



Phone: 918-791-6025
Fax: 918-786-9245

Benefits Department
PO Box 453220
Grove, OK 74345

Email:
benefits@sctribe.com

SOCIAL SERVICE APPLICATION

Submit to the above Address – “Attention: Benefits”

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

Social Service Funds are Paid at a Maximum of **\$1,000.00** per Fiscal Year depending on funding availability. **This form is for NON-ELDERS only.**

If you have a new address, check this box to update your address with ALL departments of the Nation.

Date

Name		Roll #	Date of Birth
Address		City/State	Zip Code
Phone Number	Cell Number	Work Number	
Email Address			

Please mark the type of social service assistance and amount you are requesting:

1. Medical Incapacity/Job Layoff/Job Closure: _____
2. Damage to home/Major household appliance: _____
3. Unsafe condition in Home: _____
4. House Payment/Rent/Utilities: _____

(W-9's are required from all vendors as well as lease agreements.)

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Benefits Department of any changes in the above information.

PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned tribal member do hereby give my permission for the release of vendor information to the Seneca Cayuga Nations Benefit Department. This shall include, but not be limited to landlord payments, landlord leases, dental, vision, optical receipts, utility vendors, and any other documents submitted. Any tribal member found to be defrauding the Seneca Cayuga Nation Benefit Program will be suspended indefinitely. Disrespectful behavior to Seneca Cayuga Employees shall also be cause for suspension.

Printed Name of Applicant or Guardian _____ Date _____

Signature of Applicant or Guardian _____ Date _____

The following documents MUST be Submitted with this Application.

Handwritten letters will NOT be accepted as a supporting document.

1. Completed Application
2. Copy of Applicant's Tribal Card
3. Statement of Need
4. All documentation pertaining to the assistance for which you are applying.

Note: All Layoff/Unemployment Benefits/SSI Benefits **documents MUST be** an Official Company document.

Note: All statement/bills/receipts/documents **MUST be in the Applicant's Name.**