



## **SERVICES-AT-LARGE 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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| <b>1. Provide a copy of the Chickasaw Nation citizenship card.</b> |
| <b>2. Applicant must be 60 years of age or older.</b>              |
| <b>3. Provide a copy of utility bill.</b>                          |

Completed application can be mailed or sent by fax to:

**Oklahoma City Area Office  
4001 North Lincoln  
Oklahoma City, Oklahoma 73105-5206  
Phone: 405-767-8971 / Toll Free: 866-466-1481  
Fax: 405-767-8968**

**SERVICES-AT-LARGE ELDERLY ENERGY PROGRAM  
ASSISTANCE APPLICATION**

**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.