



Kiowa Tribe Social Services

Address: 208 Hardees West, Anadarko, OK 73005

Office Phone Number: 405-648-0492 --- Email: SS01@kiowatribe.org

405-648-0925, 405-648-0466

EMERGENCY ASSISTANCE APPLICATION

General Information: The Kiowa Tribe Emergency Assistance Program is designed to provide essential support to Kiowa Tribal households facing unforeseen emergencies. This program aims to alleviate financial burdens associated with critical needs, including essential utility bills, medical expenses, rent or mortgage payments, and other emergencies.

- This program runs annually, aligning with the Tribal Fiscal Year, starting on July 1st and concluding on June 30th of the following year. (Example 7/1/2026 to 6/30/2027).
- It is essential for all applicants to complete their applications independently.
- The Emergency Assistance Program provides a maximum payment of \$400 per household/per Tribal Fiscal Year.
- Payments are made directly to service providers/vendors; the program does not offer reimbursements to tribal members.
- It is the responsibility of applicants to submit all required documentation specified for the assistance they are seeking to ensure the timely processing of their applications.
- Only the applicant will receive updates regarding the status of their application. Information will be disclosed exclusively to the applicant.
- In cases where a utility bill accompanied by a cut-off notice is submitted, understand to allow 5-8 business days for the check to be issued if the application was approved.
- BE ADVISED THAT PROMISSORY LETTERS TO VENDORS CANNOT BE PROVIDED.

Eligibility Requirements

The Emergency Assistance Program is designed to operate on a first-come, first-served basis, subject to funding availability.

Established guidelines are in place to identify and determine eligible recipients:

1. The Tribal member must be (18 years and older) and recognized as the head of the household, rather than simply residing within the household.
2. The bill must be registered in the name of the Tribal member.
3. The assistance amount of \$400.00 may be allocated across various essential household bills.
4. A Tribal member may not utilize the household address more than once in relation to other Tribal members.
5. Funds may only be utilized for essential utility bills, medical expenses, rent, mortgage, and other emergencies that arise within the household. Appropriate documentation must be submitted along with the application.
 - a. Acceptable forms of Proof of Residence include a current utility bill displaying the physical address and the applicant's name, and/or a state-issued identification card with the current physical address, etc.
6. Tribal members are NOT permitted to request the \$400.00 for personal use.
7. A completed emergency assistance application with supportive documentation must be submitted to Social Services by in-person drop-off, email, or mail.
8. Emergency Assistance is limited to a maximum request of \$400 per tribal fiscal year for each Kiowa Tribal household. This amount can be used for multiple bills, as long as the total does not exceed \$400.

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ENROLLED KIOWA CITIZEN (18 YEARS AND OLDER) HEAD OF HOUSEHOLD INFORMATION

Applicant's Information:

Full Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Kiowa Enrollment Number: _____

List all members who reside in your home: (Include Applicant and Spouse/Companion, etc.)

Name	DOB MM/DD/YEAR	AGE	Tribal Affiliation/Race	Enrollment/CDIB #

PLEASE CHECK ONE BOX BELOW

UTILITY BILL MEDICAL BILL RENT/MORTGAGE

OTHER EMERGENCY (Please State): _____

Please note that should the program representative request additional documents during the application process, prompt compliance is necessary to avoid denial or delay of the application.

VENDOR INFORMATION

1. Name of Vendor: _____

Address: _____

Account #: _____ Phone: _____

2. Name of Vendor: _____

Address: _____

Account #: _____ Phone: _____

3. Name of Vendor: _____

Address: _____

Account #: _____ Phone: _____

VERIFY ALL DOCUMENTATION IS INCLUDED:

_____ Complete Emergency Assistance Application (Filled out and Signed and Dated)

_____ Copy of Kiowa Enrollment Card or Certified Enrollment Document

_____ Utility Assistance – Current Utility Bill (Must be in Applicant/Head of Household Name)

_____ Rent/Mortgage – Must provide a W-9 from the Landlord and/or Mortgage Company with copy of your lease agreement. (Must be in Applicant/Head of Household Name)

_____ Medical Bill – appropriate documentation, which may include a W-9 and an Invoice from the Vendor.

_____ Other Emergency – appropriate documentation, which may include a W-9 and an Invoice from the Vendor.

Please note that should the program representative request additional documents during the application process, prompt compliance is necessary to avoid denial or delay of the application.

I hereby certify that all information provided is accurate, complete, and truthful. I will submit all necessary documentation as required. Should the program representative request additional materials during the application process, I will cooperate fully to ensure a comprehensive application. I understand that Emergency Assistance is allocated on a first-come, first-served basis, contingent upon available funding. Additionally, I recognize that this assistance program operates annually, corresponding to the Tribal Fiscal Year, which begins on July 1st and finishes on June 30th of the following year. Additionally, I recognize that this program and its department cannot issue promissory letters to vendors. Any provision of false information will result in my disqualification from the Emergency Assistance Program.

Applicant Signature

Date

Processed By (Initial) _____

Approved By (Initial) _____

Date: _____