



ELDERLY ENERGY ASSISTANCE PROGRAM

APPLICATION INFORMATION

For the Chickasaw Nation to determine an applicant's eligibility to receive elderly energy assistance, this application will be completed and submitted with the required documentation. The elder energy assistance program will assist an eligible applicant twice a year, once in the summer and once in the winter. The applicant will submit a separate application and documentation for each request for assistance. If you are eligible for this program and funds are available, payment will be made to the vendor and you will be notified.

An applicant who is determined ineligible for assistance will be notified of ineligibility.

Note: An applicant may or may not be the head of household.

APPLICATION REQUIREMENTS

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| 1. Provide a copy of the Chickasaw Nation citizenship card. |
| 2. Applicant must be 60 years of age or older. |
| 3. Provide a copy of the utility bill. |

Completed application can be mailed or sent by fax to:

Area offices:

Addresses and contact information:

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| <input type="checkbox"/> Ada | 231 Seabrook Road / P.O. Box 1548 / Ada, Oklahoma 74820
(580) 436-7256 / FAX (580) 436-2109 |
| <input type="checkbox"/> Ardmore | 949 Locust / Ardmore, Oklahoma 73401
(580) 226-4821 / FAX (580) 226-6732 |
| <input type="checkbox"/> Duncan | 1911 W. Plato Road / Duncan, Oklahoma 73533
(580) 470-2131 / FAX (580) 470-2129 |
| <input type="checkbox"/> Oklahoma City | 4001 N. Lincoln / Oklahoma City, Oklahoma 73105-5206
(405) 767-8971 / Toll Free 1-866-466-1481 / FAX (405) 767-8968 |
| <input type="checkbox"/> Pauls Valley | 220 N. Chickasaw / Pauls Valley, Oklahoma 73075
(405) 207-9883 / FAX (405) 207-9876 |
| <input type="checkbox"/> Purcell | 1430 Hardcastle Blvd. / Purcell, Oklahoma 73080
(405) 527-4973 / FAX (405) 527-8058 |
| <input type="checkbox"/> Sulphur | 4970 W. Highway 7 / P.O. Box 538 / Sulphur, Oklahoma 73086
(580) 622-2888 / FAX (580) 622-7102 |
| <input type="checkbox"/> Tishomingo | 815 E. 6th Street / P.O. Box 192 / Tishomingo, Oklahoma 73460
(580) 371-9512 / FAX (580) 371-3845 |

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APPLICANT INFORMATION:

First name:	Middle name:	Last name:	Suffix:
Mailing address:		City:	State: ZIP:
Physical address:		City:	State: ZIP:
Home phone:	Cell phone:	Message phone:	
Social Security number:	Birth date:	Email:	

HOUSEHOLD INFORMATION:

PLEASE LIST EVERYONE WHO LIVES IN THE HOUSE

Name

First, middle, last, suffix

VETERAN STATUS:

Veteran

Veteran Verification Documents:

- DD214 or NGB22
- State issued driver's license with veteran logo
- Retired Military Identification card
- VA (Veterans Affairs) Identification card
- VA benefits letter or other documents

I declare that the information I have given in this application is true and correct, and that I will cooperate with the Chickasaw Nation should my application become part of a quality control/audit review. I hereby authorize the Chickasaw Nation to make any necessary investigations to other social services agencies of my household verification or other information regarding my eligibility. If my request for assistance is denied despite meeting the eligibility requirement, I have the right to appeal this decision and will request this in writing to the area office where my application was processed within 30 days of the date of denial, or waive my rights to a hearing.

Signature of applicant

Date

Resource specialist

Date

The Chickasaw Nation Social Services Division and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application will be considered "Confidential Information" and will not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.