

2025

Application Guidelines

ELDER'S ASSISTANCE PROGRAM



*Wyandotte Nation Tribal Citizens nationwide, 55 and older are eligible for a maximum benefit of \$350

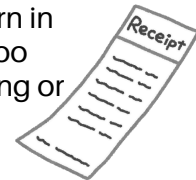
You should be as thorough and specific as possible in your responses. Incomplete or non-compliant applications will be returned.

DUE DATES

The Program Year is from October 1, 2024 to September 30, 2025. All applications and receipts must be turned in or postmarked by the deadline date.

RECEIPT RULES

All Receipts MUST have the Following: DATE, ITEM, ITEM PRICE, SUBTOTAL, TAX, TOTAL AND PAYMENT METHOD. Do Not turn in any receipt we cannot see, due to being torn, smudged or is too tiny. Please do not alter receipts by writing on them, highlighting or taping them.



PROOF OF PAYMENT

Examples of Proof of Payment include: Store Receipts, Copy of Front and Back of Canceled/Cleared Check, Copy of Debit or Credit Statement Showing the Item(s) Purchased. Please do not turn in any store invoice that does not show paid. Paying with Cash must be reflected as paid with a zero balance. **Hand writing the check number or "paid", on the invoice, will not be accepted.**



ELIGIBLE ITEMS

Examples of eligible items include, but are not limited to: Household expenses, Utilities, Rent, Auto Repair, Groceries, Fuel, ect.

NON-ELIGIBLE ITEMS

We cannot reimburse for these items: Credit Card Statement payments, Cash back at register, Gift cards, Alcohol, Cigarettes, Tobacco, Restaurant tip not recorded on the final receipt, Benny card purchases or Utility bill that the Sr Energy Program paid.

DIRECT DEPOSIT FOR REIMBURSEMENT

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 before submitting your application.



ELDER'S ASSISTANCE PROGRAM APPLICATION

October 1, 2024 to September 30, 2025

Wyandotte Nation Tribal Citizens nationwide, 55 and older, are eligible for a maximum benefit of \$350. Applications and receipts are due in office or post marked by September 30, 2025.

Please complete ALL questions on application.

Applicant Roll #: _____ Applicant Name: _____

Mailing Address: _____ Is this new address? yes__ no__

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: _____ Age: _____ Phone Number: _____

REIMBURSEMENT: If you prefer to use the reimbursement program, please send in proof that you have already paid for purchases. *Please see program guideline page for eligible forms of payment, and what items may or may not be accepted.*

What are we reimbursing for? *Explain here* _____

OR

DIRECT PAY TO A VENDOR: Please list each vendor, provide a copy of the bill or invoice, and state the amount you request we send to that vendor. It is recommended that each \$350 allotment is used in full, at once, if paying one or more bills. You will be required to obtain a W9 if the vendor has not previously been paid by the tribe.

Explain what we are assisting with: _____ *(Refer to Guideline Page)*

Print Name of Who We are Paying: _____

Signature of Tribal Citizen: _____ Date: _____