



# Wyandotte Nation Elder's Assistance Program

October 1, 2023-September 30, 2024

Wyandotte Nation Tribal Citizens Nation-wide, 55 and older, are eligible for a maximum benefit of \$300. **Receipts must be dated between October 1, 2023 - September 30, 2024 and must be in the office or post marked by September 30, 2024.** This program may be used to help pay costs such as: Rent, household expenses, utilities, auto repair, or personal needs. Reimbursement only if live outside of the states of KS, MO, OK and AR. Incomplete applications will be returned.

Roll #: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Is this a new address: yes\_\_ no \_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**\*There are two ways to apply for the program: (Please explain what we are reimbursing for or making payment for.)**

**\*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 from bank or store receipts showing proof of payment. We cannot reimburse for credit card statements, cash back at store, gift card, alcohol, cigarettes, restaurant tip money not recorded on receipt, Benny card purchases or utility bills that the Sr. Energy program paid. If you have direct deposit on file with the tribe, please make sure all banking information is current. If there have been any changes, you will need to submit the proper paperwork.

**You must explain "what" you are being reimbursed for:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*OR\*\*\***

**\*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 \$300.00 allotment is used in full at once if paying one or multiple bills. You may be required to obtain a W9 if the vendor has not previously been paid by the tribe.

**You must explain what you are wanting us to assist with:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Printed name of person/place we are paying: X** \_\_\_\_\_

**Signature of Tribal Citizen: X** \_\_\_\_\_

Please Return application to: Family Services -- 8 Turtle Drive, Wyandotte, OK 74370

Email: [wdfs@wyandotte-nation.org](mailto:wdfs@wyandotte-nation.org) Phone: (918)678-6329