



# COMANCHE NATION OF OKLAHOMA

## SOCIAL SERVICES DEPARTMENT

### Emergency Assistance Program Application

**HOW TO SEND THE APPLICATION TO SOCIAL SERVICES**

PO Box 908, Lawton, Oklahoma 73502

Office Phone: 580.492.3358 Fax – 580.492.3742

Email - [socialservices@comanchenation.com](mailto:socialservices@comanchenation.com)

#### Eligibility:

To be eligible for the Emergency Assistance Program, you must be an enrolled member of the Comanche Nation, 18 years of age and must be the Head of Household. The following documents are needed to complete your application:

- ✚ **Applicant's CDIB.** Comanche Enrollment Number #: \_\_\_\_\_
- ✚ **Utility assistance:** Electric, Water, Natural Gas or Propane (We do not an invoice or anything from the propane company. We will reach out to the company on your behalf). Will need copies of the utility bills with identifying account number, name & address as well as the company information. The copies of the utility bills will need to be at least within the last 30 days. If the utility bill is not in the applicant's name, we will require proof of residence (piece of mail, Driver License, etc.).  
**\*\*\*Eligibility for the Emergency Assistance Program, whether it is for utilities or SHELTER, is 6 months from the last date you were approved if you have not exceeded your limit within the fiscal year\*\*\***
- ✚ **For new utility service:** Documentation must be provided identifying the company's name and information, applicant's name, new address, new account number, and balance due for each utility service.
- ✚ **Rental Assistance (SHELTER):** Must provide copy of the most current lease and a W-9 (if available to retrieve). Must provide proof of residence if applicant's name is not on lease
- ✚ **Rental Deposit (SHELTER):** Must provide copy of the lease or a letterhead with the company's information, applicant's name, new address, and identifying deposit amount.
- ✚ **Mortgage Assistance (SHELTER):** Must provide copy of the most updated mortgage statement.
- ✚ **Property Taxes (SHELTER):** Must provide copy of the most updated property tax within the last year.  
**\*\*\* Eligibility for SHELTER assistance is one time per fiscal year (Oct 2024 – Oct 2025) \*\*\***
- ✚ **Medical Assistance:** Must provide a copy of the out of service area medical appointment (company's info, date & time) or a letter of admission for the immediate family member from an out of service area hospital. Will not reimburse for any expenses. All documentation needs to be submitted before the discharge date or prior to the scheduled medical appointment. Same day discharge/appointments will not be accepted.

#### BY SIGNING BELOW:

- I understand I must submit all the required documents before my application will begin the review process.
- I understand that I have a period of two (2) weeks to submit all the necessary documentation or my case will be closed out.
- I understand that there is a six (6) month waiting period in between utility assistance, so as long as I am eligible and shelter assistance is ONCE per fiscal year (Oct 1<sup>st</sup> – Oct 1<sup>st</sup>).

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



## Emergency Assistance Program Application

### APPLICANT INFORMATION:

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ CDIB Enroll #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State & Zip Code

Mailing Address (If different): \_\_\_\_\_

County: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### HOUSEHOLD MEMBERS (Do not include self):

<u>First and Last Name</u>	<u>DOB</u>	<u>Tribe</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### TYPE OF ASSISTANCE REQUESTING:

**\*\*Documents verifying the amount needed for assistance must be submitted with application\*\***

Shelter(R/M/P): \_\_\_\_\_ Electric: \_\_\_\_\_ Water: \_\_\_\_\_ Gas: \_\_\_\_\_ Propane: \_\_\_\_\_ Current percentage: \_\_\_\_\_

Other: \_\_\_\_\_ Name of Propane Company: \_\_\_\_\_

PLEASE STATE THE REASON FOR ASSISTANCE: Propane Phone #: \_\_\_\_\_

### CLIENT(S) STATEMENT OF RIGHTS AND RESPONSIBILITIES:

I understand that if I willingly and fraudulently provide false information for the purpose of obtaining benefits I may be ineligible for assistance. **\*\*\*Reminder to sign the first page\*\*\***

Applicant Signature

Date

Social Service Representative

Date

### For office use only:

EM Asst approved amount: \_\_\_\_\_ Utility Company: \_\_\_\_\_ RQ #: \_\_\_\_\_

EM Asst approved amount: \_\_\_\_\_ Utility Company: \_\_\_\_\_ RQ #: \_\_\_\_\_

EM Asst approved amount: \_\_\_\_\_ Shelter Name: \_\_\_\_\_ RQ #: \_\_\_\_\_