

# SENECA - CAYUGA NATION

Benefits Department  
Phone: 918-791-6025

PO Box 453220  
Fax: 918-786-9245

Grove, OK 74345  
Email: [benefits@sctribe.com](mailto:benefits@sctribe.com)

CHECK THIS  
BOX IF YOU  
ARE A 1<sup>st</sup>  
TIME  
APPLICANT

## EMERGENCY CLAIM APPLICATION

Submit to the above Address - "Attention: Benefits"

**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

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

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Benefits Department of any changes in the above information.

### PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned tribal member do hereby give my permission for the release of vendor information to the Seneca Cayuga Nations Benefit Department. This shall include, but not be limited to landlord payments, landlord leases, dental, vision, optical receipts, utility vendors, and any other documents submitted. Any tribal member found to be defrauding the Seneca Cayuga Nation Benefit Program will be suspended indefinitely

\_\_\_\_\_

Printed Name of Applicant or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant or Guardian

\_\_\_\_\_

Date

### 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
  - W-9 Tax Form from service supplier of the benefit payment for which you are applying