



KIOWA TRIBE

Social Services Program

Main Office/Anadarko: 806 Wynan Court, Anadarko, OK 73005

(405) 648-4080; email: ss@kiowatribe.org

Intake Office/Carnegie: P.O. Box 369, Carnegie, Oklahoma 73015

(580) 654-6361 Fax: (580) 654-7109

EMERGENCY ASSISTANCE APPLICATION

First Name:	Middle Initial:	Last Name:
Mailing Address:		
Physical Address:		
City:	State:	Zip Code:
Telephone:	Message-Contact Name: Message Number:	

Request financial assistance for:	Utility Bill : Rent: Medical: Special Diet Food: Other Emergency:
Vendor Information:	Name on Account: Complete Address: City, State, Zip Code: Phone: Account Number: Amount owed:

Explain why you are requesting Emergency Assistance:
--

LIST MEMBERS OF YOUR HOME:

Name	Birth Date	Social Security Number	Tribe & Enrollment #

INCOME INFORMATION:

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

1. I certify that all information on this application is true, complete, and correct to the best of my knowledge; I share in good faith.
2. I will submit the following documentation with my application: Tribal Enrollment Information of applicant and copy of the bill or vendor information.
3. I understand I can only apply for Emergency Assistance one time a year and it benefits whomever resides in the home listed on the application.
4. I understand anyone listed on this application cannot use this residence to apply for additional assistance.
5. I will cooperate with the Social Services Department in the application process.

Applicant's Signature

Date