



**PLEASE PRINT**

Name \_\_\_\_\_ Enrollment# \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE READ CAREFULLY:** Parent/Guardians are responsible for submitting their minor child's receipts. A name must be on each receipt. All cut off notices for utilities will take 10-15 days before a check is issued to utility vendor. This program cannot rush checks for cut off notices.

**~NO REIMBURSEMENTS WILL BE MADE~  
CHOOSE ONE ITEM ONLY**

**Minors (under 18) cannot apply for utilities. Submit an invoice or bill and attach to application if you apply for GLASSES, HEARING AIDS, DENTURES AND UTILITIES.**

- GLASSES **\$200**
- HEARING AIDS **\$400**
- DENTURES **\$400**
- FOOD **\$90.00**
- CLOTHING **\$100.00**
- UTILITIES **\$150.00** A utility bill must be attached with application,

*I certify that the enclosed information is true to the best of my knowledge. I understand that receipt(s) for food & clothing will be submitted to the Social Services Department; otherwise I will not be eligible until the following fiscal year. In regards to a minor child: I understand that if requested by the Delaware Nation Social Services to submit supportive documentation stating proof of legal custody of said minor child, it will be furnished. It is further understood that if supportive documents are not submitted then I will not be eligible for this program.*

**OFFICE USE ONLY**

\_\_\_\_\_  
**PRINT NAME (Parent/Legal Guardian)**

Approved \_\_\_\_ Denied \_\_\_\_

\_\_\_\_\_  
**Signature (Parent/Legal Guardian)**

\_\_\_\_\_  
**Date**

Amount \$ \_\_\_\_\_

\_\_\_\_\_  
**Social Services Department**

\_\_\_\_\_  
**Date**