



**KIOWA TRIBE SOCIAL SERVICES PROGRAM**  
**208 Hardees West Street • Anadarko, Oklahoma 73005**  
**Office: (405) 648-0492 • Email: [ss01@kiowatribe.org](mailto: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 1<sup>st</sup> – June 30<sup>th</sup> 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. Fund shall be limited to \$250 per person, until the funds have been expended for the fiscal year. 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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## EMERGENCY ASSISTANCE APPLICATION

### TRIBAL MEMBER INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth \_\_\_\_\_ Kiowa ID \_\_\_\_\_

### PLEASE CHECK ONE BOX BELOW

UTILITY BILL

CAR PAYMENT/CAR REPAIR

RENT/MORTGAGE

HOUSEHOLD APPLIANCE

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 1<sup>st</sup> – June 30<sup>th</sup>). Any false information will disqualify me from the Emergency assistance program.*

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_