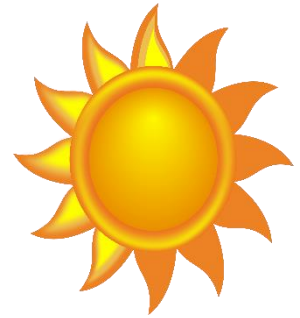


PEORIA TRIBE
OF INDIANS OF OKLAHOMA

APPLICATION
OKLAHOMA ELDER SUMMER REIMBURSEMENT
PROGRAM

PO BOX 1527 MIAMI, OK 74355
(918)540-2535
FOR QUESTIONS, PLEASE ASK FOR MANDIE



Tribal Citizen Name: _____

Address: _____

City/State/Zip Code

Phone Number: _____

(Only 1 application will be accepted per eligible tribal Citizen, 65 years old and older)

Tribal Roll #: _____ Birth date: _____

(Attach copy of membership card)

Reimbursement Applying for: (check one) Bills or receipts only for months of MAY 2021-AUG 2021

Electric/Utility/Water Bill _____ Air cooling machine/system _____ Fan/Fans _____

Total of attached receipts: \$ _____

MUST BE ATTACHED: (check list below)

____ Copy of Tribal Membership Card.

____ Copy of a current and valid Oklahoma State DL or other government issued ID with Date of Birth.

____ Bill as proof of residency. (Must have elders name and address)

____ **Original RECEIPTS/BILLS** for only Purchased items or services (stated in guidelines)
Bills or receipts only for months of MAY 2021- AUG 2021

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: _____ Membership Confirmed: _____ Reimbursement Requisition: _____ Check Mailed: _____