



FOR OFFICE USE ONLY:

App #: _____

Total amount: _____

Prev. used _____

receipt: _____

Tribal Elder Application

Phone Number: (918) 791-6015

PO Box 453220

E-mail

Fax Number: (918) 786-9245

Grove, OK 74345

elders@sctribe.comSubmit to the above address - **"Attention: Elder app for (insert name)"****APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED**

QUALIFIED NATION ELDERS MUST BE 55 YEARS OF AGE OR OLDER AND MUST HAVE BEEN A MEMBER OF THE SENECA-CAYUGA NATION FOR NO LESS THAN (20) YEARS.

Tribal Elders will be allowed up to \$2,500 each fiscal year (up to 10 monthly disbursements of \$250 per month).

All disbursements are dependent on funding availability. All applications will need to be submitted on the 1st of the month or after. No early submissions for the next month or months will be accepted. One submission per month will be accepted.

☐ IF you have a new address, check this box to update your address with ALL departments of the Nation.

☐ Check this box if you have been an enrolled tribal member for at least 20 years.

Are you 55 years or older? ☐ YES ☐ NO

Applicant: _____

AGE: _____

Roll # _____

DOB: _____

Address: _____

City

State

Zip

E-mail # _____

Phone # _____

I swear and affirm that all the information listed on this document is true and correct. Any tribal member found to be defrauding the Seneca-Cayuga Nation Benefit Program will be suspended indefinitely. Disrespectful behavior to Seneca-Cayuga Nation employees shall also be cause for suspension. By signing the below you agree to these terms.

Applicant Signature_____
Date

The Tribal Elders must provide ALL the listed information to the Seneca-Cayuga Nation Benefit Department

BELOW IS A LIST OF DOCUMENTATION NEEDED FOR COMPLETION OF THIS CLAIM AND MUST BE SUBMITTED WITH THIS APPLICATION

_____ Copy of the Tribal Membership Card

_____ Tribal Elder Reimbursement Expense Certification Form OR copy of all receipts, bills, or other quotes. EBT purchases will not be reimbursed.