GS-TA16-01; effective: 03.17.16

Application Received _____

Iowa Tribe of Oklahoma
Tribal Assistance Program
335588 E 750 Rd. Perkins, OK 74059

Phone: (405) 547-2402
Fax: (405) 939-1020
Email: tribalassistance@iowanation.org

Iowa Tribe of Oklahoma
Tribal Assistance Program
Assistance Request

Sign application and provide **all** information. Incomplete applications will not be processed.

Name of Applicant _____ Roll #_____
First Middle Last

Address _____
Street or P.O. Box City State Zip

DOB _____ Phone# _____ Email Address_____

***Please indicate which assistance you are applying for:**

___ Household Assistance
___ Elder Assistance
___ Veteran Assistance
___ Hardship (Household) Assistance
___ School Expense Assistance
___ School Expense - gift cards
___ High School Senior Assistance
___ College Expense Assistance
___ Education Incentive
___ Hearing Aid Assistance
___ Burial Assistance
___ Burial Assistance - Infants

Below, list each vendor and the amount you would like to pay. Total request cannot exceed current assistance balance. Refer to TAP Policy & Procedure for further information.
http://bahkhoje.com/native-services/tribal-assistance-program

_____

_____

_____

_____ _____
Signature (Parent or Guardian if applicant is under 18) **Date**

By signing this application, I indicate that I have reviewed the Tribal Assistance Program Policies & Procedures and agree to abide by them.

Any fraudulent activity will be subject to prosecution.

FOR OFFICE USE ONLY – FUND EXPENSE CODE 0100 900

Balance: $_____ J-J___ J-D___

Action: Approved_____ Denied_____ Reason for Denial _____

Pay To: _____ Amount To Be Paid: $_____

Processed By: _____ Date: _____

Tracking number: _____

___**Check here to request your check be picked up at the Tribal complex (instead of mailed to the vendor).**