

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 members 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 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 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) Verification of monthly household income. (SNAP, Social Security, Disability, Unemployment).
- (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 up to \$150.00. Applicants should provide the following:

- (1) Statement from the utility company showing the cost of the deposit.
- (2) Verification of monthly household income. (SNAP, Social Security, Disability, Unemployment).
- (3) The application must be signed by the Kaw tribal member.

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 up to \$100.00. The following must be provided.

- (1) Verification of monthly household income. (SNAP, Social Security, Disability, Unemployment).
- (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: ameans@kawnation.com or flong@kawnation.com

PLEASE READ !

Income Verification Requirements

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

Acceptable Proof of Income includes **current:**

- ✓ Employer Verification (check stubs)
- ✓ 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.
- ✓ Termination Letter/Lay off letter.

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

Please state your emergency situation and attach documentation: _____

:

How have your utilities been paid the last (12) months: _____

_____.

If you did not attach a copy of your household income please explain why. If you have been laid off or terminated please list the name of the company you were laid off/terminated from and a copy of your termination/Lay off letter with effective date:

Applicant Signature: _____

To Accounting: _____

**KAW NATION
APPLICATION FOR EMERGENCY ASSISTANCE**

Date: _____ Phone #: _____

Name: _____

Address: _____
Street City State Zip Code

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

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

Kaw Roll Number #: _____ Active E-mail address: _____

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

Name & relationship to applicant	Occupation	Age	Tribe

INCOME: Please list the 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?

LIHEAP/DHS: Yes _____ No _____ When: _____ Declined: Yes _____ No _____

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: _____

SHELTER/UTILITIES INFORMATION:

Please check the type of shelter you live in:

Home/Mobile Home _____ HUD (Kaw) Home _____ Apartment _____ Room _____

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					

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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