



# 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 citizen. Each eligible tribal citizen may only choose from one program to receive reimbursement, being limited to 3 requests for services per fiscal year, not to exceed maximum total of \$2500. All denied benefits will be reviewed by a 3-person Review Committee comprised of the Chief and 2 accounting staff members. Individuals will not be permitted to receive benefits as both “elderly” and “disabled.” **Applicants may only utilize one program.**

## 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.
- Eligible tribal citizen must be **65 years or older**, evidenced by a Photo I.D. to receive benefits.
- Eligible **adult** tribal citizen must provide an award letter or benefit statement from the Social Security Administration (dated within last 90 days), to receive disability benefits. **No other proof of disability will be accepted.**
- Minors or other disabled individuals already receiving Disability Social Security or SSI benefits payable to a representative payee, will be eligible for tribal reimbursement program. All payments will be made to the **representative payee** as designated on SSI records. **Minors not receiving SSI benefits must have documentation of state or federal Determination of Disability to receive reimbursement.**

## **Eligibility for Reimbursement:**

- An approved application **signed by applicant or legal representative** must be on file. A new application is to be submitted each fiscal year.
- Submission date of the application will be the date the application is received at the Tribal office.
- **ORIGINAL RECEIPT(s) (not copies)** must be sent to the tribal office and be dated within the fiscal year of application date.
- All receipts must show date and amount of transaction with description of product(s) and services.
- 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.
- Eligibility for both programs cease upon tribal citizen's death.

## **Eligible Expenses:**

### **Insurance and Taxes:**

- Life Insurance
- Homeowner's Insurance
- Automotive Insurance
- Healthcare Insurance
- Personal Content Insurance for renters
- Property Tax

**Note: ALL insurance/proof of ownership of property must be in the name of the eligible tribal citizen to qualify for payment.**

### **Utilities:**

- Electric
- Natural gas
- Propane
- Water
- Trash services
- Telephone services
- Rent
- Mortgage Payments

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

## **Health Care Expense:**

- Prescription eyeglasses
- Dentures
- Medical Alert Service
- Prescription medication
- Health care deductibles
- Physician prescribed ambulatory product (wheelchair, cane, walker)
- Hearing aids
- Miscellaneous items prescribed by a physician

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

**(Only 3 applications will be accepted per tribal citizen per fiscal 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 RECEIPTS** of Purchases for items or services (stated in guidelines)

**Disability applicants will also need:**

☐ 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 \_\_\_\_\_