

**HEALTH &
SOCIAL
SERVICES
BENEFITS
MANUAL
FISCAL YEAR
2023**

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GENERAL INFORMATION – The Eastern Shawnee Tribe of Oklahoma’s Health & Social Service Program is funded by tribal business ventures. The program offers assistance for school expenses, healthcare, burial, utilities/emergency assistance and elder/disabled care needs for all tribal members. The program operates on a tribal budget that has a maximum payment on each service that has been set by the Business Committee. The program follows a 1st come 1st serve basis. The program operates on the fiscal year (October 1 – September 30.) The guidelines and requirements for this program are as follows:

- ❖ *All claims must be submitted within 90 days from the date of service or insurance payment and must be submitted or postmarked on October 31st to be processed for that fiscal year. Any claims submitted after 90 days will be returned to you and will be your responsibility. **All claims shall be subject to the availability of funds.***
- ❖ *Only enrolled members of the Eastern Shawnee Tribe of Oklahoma are eligible to apply and receive services from this program. Future tribal members will be eligible for services after date of enrollment and all dates of service must be on or after enrollment date. Services are for every member regardless of income, age or residence, unless stated otherwise. Payments will be made to the parent/guardian who is able to furnish documentation to prove legal guardianship and residency of the child/children*
- ❖ *All tribal members must have an **Authorization to Release Information** form on file. In order to release certain information to family members, an **Authority to Release Information to a Designated Individual** form must be on file*
- ❖ *Payments will be made to vendors when at all possible. **This does not include utilities**, unless stated otherwise. However, applicants paying for services at time of service can be reimbursed upon receipt of a paid invoice. If you have health insurance, file all claims with your insurance company first. We will reimburse only your out-of-pocket expenses*
- ❖ *For reimbursement of expenses, complete a **Reimbursement Request** form and attach ORIGINAL documentation along with proof of payment. Documentation must show the business name with date of service or purchase. DO NOT highlight or write on any receipts as they could be considered altered and will not be processed. For direct payment to vendors, complete a **Direct to Vendor Payment** form and attach ORIGINAL billing statement. Make copies of all your paperwork for your records as originals will not be returned. There is a **\$25 minimum** check amount on each claim submitted*
- ❖ ***Please allow a minimum of 30 days for your claim to be processed for a reimbursement check to be issued.** The Health & Social Service Department and the Accounting Office both encounter tremendous work load requirements. Calling staff inquiring as to the status of a claim only creates a setback for the Departments in completing other tribal members claims in the time allotted*
- ❖ *There is a \$25 fee for each stop payment request that is processed. If a stop payment of check is required, the tribal member agrees to hold the Eastern Shawnee Tribe harmless for the stop payment fee. The Eastern Shawnee Tribe will not be responsible for any fees due to inadvertence on the tribal members’ part. Tribal members have the option of **Direct Deposit**. Complete the **Credit Authorization** form for this service*
- ❖ *Any person willfully attempting to defraud the Eastern Shawnee Tribe will not be considered for any services of this program. The Business Committee reserves the right to revoke, suspend, or terminate the eligibility of any tribal member for a period of time to be determined and set forth by the Committee*

SUBMITTING YOUR CLAIM

For reimbursement or direct payment of expenses, complete either the **Reimbursement Request** or the **Direct to Vendor Payment** form along with your ORIGINAL paperwork. Members should collect their claims and send them in once a month. **Do not highlight or write on the receipts**, as they could be considered altered and will not be processed. Receipts must show the business name with date of purchase. Direct payment to a vendor must show the name of the tribal member, address and telephone number of the facility, type of service received, date of service and all charges. The entire original bill for payment to vendor is required. Submitting just the bottom or top portion of a bill will not be accepted.

You must file your claims with any **Primary** provider first. The program will only pay or reimburse for out-of-pocket expenses incurred from the unmet expenses not paid by the primary provider. Funds can be used only after all other resources have been exhausted. Failure to comply with alternate resource policies may result in denial of future services. Any duplicate payments made by Health & Social Services and a primary provider must be returned to the Eastern Shawnee Tribe of Oklahoma. Failure to reimburse the tribe may result in denial of future services.

Some benefits require more than just a receipt or a direct to vendor payment form. The following are additional documentation that must be enclosed with your request:

- School supply expenses must be accompanied by the school supply list provided at the beginning of each school year. Expenses must be on a separate receipt from your regular purchases
- Healthcare expenses must be accompanied by your insurance Explanation of Benefits (EOB) and proof of payment to healthcare facility
- You must supply an explanation from the doctor as to a medical necessity for special medical equipment/supplies or orthodontics. Keep in mind that over-the-counter and homeopathic medicines do not apply
- The customer/duplicate prescription receipt or pharmacy printout must be provided. No cash register receipts
- Burial expenses must be accompanied by a copy of the death certificate and/or the **original** state certified birth certificate that proves the paternal/maternal relationship for a non-enrolled child
- Rental agreement and landlord statement must be provided for rental and move-in assistance
- Landlord/Roommate form must be on file if utility statements are not in tribal members name

FORMS

Enclosed you will find the following forms to process your claims...

~Benefit Claim Form

~Direct to Vendor Payment

~School Expense Form

~Authorization to Release Form

~Financial Power of Attorney

~Authorization to Designate Individual

~Authorization to Designate Individual

~Landlord/Roommate Utility Form

~Credit Authorization (Direct Deposit)

FRAUDULENT SANCTIONS POLICY

The Eastern Shawnee Tribe of Oklahoma is a federally recognized Indian tribe; therefore theft of funds from the tribe is a criminal offense, which is punishable by law. This policy was created in order to protect the trust tribal members have placed in the staff of the Eastern Shawnee tribal office and conduct the Health & Social Service programs with integrity. This will insure that funds continue to be available to all the tribal members who have needs and qualify for Health & Social Service benefits. The following actions will occur with any fraudulent claims submitted...

- **ATTEMPTED FRAUD** – Warning with denial of claim package that contained fraudulent material. Multiple attempts shall result in the review of suspension of services
- **PROVED FRAUD** – One (1) year household suspension from ALL tribal programs, with suspension permanent until repayment of all monies are reimbursed to the tribe
- **REPEATED FRAUD** – Suspension to be determined by the Social Service Review Board. Suspension could range as far as lifetime banishment from ALL tribal programs

Any unusual or questionable claims will be reviewed by the Social Service Review Board for validity

DUAL ENROLLMENT AND THE RIGHT TO SHARE IN TRIBAL BENEFITS

It has long been the policy of the Eastern Shawnee tribe that persons who meets the membership requirements of more than one tribe may be a member of both tribes provided that the constitution, resolution, ordinance, or membership policy does not expressly exclude enrolling persons who are members of another tribe. Persons who possess these qualifications that allow them to meet the membership requirements in more than one tribe may share in the benefits of only one of them.

TITLE 18>PART 1>CHAPTER 53>§1163

EMBEZZLEMENT AND THEFT FROM INDIAN TRIBAL ORGANIZATIONS

Whoever embezzles, steals, knowingly converts to his use or the use of another, willfully misapplies, or willfully permits to be misapplied, any of the monies, funds, credits, goods, assets, or other property belonging to any Indian organization or entrusted to the custody or care of any officer, employee, or agent of an Indian tribal organization; or Whoever, knowing any such monies, funds, credits, goods, assets, or other property to have been embezzled, stolen, converted, misapplied or permitted to be misapplied, receives, conceals, or retains the same with intent to convert it to his use or the use of another – Shall be fined under this title, or imprisoned not more than five years, or both; if the value of such property does not exceed the sum of \$1,000, he shall be fined under this title, or imprisoned not more than one year, or both. As used in this section, the term “Indian tribal organization” means any tribe, band, or community of Indians which is subject to the laws of the United States relating to Indian affairs or any corporation, association, or group which is organized under any of such laws.

HOW TO PROVE LEGAL GUARDIANSHIP

If you have guardianship of a child or adult, you will need to show the documents granting that guardianship many times. This is the only way to prove legal guardianship. Below are the most common methods to prove guardianship.

METHOD 1 – PROVING BY JUDICIAL DECREE: If you were appointed as guardian by a court, provide a copy of your order or letter of guardianship that the judge signed. Keep your guardianship status

current. So long as the ward continues to need your services and the court has not released you from your appointment, you will need to maintain certain forms with the court.

METHOD 2 – PROVING BY POWER OF ATTORNEY: Show your power of attorney. In some circumstances, a parent or court-appointed legal guardian can grant a third person rights to act as a parent for limited activities, i.e., enrolling child in school, obtaining medical care for child and managing child's financial position. If your POA is terminated, you should inform anyone who has been relying upon it that you are no longer the appropriate point of contact. This may mean that you also no longer have the right to receive any of the information regarding those issues.

METHOD 3 – AFFIDAVIT OF GUARDIANSHIP: If the parent(s) appointed you as guardian for a short period of time, they may have executed an affidavit of guardianship. This document should clearly spell out the effective time of guardianship and the types of things the temporary guardian may and may not do. During the effective period of the affidavit, you will need to conduct yourself as the substitute parent and will do such tasks as make medical decisions for child, be responsible for daily care and education needs.

PROOF OF ADDRESS OR RESIDENCY

There may be at times the need for you to provide us with proof of address or residency to process a utility claim or child custody issues that may be encountered. Examples of proof include:

- Current deed, mortgage statement or a residential rental/lease agreement
- Bank or credit card statement
- Cell phone bill
- Utility statement other than one submitted
- Current homeowner's or renter's insurance policy
- Valid driver license
- Posted mail with name of tribal member
- School records

Commonly, any **two (2)** of the above-mentioned documents are required.

DENIAL APPEAL

If your claim is denied, you may appeal the decision in accordance with the following procedure...

- Step 1 -- A written appeal to the **Program Director** for reconsideration. You will have ten (10) business days from the date of the written denial to appeal the decision
- Step 2 -- If the matter is not resolved to your satisfaction in Step 1 of the appeal, you may submit within ten (10) business days a written appeal to the **Social Service Review Board**. The Board will review your request and notify you of their decision within ten (10) working days from the date of the appeal
- Step 3 -- If the applicant is not satisfied with the decision of the Review Board, a written request within ten (10) business days stating the condition of the appeal may be submitted to the Eastern Shawnee **Business Committee** for consideration at a regular scheduled Business Committee meeting. The applicant may be requested to appear at the meeting.

BENEFITS

SCHOOL EXPENSE benefits are available each fiscal year for eligible tribal member children. Kindergarten through the 12th grade, plus homeschooled tribal children are eligible for up to \$750 assistance. For child to be eligible for school expenses they must meet the following requirements...

- Child must be an enrolled Eastern Shawnee member
- Applicants applying for membership will be eligible for school expense benefits on or after date of enrollment. All school expense receipts must be dated on or after enrollment date
- Child must be attending school regularly, kindergarten through 12th grade. College students aren't eligible, therefore 12th grade funds must be spent by June 30th.

Proof of school enrollment must be provided every school year. Submit a statement from a school official on school letterhead with current school year and grade attending. Parents that are homeschooling can provide a letter from the program your child is using to be homeschooled. The letter must state the grade they are currently in along with your child's curriculum.

The full amount of benefits allocated for each child must be spent on that particular child only. Payment will be made to the persons that have been awarded primary custody/guardianship of the child/children by a court of law for all custodial cases. Custodial parents or legal guardians must provide legal documentation stating placement of children. The Eastern Shawnee Indian Child Welfare Department will be responsible in cases of exclusive jurisdiction.

Reimbursement are for school related expenses related to attendance and academics.

Allowable expenses include, but are not limited to:

School Clothing----Drivers Education----Letter Jacket (no patches)----Traditional School Supplies

Non-allowable expenses include, but are not limited to:

Animals----Cafeteria Charges----Class Ring----Class Trip----Computer/Software

Daycare----Jewelry----Junior/Senior Benefits----Music/Movies----Pajamas----Personal Hygiene Items

Pictures----Purses/Wallets----Summer School----Transportation----Tuition----Yearbook

EXTRACURRICULAR/ENRICHMENT PROGRAMS benefits are available each fiscal year for eligible tribal member children. Members through the 12th grade are eligible for up to \$250 assistance. These benefits are available for all tribal children who meet the following requirements...

- Child must be an enrolled Eastern Shawnee member
- Applicants applying for membership will be eligible for extracurricular/enrichment programs benefits on or after date of enrollment. All program receipts must be dated on or after enrollment date
- College students aren't eligible, therefore 12th grade funds must be spent by June 30th

The full amount of benefits allocated for each child must be spent on that particular child only. Payment will be made to the persons that have been awarded primary custody/guardianship of the child/children. This is a reimbursement benefit for programs in and outside the classroom that boost children's social and academic skills.

Allowable programs include, but are not limited to:

Academic Clubs----Art----Band----Choir----Dance----Graphic Design----Pottery----Scouting----Sports----
Theatre

Allowable expenses include, but are not limited to:

UPFRONT COSTS – expenses you'll need to pay just to participate.
Entry/registration/participation fees, gear, a musical instrument, or a uniform

RECURRING COSTS – ongoing expenses throughout the length of the activity.

Weekly lessons/coaching, supplies and tournament fees

Non-allowable expenses include, but are not limited to:

INCIDENTAL COSTS – expenses incurred that are indirect to the activity. Gas, meals, or motel rooms.

HEALTHCARE benefits are available up to \$1,650 each fiscal year; **Auditory** benefits are available up to \$500 each fiscal year; **Special Medical Equipment** benefits are available up to \$300 each fiscal year; and **Orthodontic** benefits are available with a LIFETIME COVERAGE benefit of \$750. These benefits are available for all eligible tribal members who meet the following criteria...

- Must be an enrolled Eastern Shawnee member
- Applicants applying for membership will be eligible for all healthcare benefits on or after date of enrollment. All healthcare expense receipts must be dated on or after enrollment date

All healthcare benefits are available for your out-of-pocket expenses after all other resources have been exhausted. Other programs or alternate resources are considered as **Primary Providers**. Other resources can consist of...

Health Insurance----Medicare/Medicaid----Dental Insurance----Vision Insurance

Workers' Compensation----Federal/State Programs----Auto Insurance----Veteran's Administration

The **healthcare** benefit is for the prevention, treatment and management of illness and the preservation of mental and physical well-being through the services offered by medical and health professionals. The customer/duplicate prescription receipt or pharmacy printout must be provided.

Allowable expenses include, but are not limited to:

Ambulance----Chiropractic Services----Dental----Eye Exam----2 Pair of Eyeglasses A Year

Contact Lenses As Prescribed----Hospital Care----Lab Work/Testing----Mental Disorders

Physician Care----Physical Therapy----Prescriptions (filled & dispensed by a licensed pharmacist)

Substance Abuse

Non-allowable expenses include, but may not be limited to:

Abortion----Administrative Costs----Missed Appointment Fee----Exercise Programs

Service/Insurance Agreement----Sex Change----Teeth Bleaching/Whitening

Travel/Accommodations

The **auditory** benefit is for auditory devices such as hearing aids. Doctor visits, tests, fittings and batteries will be included as auditory benefits.

The **special medical equipment** benefit is to help improve the quality of life for members with special needs.

Allowable expenses include, but are not limited to:

Bath/Shower Chair----Blood Pressure Unit----Cane/Crutches/Walker----Colostomy Supplies

Diabetic Supplies----Lift Chair----Nebulizer----Oxygen System----Pediatric Feeding Pump

Respiratory Therapy Equipment----Scooter----Wheelchair

*****If you're on Medicare/Medicaid you may be allowed to rent-to-own equipment*****

Non-allowable expenses include, but are not limited to:

Food----Household Furniture----Pets

The **orthodontic care** benefit is for the placement of braces to help straighten crooked teeth, close gaps between the teeth, and fix a bad bite to improve your dental health. **Funds are not available for cosmetic purposes.**

BURIAL benefits are available up to \$10,000 for eligible tribal members, unborn child eligible for membership or child that would be eligible for membership who meets the following requirements...

- Must be an enrolled Eastern Shawnee tribal member
- Child must be recognized as the tribal members' natural born child. An original **State Certified Birth Certificate** must be provided proving paternal/maternal relationship

The full amount of benefits allocated for each member must be spent on that particular member only. Payment will be made to the funeral home directly or to the person that has been awarded primary custody/guardianship of the child/children by a court of law for all custodial cases. The Eastern Shawnee Indian Child Welfare Department will be responsible in cases of exclusive jurisdiction.

The burial assistance benefit provides financial assistance to help pay for funeral, burial and/or cremation costs.

Allowable expense include, but are not limited to:

Casket----Cemetery Plot----Cremation----Death Certificate Copies----Grave Marker----Headstone
Hearse----Obituary----Professional Services----Food Cost for Family Meal----Transportation of Body
Urn----Vault Liner----Visitation Services

ELDER/DISABLED CARE/EMERGENCY ASSISTANCE benefits are available up to \$4,000 for eligible tribal members who meet the following requirements:

- Must be an enrolled Eastern Shawnee tribal member 62 years of age or older
- Receive benefits under Social Security Disability Income Program or Veteran's Disability
- Have been diagnosed with a terminal illness

The elder/disabled care benefit provides assistance to enhance the quality of life for our tribal senior citizens and the fulfillment of the special needs and requirements that are unique to our disabled tribal members.

Allowable expenses include, but are not limited to:

Full Coverage Auto Insurance (1 vehicle)----Healthcare----Housekeeping----Lawn Mowing
Lifeline Service----Medicare Insurance----Primary Residence Homeowner Insurance
Primary Residence Real Estate Property Taxes----Rental Property Contents Insurance
Water (Woodlands/Housing Authority water bills are sent to the department & automatically deducted from the residents' utility account until depleted, at which time the billing will go to the resident)

Non-allowable expenses include, but are not limited to:

Home Maintenance----Household Appliance Purchase/Repair----Internet/Telephone
Recreational Vehicle Insurance----Tree Trimming/Removal

UTILITY/EMERGENCY ASSISTANCE benefits are available up to \$1,750 for eligible tribal members who meet the following requirements:

- Must be an enrolled Eastern Shawnee member
- Must be between the ages of 18-61 and not be disabled
- Must be head of household
- Applicants applying for membership will be eligible for utility benefits on or after date of enrollment. All utility statement service dates must be dated on or after enrollment date

The utility benefit is for your **primary** residence only. Primary residence is described as the dwelling where you usually live. The utility statement must have the same address as your residence.

If there is more than one (1) Eastern Shawnee in the household, the rest of the tribal members **will not** be eligible for this benefit. If a tribal member resides at home with nontribal parent, the tribal member **will not** be eligible for this benefit.

If the utility statement is not in the tribal members' name, you will need to submit your marriage license or the landlord/roommate form.

The utility assistance program provides financial assistance to help reimburse paid monthly utility expenses.

Allowable expenses include, but are not limited to:

City Utilities----Electric----Firewood (\$500 maximum)----Natural Gas----Propane
Reconnection Fees----Trash----Utility Deposit (one-time lifetime coverage per utility)----Water
(Woodlands/Housing Authority water bills are sent to the department & automatically deducted from the residents' utility account until depleted, at which time the billing will go to the resident)

Non-allowable expenses include, but are not limited to:

Cable/Satellite----Disconnection Statements----Finance Charges----Internet----Late Fee Penalties
Past Due Balances----Propane Tank Fees/Rental/Repairs----Rent
Shut-Off Statements----Telephone

*** While the Health & Social Service Program operates on the fiscal year (October 1-September30) this will have no impact on utility assistance reimbursements. No utility will be denied because of the October 31st submittal cut-off date, UNLESS you have exhausted all utility funding. You will receive reimbursement for that utility regardless of the fiscal year end as long as you submit your claim within 30 days from the billing date.

EMERGENCY ASSISTANCE benefit is a pay to vendor only benefit and consists of three different components:

1. **Rental Assistance** offers financial assistance to provide a one-time payment within a fiscal year for one month's rent.

** Rental agreement that lists the landlord with landlord's contact information, rent amount, rental address, rental period, names of everyone living in the residence, and signatures of all parties involved in the rental agreement

** Rental assistance will not be offered for mortgage payments or when renting an individual room

** Not be behind on their rent and provide current rent receipt showing a zero balance

** All payments will be mailed directly to the landlord

** Rental assistance through the program does not create a legal relationship with the tribal members' landlord guaranteeing payment of the rent. The rental contract and fulfillment of its terms will remain between the tribal members and the landlord

** No more than one family within a household can receive rental assistance at one time

** The landlord and tribal member may not reside in the same residence

** Statement from landlord stating they will accept payment from the tribe on behalf of tribal member, verify rental amount to be paid directly to provider and the address payment should be made to

2. **Move-In Assistance** helps to alleviate the financial burden on tribal members associated with the cost to move into a rental unit by providing a one-time payment within a fiscal year.

** Move-in assistance is a form of rental assistance consisting of the 1st month's rent and security deposit. The security deposit will only be provided *once in a lifetime*, unless the member returns the total security deposit amount to the Social Service department. In the event that the member returns the total amount advanced for the security deposit, the member will be eligible to receive this assistance in the future

3. **Emergency Utility Assistance** offers financial assistance by providing a one-time payment within a fiscal year where an emergency can be verified with a shut-off or disconnect notice.

** Shut-off or disconnect notices must include the intended date of the shut-off or disconnect

****TAKE INTO CONSIDERATION THAT IF YOU ARE IN NEED OF THE RENTAL OR MOVE-IN ASSISTANCE, YOU MUST UNDERSTAND THAT IT WILL DEDUCT FROM YOUR UTILITY or ELDER/DISABLED CARE BALANCE*

HOW TO REQUEST REIMBURSEMENT

Use this form to request reimbursement under the Health & Social Service program. Remember, you should first submit health care expenses under your primary health insurance or other health care plan you may have before you request reimbursement. Use this form only to request reimbursement for:

- Allowable expenses covered, but not fully reimbursed by any benefit plan. Attach a copy of the plans Explanation of Benefits (EOB) statement or itemized receipt from your provider
- Allowable expenses not covered by any benefit plan. Attach bills or receipts which indicate the name and address of the provider or service and description of the product or service provided

Step 1: Fill out the form

Please type or print. Complete all areas of "Tribal Information." You will receive an email confirming receipt of your claim.

Step 2: Fill in your expenses – you can use one line to show a total of multiple expenses in the same area

Complete all sections of the form.

Step 3: Attach supporting documentation described under either A or B below:

- A. Explanation of Benefits form (EOB):** This is the form you typically receive each time you or a health care provider submit medical, dental or vision claims for payment from your insurance plan. The EOB will show the amount of expenses paid by the plan and the amount you must pay. For expenses that are partially covered by you or your dependents insurance plan, you must attach the EOB.
- B. All other expenses:** For medical expenses not covered at all by any insurance plan, burial, school expenses and utilities, your claim must include acceptable evidence of your expenses. Acceptable evidence includes receipts which contain the following information:
- Type of service or product provided
 - Date expense was incurred
 - Person or organization providing the service and product
 - Amount of expense

Step 4: Read the certification, sign and date the form where indicated

Step 5: Submit your form

Place the form and the supporting documentation into an envelope, apply the correct postage and mail to Health & Social Services, 10100 S. Bluejacket Rd., Ste. 1, Wyandotte OK 74370. Keep a copy of your completed form and receipts for your records.

Please remember that Social Services has a minimum reimbursement of \$25.00

Type of Supporting Documentation:

Itemized receipt from your medical, dental or vision provider or pharmacy---Explanation of Benefits (EOB) from your insurance company or health care provider---Prescription receipt that shows the date, name of the patient for whom the item is prescribed & the name of the item---Utility account summary that shows the dates of service, service description and service address

Helpful Hints:

Add together multiple expenses from the same are & place the total on one line---Be sure to include legible receipts for each expense---Be sure your signature is legible

Please Do NOT:

Use a highlighter on your receipts or any part of the form---Staple your receipts to the form

Please DO:

Submit claims within 90-days---Collect claims & submit monthly---Send original documentation

Questions? Contact the department at 918-666-7710 or toll free at 866-978-1352

HEALTH & SOCIAL SERVICE BENEFIT CLAIM FORM

I am requesting reimbursement for myself or my eligible dependents for expenses that are within the current fiscal year and were not reimbursed by any other plan, benefit program or Indian tribe. I have attached all supporting documentation of these expenses in good faith and to the best of my knowledge are eligible for reimbursement.

| | | |
|---|--------------------------------------|--|
| Name _____ | ID # _____ | DATE _____ |
| Mailing Address _____ | DOB _____ | |
| Phone Number Where You May Be Reached _____ | Work <input type="radio"/> | Home <input type="radio"/> Cell <input type="radio"/> |
| E-Mail Address _____ | Work <input type="radio"/> | Home <input type="radio"/> |
| Signature _____ | Address Change <input type="radio"/> | Phone Change <input type="radio"/> E-Mail Change <input type="radio"/> |

| BENEFITS | MEMBERS NAME | DATE OF SERVICE | AMOUNT |
|---|--------------|-----------------|--------|
| UTILITIES | | | |
| City Utility | | | |
| Electric | | | |
| Firewood (\$500 MAX) | | | |
| Natural Gas/Propane | | | |
| Trash | | | |
| Water | | | |
| DISABLED/ELDER CARE | | | |
| Auto Insurance (One Full Coverage) | | | |
| Lawn Mowing | | | |
| Medicare | | | |
| Main Residence Home Ins. | | | |
| Main Residence Property Tax | | | |
| Rental Property Contents Inc. | | | |
| HEALTH CARE | | | |
| Dental | | | |
| Eye Care (2pr. Glasses MAX) | | | |
| Medical | | | |
| Rx | | | |
| Auditory | | | |
| Orthodontics | | | |
| Medical Equipment | | | |
| SCHOOL EXPENSES | | | |
| Clothing | | | |
| Driver Education | | | |
| Letter Jacket | | | |
| Traditional Supplies | | | |
| EXTRACURRICULAR/ENRICHMENT | | | |
| Enrichment Expenses | | | |
| BURIAL | | | |
| Burial Expenses (\$10,000 MAX) | | | |

TOTAL REIMBURSEMENT REQUESTED \$ _____

ALL CLAIMS MUST BE SUBMITTED WITHIN 90-DAYS FROM DATE OF SERVICE & TOTAL REIMBURSEMENT REQUESTED MUST MEET THE \$25 MINIMUM CHECK REQUIREMENT
MAIL TO: 10100 S BLUEJACKET RD STE 1
WYANDOTTE OK 74370

**DIRECT TO VENDOR PAYMENT
EXPENSE CLAIM FORM**

Contact Health & Social Services at: 918-666-7710 or 866-978-1352
Mail to: 10100 S. Bluejacket Rd., Ste. 1, Wyandotte OK 74370

Tribal Member Information

Name _____ ID # _____ DATE _____
Mailing Address _____ DOB _____
Phone Number Where You May Be Reached _____ Work ☐ Home ☐ Cell ☐
E-Mail Address _____ Work ☐ Home ☐

Address Change ☐ Phone Change ☐ E-Mail Change ☐

Primary Provider Information


Is Member Covered Under Bearskin Health Clinic or Other Indian Health Service? Yes ☐ No ☐
Is Member Covered Under Any Health Insurance Plan? Yes ☐ No ☐
Is Member Covered Under Any Medicaid Coverage? Yes ☐ No ☐
Is Member Covered Under Medicare? Yes ☐ No ☐

VENDOR - File claims with any **Primary** provider first. Program can only pay for out-of-pocket expenses incurred from the unmet expenses not paid by the primary provider. Funds can be used only after all other resources have been exhausted. Failure to comply with alternate resources may result in denial of future services. **Any duplicate payments made by Health & Social Services and a primary provider must be returned to the Eastern Shawnee Tribe of Oklahoma.** Failure to reimburse the tribe may result in denial of future services.

Direct to Vendor Request

Complete the following grid for each expense submitted for a direct to vendor payment for you and/or your dependents. To receive payment, appropriate supporting documents must accompany this form.

Please do not hesitate to contact Social Services to confirm necessary documentation, timing requirement and rules for eligible expenses.

 Attach the original bill or statement from the physician or supplier and **keep a copy for your records.**
Sign this form. Minimum amount of each separate claim is \$25.00.

| Name of Service Provider | Type of Service Received | Date of Service | Amount of Claim |
|--------------------------|--------------------------|-----------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

I, the undersigned, furnished the above information to enable Eastern Shawnee Health & Social Services to consider this claim for payment, and I certify that such information is true and correct and that the expenses were incurred by the above-named tribal member. **I understand that any payment will be made to the vendor.**

Tribal Member Signature _____ Date _____

HEALTH & SOCIAL SERVICE SCHOOL EXPENSE FORM

I am requesting reimbursement or a vendor layaway payment for my child for expenses that I personally purchased or placed on layaway for the current fiscal year for clothing as itemized below. I have attached all original supporting documentation of these expenses in good faith and to the best of my knowledge are eligible for payment.

Child's Name _____ ID # _____ DOB _____ Grade _____

Proof of school enrollment must be provided every school year. Receipts must be for clothing on your school age (K-12) child only, with no groceries, cleaning supplies, etc. Please complete and attach along with your receipts the Health & Social Service Benefit/Direct to Vendor Claim Form. List the articles of clothing you are claiming rather than copy what appears on the receipt.

Parent/Guardian Signature _____ Date _____

[illegible]

TOTAL REQUESTED \$ _____

AUTHORIZATION TO RELEASE INFORMATION FORM

THIS FORM MUST BE COMPLETED AND ON FILE BEFORE ANY SERVICES WILL BE CONSIDERED

Please list all individuals living in the household ----

Date _____

| Family Member | Relationship | Social Security # | Sex | Date of Birth | Roll # |
|---------------|--------------|-------------------|-----|---------------|--------|
| | | | | | |
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I hereby give permission for the Eastern Shawnee Tribe, teacher or school, physician, dentist, optometrist, energy company, hospital or any other organization, healthcare provider or persons providing service to me and maintaining information about me to release information to the Health and Social Service Department. This information shall include verification that the patient was seen on a certain day, whether a healthcare insurance company or other party was billed for the service rendered and documentation of any payments received, the dates that said patient received medical treatment or otherwise from the healthcare provider and an original bill and/or original itemized statement for services rendered to the patient. The Health and Social Service Department requests such information for the purpose of determining eligibility for social services and legitimacy of claims. I understand that I have the right to revoke this authorization at any time by written notice to the Eastern Shawnee Health and Social Service Department at 10100 S. Bluejacket Rd., Ste. 1, Wyandotte OK 74370. I am aware that my revocation of this authorization will not be effective to the extent the persons and/or organizations identified above have already acted in reliance upon this authorization. I understand that my revocation of this authorization may prevent or delay me from receiving services from the Eastern Shawnee Health and Social Service Department.

I have read, understand and agree to comply with the requirements of eligibility for the Health and Social Service Department of the Eastern Shawnee Tribe of Oklahoma. I also understand that the guidelines are set forth for the fair and equal treatment of each enrolled tribal member of the Eastern Shawnee Tribe of Oklahoma. If any of the above information changes, it is my responsibility to notify the Eastern Shawnee Health and Social Service Department in writing.

Head of Household _____
 Address _____

 City/State/Zip _____
 Daytime Phone _____

SUBMITTING FRAUDULENT CLAIMS IS A FEDERAL CRIME UNDER 18 CFR PART 1 CHAPTER 53 §1163. PRIVACY AND CONFIDENTIALITY IS PROTECTED UNDER 42 CFR.

AUTHORITY TO RELEASE INFORMATION TO A DESIGNATED INDIVIDUAL

Complete this form if you authorize Eastern Shawnee Tribe of Oklahoma's Health & Social Service Program to release information to someone other than yourself. The individual you designate will be able to acquire and receive information such as the status of your claim and benefit balance. Please inform this individual to allow 30 days from your submission before calling the department inquiring as to the status.

Choose One

☐

I authorize Eastern Shawnee Tribe of Oklahoma's Health & Social Service Program to release information from my Health & Social Service records to the following individual

☐

I withdraw my authorization to release information from my Health & Social Service records to the following individual

YOUR DESIGNATED INDIVIDUAL'S INFORMATION

Full Name -- _____

Address -- _____

City, State, Zip -- _____

Telephone -- _____

Relationship to You -- _____

I authorize the release of this information to the person named above for the following period of time:

From: ____/____/____ To: ____/____/____

Tribal Members Name -- _____

Birth Date -- _____ Tribal ID # -- _____

If you are giving your authorization – I authorize the Eastern Shawnee Tribe of Oklahoma's Health & Social Service Program to release information from my Health & Social Service records to the individual named above. I am aware that some information may not be release if it is subject to the Privacy Act. I am aware that this form is to protect my confidentiality.

If you are withdrawing your authorization – I withdraw my authorization to release information from my Health & Social Service records to the individual named above.

Signature of Tribal Member

Signature of Designated Individual

Date _____

Date _____

LANDLORD OR ROOMMATE UTILITY ASSISTANCE
INFORMATION FORM
(This form must be completed by the landlord or roommate)

Name of tribal member (tenant): _____

Billing information as it appears on the utility statement:

Name: _____

Address: _____

Relationship to tribal member: _____

How long has tribal member been at this residence: _____

Are utilities included with rent cost? Yes _____ No _____

If yes, please breakdown cost for each utility charged: _____

Is the lease/rental agreement attached? Yes _____ No _____

If no, please explain why: _____

How many residents reside at this residence: _____

Landlord/Roommate Signature: _____ Date: _____

(Whose name appears on the utility bills)

Telephone number where you may be reached: _____

Tribal Members Signature: _____ Date: _____

Please submit utility statements with proof of payment from tribal member, i.e. money order, cashier's check or cancelled check (front & back) and mail to:

Eastern Shawnee Health & Social Service Department

10100 S. Bluejacket Rd., Ste. 1

Wyandotte OK 74370

Feel free to contact the department with any questions you may have at 918-666-7710

CREDIT AUTHORIZATION

(To Single Account)

I (We) hereby authorize the Eastern Shawnee Tribe of Oklahoma herein after called "Company," to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to credit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ____ Checking ____ Savings

This authorization is to remain in full force and effect until the Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name) (Roll Number) (E-mail Address)

In addition to myself, I (We) authorize the Company to initiate credit entries to this account for the following individuals:

| | |
|----------------------------------|------------------------|
| _____ (Print Individual Name) | _____ (Roll Number) |
| _____ (Print Individual Name) | _____ (Roll Number) |
| _____ (Print Individual Name) | _____ (Roll Number) |
| _____ (Print Individual Name) | _____ (Roll Number) |

I certify by my signature below that the information herein provided is true and accurate and that I am the guardian of minor children or individuals listed.

(Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Financial Power of Attorney

I, _____, of _____, am of sound mind and do hereby voluntarily make, constitute, and appoint _____, of _____, as my Financial Attorney-in-Fact, to act for me and in my name, place, and on my behalf, and for my use in benefit to exercise or perform any act, power, duty, right, or obligation whatsoever that I have now, or may hereafter acquire, in connection with benefits and services available to me through the Eastern Shawnee Tribe of Oklahoma.

This Power of Attorney is effective immediately and will continue until revoked by me in writing.

Signed this ____ day of _____, ____.

Signature

Printed Name

Witnesses:

Signature

Printed Name

Signature

Printed Name

State of _____ }

County of _____ }

Before me, the undersigned authority, on this ____ day of _____, _____, personally appeared _____ (principal),

_____ (witness), and _____ (witness),

whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the principal declared to me and to the said witnesses in my presence that the instrument is his or her power of attorney, and that the principal has willingly and voluntarily made and executed it as the free act and deed of the principal for the purposes therein expressed, and the witnesses declared to me that they were each eighteen (18) years of age or over, and that neither of them is related to the principal by blood or marriage, or related to the attorney-in-fact by blood or marriage.

WITNESS my hand and official seal.

Notary Public

My commission expires:

My Commission number is: