



Kiowa Tribe Social Services

Address: 208 Hardees West, Anadarko, OK 73005

Office Phone Number: 405-901-4410 Ext 200----- Email: ss01@kiowatribe.org

EMERGENCY RESPONSE FUND ACT OF 2025

General Information

The Kiowa Tribe EMERGENCY RESPONSE FUND ACT OF 2025 provides assistance to Kiowa Tribal members suffering from the Federal Shutdown. \$300 is available for each Enrolled Member of the Kiowa Tribe on a first-come, first-served basis. A limited fund is available, so please apply promptly. Each adult must apply for themselves. If you have dependent children who are enrolled, you may apply for each child.

For example, if Mother and Dad are both Enrolled Kiowa Tribal Members and have two children who are also enrolled in the Kiowa Tribe, and a grandmother is living with them, Mother should apply for herself and the children, and Dad and the grandmother should each apply for themselves. Each applicant must demonstrate their own eligibility to receive assistance.

Each person may only apply once. If you apply and are awarded assistance, you are not eligible to reapply. Remember to include your dependent children on your application if they are enrolled Kiowa. To be eligible to receive this money, you must demonstrate one of the following needs:

- Loss of SNAP benefits in the 120 days prior to application under this Law (for any reason, including the federal shutdown)
- Being placed on federal furlough in the 180 days prior to application under this Law,
- Presenting an unpaid utility bill that is more than 15 days past due
- Presenting an unpaid medical, mortgage, or housing rental bill in any amount that is more than 15 days past due,
- Being homeless (based on attestation), or
- Having recently suffered domestic violence (based on attestation).

Once we have determined your eligibility, the Social Services Department will process payment within 48 hours. You will receive this money. Payments will not be made to vendors. You must provide your mailing address to receive a check.

You must complete the ERFA2025 Assistance Form on the other side of this document to be considered for a payment under this fund. If you do not fill out this form and provide the required documentation, your application will not be considered. If you fill out this form more than once, only your first application form will be considered.

ERFA2025 Assistance

ENROLLED KIOWA CITIZEN (18 YEARS AND OLDER)

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Applicant's Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Kiowa Enrollment Number: _____

List all dependent children for whom you are also applying:

Name	DOB MM/DD/YEAR	SS Number	Kiowa Enrollment/ CDIB #

Identify the reasons for seeking assistance below (attach bills):

Reason for seeking assistance	Place X for the reason for self	If for a dependent, write their name(s) in the appropriate box
Loss of SNAP		
Federal Furlough		
Unpaid utility bill		
Unpaid medical, mortgage, and housing rental bills		
Homeless		
Domestic violence		

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 is submitted. I understand that EMERGENCY RESPONSE FUND ACT OF 2025 Assistance is allocated on a first-come, first-served basis, contingent upon available funding. Any provision of false information will result in my disqualification from the EMERGENCY RESPONSE FUND ACT OF 2025 Assistance.

Applicant Signature _____

Date _____

Processed By (Initial) _____

Approved By (Initial) _____

Date _____