



# Peoria Tribe

## Elder Care and Disability Reimbursement Program

### Policies and Procedures

# Elder Care and Disability Reimbursement Program

## Program Description

The Peoria Tribe of Indians of Oklahoma has established a program to aid the elderly population that could benefit from an additional funding source to supplement their households, and/or disability needs, without restricting or interfering with other government programs.

The Elder Care and Disability Reimbursement Program (ECDRP) will make available up to \$2500 per fiscal year (April 1st- March 31st) for eligible tribal citizens. Application must be post marked by March 31<sup>st</sup> to be eligible for reimbursement for that fiscal year. (Deadline March 31<sup>st</sup>) Each eligible tribal citizen may only choose from either the Elder Care portion or the Disability portion of the program to receive reimbursement, being limited to 3 requests for services per fiscal year, (April 1<sup>st</sup>-March 31<sup>st</sup>) not to exceed maximum total of \$2500. All denied benefits or disputes will be reviewed by a 3-person Review Committee comprised of the Tribal Administrator and 2-administrative staff members for the final answer. Individuals will not be permitted to receive benefits as both “elderly” and “disabled.” **Applicants may only utilize one program. (Elder Care portion or Disability portion)**

## Qualifications Criteria:

- Individual must be a **current enrolled living citizen** of the Peoria Tribe of Indians of Oklahoma, evidenced by Tribal Enrollment Card to receive benefits.
- For Eldercare applicants: Eligible tribal citizen must be **65 years or older**, evidenced by a valid government issued Photo I.D. to receive benefits.
- For Adult Disability applicants: Eligible adult tribal citizen must provide an award letter or benefit statement from the Social Security Administration (dated within the last 90 days), to receive disability benefits with each submission. **No other proof of disability will be accepted.** If an adult citizen is disabled but is not eligible for SSI because you are over income, you will need to request a letter from SSI stating you are disabled but over income. They will give you a letter stating the reason if the letter is requested. Please request one.
- For Minor Disability applicants: Eligible minor tribal citizen must provide an award letter or benefit statement from the Social Security Administration (dated within the last 90 days), to receive disability benefits. Minor individuals already receiving Disability Social Security or Supplemental Security Income (SSI) benefits payable to a representative payee, will be

eligible for the tribal reimbursement program. All payments will be made to the **representative payee** as designated on the SSI records. **No other proof of disability will be accepted.** If the applicant is a minor citizen who is disabled but is not eligible for SSI because the parents are over income, you will need to request a letter from SSI stating the child is disabled but the parents are over income. They will give you a letter stating the reason if the letter is requested.

### **Eligibility for Reimbursement:**

- An approved complete application **signed by the applicant or a legal representative** must be on file. A new application, with a valid government issued photo ID, is to be submitted with each request during the fiscal year. Each bill/invoice submitted for reimbursement **MUST** list services of goods provided.
- The submission date of the application will be the date the application is received at the Tribal office.
- **ORIGINAL RECEIPT(s)** (Receipts must be legible) must be sent to the tribal office and be dated within the fiscal year of application date.
- All receipts must show the date and amount of transaction to coincide with the bill or invoice submitted. There may be times when a receipt will have the information needed on the bill...example: previous payment amount and date. The date the bill is paid will be the paid date. The paid date must fall within the fiscal year.
- All receipts must come from the vendor or service provider, contain the vendor's contact information, and a detailed summary of product(s) and services. If your bill is stamped as paid by the vendor, then it may be used as the bill and receipt. Personally writing the check number and date on the bill is not a receipt.
- If the bill is automatically withdrawn from your checking account, you may submit a copy of your checking account statement with that payment highlighted. You may mark out any other personal information on the bank statement.
- If your bills are automatically withdrawn from your checking account, you must still submit the bill or invoice that corresponds with the information withdrawn.
- Eligibility for both programs cease upon tribal citizen's death.
- Please only submit the bills and proof of payment for reimbursement (\$2500.00). There is no need to send in a years' worth of all your bills.
- Reimbursement will be based on the amount paid as shown on proof of purchase/receipt on eligible expenses.

### **Eligible Expenses:**

#### **Insurance and Taxes:** (For Tribal citizen only)

- Life Insurance
- Homeowner's Insurance
- Automotive Insurance

- Healthcare Insurance
- Personal Content Insurance for renters
- Property Tax

**Note: ALL insurance or proof of ownership of property must be for the tribal citizen only and in the name of the eligible tribal citizen to qualify for payment.** If it is not in the eligible tribal citizen's name, the address must match. (Example: Automotive insurance is in your spouse's name, but the address is the same on your valid Government Issued Photo ID)

### **Utilities:**

- Electric
- Natural gas
- Propane
- Wood/pellets for heating purpose
- Water
- Trash services
- Sewer
- Telephone services
- Rent (may use lease as the bill)
- Mortgage Payments
- Internet

**Note: ALL utilities must be in the name of the eligible tribal citizen to qualify for payment. If the utilities are not in the eligible tribal citizen's name, the address must match.** (Example: Electric bill is in your spouse's name, but the address is the same on your valid Government Issued Photo ID)

### **Health Care Expenses:**

- Prescription eyeglasses
- Dentures
- Medical Alert Service
- Prescription medication must be filled and dispensed by a licensed pharmacist pharmacy. Due to the Tribe having federal funding, no form of cannabis will be eligible for reimbursement.
- Health care deductibles
- Physician prescribed ambulatory product (wheelchair, cane, walker)
- Hearing aids
- Miscellaneous items prescribed by a physician for health purposes.
- Home Health (Must be from a State or Tribal certified agency)

**Note: ALL prescriptions and deductibles must be in the name of the eligible tribal citizen to qualify for payment.**



# PEORIA TRIBE

OF INDIANS OF OKLAHOMA

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## Elder Care & Disability Reimbursement Program Application

Tribal Citizen Name: \_\_\_\_\_  
Please print: (as it appears on citizenship card) (First) (Middle) (Last)

Address: \_\_\_\_\_  
City/State/Zip Code

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

**(Only 3 applications will be accepted per tribal citizen per fiscal year)**

**Fiscal year period: April 1<sup>st</sup> of one year through March 31<sup>st</sup> the following year**

Tribal Roll #: \_\_\_\_\_ Birth date: \_\_\_\_\_

(Attach copy of citizenship card)

Program Applying for: (check one) **Elder Care:** \_\_\_\_\_ **Disability:** \_\_\_\_\_

Total of attached receipts: \$ \_\_\_\_\_

### **MUST BE ATTACHED: (check list below)**

Copy of Tribal Citizenship Card

Copy of Photo I.D.

Original Bill or Invoice listing items or services provided.

**Original RECEIPTS** listing payment to coincide with items or services provided (stated in guidelines)

**Disability applicants will also need:** (award letter dated within last 90 days)

Award Letter, Benefit Statement or Determination of Disability documentation.

I hereby give permission to the Tribal Programs Specialist to verify my Tribal enrollment with the Tribal Enrollment Office.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE/OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Citizenship confirmed: \_\_\_\_\_ Reimbursement Requisition \_\_\_\_\_ Check mailed \_\_\_\_\_