



## SOCIAL SERVICES

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# Elder Assistance Reimbursement Program

### PROGRAM OVERVIEW

The Shawnee Tribe Elder Assistance Reimbursement Program provides funds to assist with expenses incurred in the general welfare of elder citizens and purchases of eligible elder care items. Tribal citizens 65 years of age or older qualify for this benefit. The citizen's income, location or dual citizenship status are not used to determine eligibility.

Reimbursement requests may be submitted up to four times per fiscal year (October 1 - September 30), not to exceed a total of \$1000.00 per eligible citizen. Once you have submitted an application, only receipts/invoices are needed for remaining submissions. **Please allow 4-6 weeks from the application submission to time of payment.**

#### Steps to Apply:

- Complete application with a copy of Shawnee Tribal Enrollment Card
- Submit receipts dated within current fiscal year (October 1, 2025 - September 30, 2026)
- Submit bills/invoices with proof of payment after October 1, 2025 (**invoices must show citizen's name/address and show payment**)

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
*First* \_\_\_\_\_ *MI* \_\_\_\_\_ *Last* \_\_\_\_\_

Citizen Enrollment Number: 911U \_\_\_\_\_ Birthdate:   /  /    
*MM*   *DD*   *YYYY*

Address: \_\_\_\_\_  
*PO Box/Street* \_\_\_\_\_ *City* \_\_\_\_\_ *ST* \_\_\_\_\_ *Zip* \_\_\_\_\_

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

### 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