptions—medications prescribed by a medical doctor and not covered by insurance or Indian Health Service

Household—includes utilities/housing payments, utility/housing deposits, and minor home repairs (plumbing, roofing, handicap accessibility, hot water heater, stove, refrigerator, installation fees) that affect elder home health and safety.

\*Bills must be from original vendors (i.e.; no collection agencies)

\*Household expenses do not include property tax or home insurance.

\*Utilities are specific for electric, natural gas, propane, water. This does not include cable, telephone, internet, and cell phone bills.

\*Utility bill(s) must be in the tribal member's and/or living relative's name (if in relative's name, that individual must reside at the current residence.

\*Household assistance is provided for applicant's current residence only; no payments for former residences.