



## KIOWA TRIBE SOCIAL SERVICES

Emergency Assistance Application

*Email: [ss@kiowatribe.org](mailto:ss@kiowatribe.org)*

806 Wynan Court, Anadarko, OK 73005

Office: (405) 648-4080 Fax: (405) 648-7078

## Emergency Assistance Guidelines

- EA up to the amount of \$250 is available to all Kiowa Tribal Members 18 & older
- Tribal Member must apply for EA and sign the application themselves
- Copy of Tribal ID is required or application is considered incomplete
- Copy of bill or invoice must be turned in or application is considered incomplete
- If applying for Rent/Mortgage Assistance, W-9 form from landlord is required
- ALL information on the application must be filled out or it is considered incomplete
- Applications will/cannot be processed until ALL required documents are received
- ONLY the applicant will receive notification on the status of their application
- Checks are sent directly to the vendor
- EA is granted ONCE per tribal fiscal year



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Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate number: \_\_\_\_\_

**Emergency Assistance Request** (please circle)

- Utility Bill**
- Rent/Mortgage**
- Medical Bill**
- Car Payment/Repair**
- Household Appliance**
- Emergency Hotel Stay**

**\*Vendor Information\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

**Explain need for Emergency Assistance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ALL HOUSEHOLD MEMBERS:**

Name	Birth Date	Tribal Enrollment

**INCOME:**

Name	Source	Amount	Frequency
		\$	
		\$	
		\$	
		\$	

1. I certify that all information on this application is true, complete, and correct.
2. I will submit all required documentation.
3. I understand that Kiowa Tribe Emergency Assistance is only granted ONCE per tribal fiscal year and is contingent upon funds being available.
4. I understand that interfering with the application process in any way will disqualify me from receiving Emergency Assistance.

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Applicant's Signature

Date

*For Program Use Only*

ELD \_\_\_\_\_

SS Staff Intials \_\_\_\_\_

MIN \_\_\_\_\_

Date \_\_\_\_\_