

## **Important things to remember**

(This program is not funded by grants)

### **All dates of service must be on or after January 1, 2022**

- X **All Claims** must be submitted within this funding cycle. As a reminder, the end of the **year is the last day in December** at the close of business. Any claims submitted after this date regardless of the date of service will be returned to you and will be your responsibility.
- X You must be an enrolled member of the Quapaw Nation to be eligible to apply for and receive services. **Quapaw Nation members will be eligible for services after date of enrollment and all dates of service must be on or after date of enrollment.**
- X **Due to the rapid growth of our nation, the Quapaw Nation Business Committee has clarified the language of the resolution that took effect January 1, 2012. All new enrollees to the Quapaw Nation Roll, excluding infants enrolled before his/her first birthday, are eligible for services provided by the Social Services/Higher Education Programs and Quapaw Nation Member Insurance Plan 12 months from date in which he/she was enrolled with the Quapaw Nation.**
- X *Please allow at least 30 days for your claim to be processed. Therefore, calling either the social services department or accounting staff inquiring as to the status of your claim before the 30 days actually creates a setback for the departments in processing your check.*
- X *You must submit a separate application for EACH Quapaw Nation member. Please do not put more than one person per application. When doing this it only takes longer to separate and determine the correct amounts for each Quapaw Nation member.*
- X *If you do call to inquire about your balance it is VERY IMPORTANT to have your ROLL NUMBER ready when you call.*
- X All claims must be sent through the U.S. mail or hand delivered to the tribal office. No faxes or copies will be accepted.
- X You may find all this information along with other programs on our website at [www.quapawnation.com](http://www.quapawnation.com) under programs.

- X **Penalties.** In the event the Quapaw Nation Social Services Department (QNSSD) and/or the Business Committee determines that benefits or services under this program have been obtained or used improperly or fraudulently, the QNSSD may penalize the applicant or recipient, or other party involved, accordingly, including but not limited to by issuing a warning and/or by denying services or benefits hereunder, including for a specific period of time, and/or by requiring the reimbursement of sums improperly paid or received and/or by seeking civil penalties, including but not limited to obtaining damages for the monies or value of services improperly paid or received, with interest, and/or by pursuing criminal penalties.
  
- X **Actions relating to Benefits and Services; Hearings.** In the event the Quapaw Nation Social Services Department determines that benefits or services under this program have been obtained or used improperly or fraudulently, or in the event the QNSSD determines that benefits or services hereunder should be discontinued or reduced, notice of such a finding shall be provided to the affected recipient, and such recipient shall be afforded a reasonable opportunity to respond to the QNSSD findings. Under usual circumstances, a recipient will be allowed at least ten (10) business days advance notice to respond before the QNSSD makes a final determination on action to be taken. At its sole discretion, and based upon the circumstances, the QNSSD may schedule a hearing, at which the affected recipient may appear and present a response and evidence, or the QNSSD may make a final determination based upon the submission of a written response by the affected recipient. The QNSSD shall make a written decision on the matter setting forth the factual and legal basis for the decision and setting forth the penalty, if any, to be imposed. The QNSSD final decision shall be served on the applicant or recipient.
  
- X Each Quapaw Nation member must have a **notarized** consent/release of information form on file for any person other than a parent/legal guardian of a minor, or a Quapaw Nation member unable to make transactions on their own behalf. These forms can be requested from the office.
  
- X On all applications please fill out all information. Phone numbers are required so if we have questions about the application, we can reach you in order to process your application quickly. Any incomplete applications will be returned to you for completion and not considered for payment until it is received back in our office.
  
- X Bills that are sent in must be the complete bill and have all information on them, date of service, vendors name, address, phone number, Quapaw Nation member's name, account number and amount paid or due.
  
- X Appeal. In the event an applicant feels they have been denied services unfairly, they must appeal in writing to the Quapaw Nation Social Services Department within thirty (30) days after the written decision of the QNSSD is received by the applicant or recipient of benefits or services. All appeal decisions made by the Quapaw Nation Social Services Department will be final.  
**This does not apply if the annual funds have been depleted.**

2022

**Utility Assistance**

\$1200.00 (64 & Under) (Head of Household)

\$1500.00 **(65 & over) Must be 65 By January 1<sup>st</sup>**- (Head of Household)

This service is limited to the **Head of Household**. Head of household is defined as the person who applies for the assistance. If there is **more than one Quapaw** in the household, then the rest of the Quapaw Nation members will NOT BE ELIGIBLE. If a minor child is living with a nonmember parent and they are the only Quapaw or the eldest child, then they will be considered head of household.

**\*\*** If a minor child is living with a nonmember parent or legal guardian you must submit legal documentation stating placement of said minor child at the beginning of each funding cycle to be eligible to use services. **LEGAL DOCUMENTATION:** All legal documentation must come from the court and have a court Seal/Stamp with the case number and date on the document. In the event that a court stamped document is not available, other legal documentation will be reviewed by the social services department on a case-by-case basis to determine eligibility.

**Utility Assistance is described as the following:**

**NATURAL GAS/PROPANE---- ELECTRIC ---- WATER--- SEWER/SANITATION--- UTILTIY DEPOSITS**

***This service is for current incurred costs on active accounts. Inactive accounts will not be paid. Please submit your utility bills monthly. This service is PAY TO VENDOR ONLY for Head of Household's primary residence. NO reimbursements. We do not pay late fees or reconnect fees. We do not pay cell/phone, cable, internet bills.***

***Please submit the following:***

- \_\_\_ Completed Application (signed and dated)
- \_\_\_ Original **Bill** (Complete with payment stub and dates of service. Submitting just the bottom portion of a bill will not be accepted.) We do not accept copies or faxes.
- \_\_\_ If the bill is in your **Spouse's name**, please complete the **spouse form** and send a copy of **Tribal members Valid State Issued Photo ID**, valid until ID expires or there is a change in status.
- \_\_\_ If you are the **Custodial Parent** of a **minor child**, please complete the **Custodial Parent Form** and attach **legal documentation**, send a copy of your **VALID State Issued Photo ID** with **physical address** matching the utility bill address to verify proof of residency. We will pay **30 days** from the **ID issue date forward**. Any **amount due prior to your ID issue date** is the responsibility of the landlord/roommate.
- \_\_\_ If the bills are in your **Landlord/roommate's name** then you must complete the **Landlord/roommate** form. You will need to submit **a notarized copy of your lease** and a copy of your **Valid State Issued Photo ID**. It must have a physical address on it to reflect the address on the utility bill. **We will pay 30 days from the issue date forward**. Landlord/roommate is responsible for any amount **prior** to issue date.
- \_\_\_ **If the utilities are included in your rent** you must provide a **notarized copy of your lease/rental agreement**, it must include the name of a contact person, a phone number and remittance address. Complete the **landlord/roommate** form and provide a copy of your **Valid State Issued Photo ID** with physical address. To received utility assistance, you must apply each month. The allotted utility amounts will be divided by 12 to determine amount payable.

**\*\* ID Issue Date:** \_\_\_\_\_

**Expires:** \_\_\_\_\_

2022

Quapaw Nation Social Services  
**UTILITY ASSISTANCE APPLICATION**  
P.O. Box 765 \* Quapaw, OK 74363  
(January 1, 2022 to December 31, 2022)

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Email: \_\_\_\_\_

Roll# \_\_\_\_\_ Phone# \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing address: \_\_\_\_\_

**ALL CLAIMS ARE PAY TO VENDOR ONLY**

(Office use only)

		Quapaw Nation Member	Roll Number	Amount
<u>Date Received</u>	Utility Assistance			
<u>Action</u>	<b>64 &amp; Under</b>			
<u>Balance</u>	\$1200.00			

		Quapaw Nation Member	Roll Number	Amount
<u>Date Received</u>	Utility Assistance			
<u>Action</u>	<b>65 &amp; Over</b>			
<u>Balance</u>	\$1500.00 (Must be 65 by January 1 <sup>st</sup> )			

All applications must be hand delivered, mailed or emailed to the Tribal office. If you don't have enough funding to pay your entire utility bill, please **do NOT send a check to the Tribal office for the balance due.** Please send it **to your Utility Vendor.** Thank you.

\_\_\_\_\_  
Quapaw Nation Member/Parent/Guardian's Signature

\_\_\_\_\_  
Date

2022

**Landlord or Roommate Form**

(This form must be signed by the Landlord/Roommate)

Name of Tribal member: \_\_\_\_\_ ROLL# \_\_\_\_\_

Name of Landlord or Roommate: \_\_\_\_\_

Relationship to Quapaw Nation member: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

**ID Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_**

*You must submit a **NOTARIZED** copy of your lease/rental agreement with your application. If utility bill is **not** in your name you **must bring in a copy of your Valid State Issued Photo ID** with current physical address to verify proof of residency at the billing address on utility bills. This needs to be updated at the beginning of each funding cycle. **ID must reflect that you have lived there for at least 30 days.** We will pay current bill only, beginning 30 days after the issue date on your drivers' license. Any past due amounts are the responsibility of the landlord or roommate.*

Are utilities included in rent? Yes No

If yes, please explain breakdown:

\_\_\_\_\_  
Please list the name and address of where payments will need to be sent if utilities are included in the rent.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City St Zip

*By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.*

\_\_\_\_\_  
**LANDLORD OR ROOMMATE'S SIGNATURE** **CONTACT PHONE NUMBER**

Please submit this form to the following address:  
Quapaw Nation  
Attention: Social Services Department  
P.O. Box 765  
Quapaw, OK 74363

**2022**  
**NON-TRIBAL CUSTODIAL PARENT FORM**

(This form must be completed by custodial parent)

Name of Tribal Member: \_\_\_\_\_ ROLL # \_\_\_\_\_

Name of Custodial Parent/Guardian \_\_\_\_\_

Name of person on bill \_\_\_\_\_

Relationship to tribal member: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**ID Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_**

Custodial parent **must provide a copy of your Valid State Issued Photo ID**, with current physical address to verify proof of residency at the billing address on the utility bills. This form needs to be updated at the beginning of each funding cycle.

Custodial parents must also provide the Social Services department with a copy of their legal **documentation** showing the nontribal parent or guardian has custody of minor child.

**(See utility guidelines)**.

*By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.*

\_\_\_\_\_  
(Custodial Parent's Signature) (Contact Phone Number)

Please submit this form to the following address:

Quapaw Nation  
Attention: Social Services Department  
P.O. Box 765  
Quapaw, OK 74363

2022

**SPOUSE FORM**

(This form must be signed by spouse)

Name of Tribal Member: \_\_\_\_\_ ROLL # \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**ID Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_**

If the utility bill is ***not*** in your name but it's in your spouses, you must bring in **a copy of your Valid State issued Photo ID** with your current physical address to verify proof of residency at the billing address. **Once we have this form on file you will not need to submit one each funding cycle unless there are changes in your information or your ID expires.**

*By signing this form, I declare that the information above is true and correct. I understand any false information is grounds for penalty by law.*

\_\_\_\_\_  
(Spouse's Signature) (Contact Phone Number)

Please submit this information to the following address:

Quapaw Nation  
Attention: Social Services Department  
P.O. Box 765  
Quapaw, OK 74363