



SOCIAL SERVICES

PO Box 189, Miami, OK 74355 + (918) 542-2441 + socialservices@shawnee-tribe.com

Elder Assistance Reimbursement Program

APPLICANT INFORMATION

Applicant Name: _____
First MI Last

Citizen Enrollment Number: 911U Birthdate: ____/____/____ Phone: _____
MM DD YYYY

Address: _____
PO Box/Street City ST Zip

CONFIRMATION AND ACCEPTANCE

- ✓ I attest that the information provided above is correct.
- ✓ I understand that only complete applications including all required documents will receive consideration.
- ✓ I understand this benefit is awarded on a "first come, first served" basis as funding allows.
- ✓ I understand that incomplete applications or applications will be denied.
- ✓ I understand that if my application is denied, I can reapply for this benefit.
- ✓ I understand that participation in this program constitutes consent for internal and external reviews, audits, and investigations for applicants, vendors, and all other interested parties in accordance with tribal, state, and federal statutes.
- ✓ I understand that knowingly providing false information or fraudulent applications may result in criminal prosecution and/or ineligibility for tribal programs and services.

Applicant Signature Date

DEPARTMENTAL USE ONLY

Required Documents:

- Complete Application
- Copy of Shawnee Tribe Citizen ID Card
- Original Receipts Demonstrating Qualifying Purchases
- Other Documents as Requested

Date Complete
Application Received: _____

Amount Approved: _____

Amount Dispersed: _____

Date Dispersed: _____

Program Specialist Notes:

Program Specialist,
Date Forwarded: _____

Program Director,
Date Approved: _____