



KIOWA TRIBE SOCIAL SERVICES PROGRAM
208 Hardees West Street • Anadarko, Oklahoma 73005
Office: (405) 648-0492 • Email: ss01@kiowatribe.org

EMERGENCY ASSISTANCE APPLICATION

General Information

The Kiowa Tribe Emergency Assistance Program is available to all Kiowa Tribal Members 18 years and older. The program begins July 1st – June 30th every year. All applicants must complete their own application. The Emergency Assistance Program will only pay up to **\$250**.

All payments will be made directly to the vendor. The Emergency Assistance Program **WILL NOT** reimburse any tribal member. It is the responsibility of the applicant to submit all required documentation listed below **only** for the assistance you are applying for in order for this office to process the application.

ONLY the applicant will receive notification on the status of their application. We will not give out information to anyone except the applicant.

If you submit a utility bill with a cut-off notice, it will take 5-7 business days for a check to be issued. WE CANNOT SEND PROMISSORY LETTERS TO VENDORS.

Eligibility Requirements

The Emergency Assistance Program is on a first-come, first-serve basis. Your application **WILL NOT** be processed until the following documents are submitted.

_____ Completed Emergency Assistance Application (signed and dated)

_____ Copy of your CDIB

_____ **Utility Assistance** – current utility bill (if bill is not in your name, provide proof of residence)

Proof of resident (a piece of mail with your name with the same address on the bill/lease.

_____ **Rent or Mortgage Payment** – must provide a W-9 from the landlord with your lease agreement

_____ **Car Payment/Repair; Medical bill; Household Appliance** – invoice or quote from vendor

Approved by: _____ Date: _____



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TRIBAL MEMBER INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of birth _____ Kiowa ID _____

PLEASE CHECK ONE BOX BELOW

- | | |
|--|---|
| <input type="checkbox"/> UTILITY BILL | <input type="checkbox"/> CAR PAYMENT/CAR REPAIR |
| <input type="checkbox"/> RENT/MORTGAGE | <input type="checkbox"/> HOUSEHOLD APPLIANCE |
| <input type="checkbox"/> MEDICAL BILL | |

VENDOR INFORMATION

Name of Vendor _____

Address _____

Acct # _____ Phone _____

I certify that all information is true, complete and correct. I will submit all required documentation. I understand that the Emergency Assistance is on a first come first served basis depending on funding. I also understand that assistance is granted once per year (July 1st – June 30th). Any false information will disqualify me from the Emergency assistance program.

Applicant signature _____ Date: _____