



WYANDOTTE NATION

64700 E Hwy 60, Wyandotte, OK 74370

2020-2021 Application for Elder's Assistance Program

Name of Applicant: _____ Roll #: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: _____ Age: _____ Telephone Number: _____

A \$250.00 (Allotted \$250.00 from October 1 to September 30) Elder's Assistance Program is provided to Wyandotte Nation Tribal members residing in the states of Oklahoma, Missouri, Kansas and Arkansas who are age 55 and older to help enhance life quality. This program may be used to help pay costs such as: Rent, household expenses, utilities, auto repair, or personal needs. If you are unsure about an expense, please call the Family Services offices. Dana-(918)678-6319, Leeanna-(918)678-6329, Tara-(918)678-6355 and Tiffany-(918)678-6353.

There are two ways to apply for the program:

***For Direct Reimbursement:** If you prefer to use the reimbursement program, please send in proof that you have already paid for purchases. You may send in proof such as: a cancelled check/credit card receipts, or store receipts of items you paid for. **RECEIPTS MUST BE DATED AFTER OCTOBER 1, 2020.**

The Tribe will then issue the check made payable directly to you for those expenses. On the lines below, describe what you are being reimbursed for. Please allow 10-14 days for processing.

Please describe: _____

***To pay a vendor:** Please list each vendor, provide a copy of that bill or invoice, and state the amount you request we send to that vendor. It is recommended that each \$250.00 allotment is used in full at once if paying one or multiple bills.

Please describe: _____

Printed name of Payee if Reimbursement: _____

Signature of Applicant: _____

(Approved by Program Coordinator: _____ Amount Paid: _____)