

SENECA - CAYUGA NATION

Welfare Committee Phone: 918-791-6025	PO Box 453220 Fax: 918-786-9245	Grove, OK 74345 Email: gheatherly@sctribe.com
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**CHECK THIS
BOX IF YOU
ARE A 1st
TIME
APPLICANT**

EMERGENCY CLAIM APPLICATION

Submit to the above Address - "Attention: Welfare Committee"

APPLICATIONS MUST BE COMPLETE

OTHERWISE THEY WILL NOT BE PROCESSED

Emergency Funds are Paid at a Maximum of \$500.00 per Fiscal Year and is Based on Availability

_____ Date

_____ Name _____ Roll #

_____ Address _____ City/State _____ Zip Code

_____ Phone Number _____ Cell Number _____ Work Number

_____ Email Address

I SWEAR AND AFFIRM THAT ALL THE INFORMATION LISTED ON THIS DOCUMENT IS TRUE AND CORRECT

_____ Printed Name of Applicant or Guardian _____ Date

_____ Signature of Applicant or Guardian _____ Date

Please mark the type of emergency assistance you are requesting:

1. _____ **Financial Assistance:** Utility Payment, Medical Incapacity, Job Layoff, Job Closer, etc.
2. _____ **Household Appliance repair or Replacement**
 - Must have a copy of the receipt or bill. If bill, must provide a W-9 from the supplier
3. _____ **Rental Assistance.** Must provide a W-9 from the landlord

The following documents Must be Submitted with this Application.

- A copy of applicant's the tribal card.
- Any and all documentation pertaining the the emergency for which you are applying for.
 - Utility Assistance – Copy of the bill
 - Bill must be in the Tribal Members Name – Payment will be made directly to the utility company
 - Layoff Assistance – Must have a layoff notice from the current former employer on company letterhead that includes their name and phone number
 - Medical Emergency–Must have all documentation regarding the medical emergency

*****FOR CLAIMS COMMITTEE USE ONLY*****

Date: _____ Action Taken: Approved _____ Hold _____

Reason: _____ Remitted To: _____

Check #: _____ Amount: _____ Balance: _____

Approval: JQ _____ PA _____ SWV _____