



Specialized Services

10100 S. Bluejacket Road

Wyandotte, OK 74370

Phone: (918) 238-1663

Email: mlewis@estoo.net

**Temporary Social Security Disability
(SSD) Assistance Program
Policies and Procedures**

Eastern Shawnee Tribe of Oklahoma

Temporary social Security Disability (SSD) Assistance Program

The requirements/guidelines and practices enacted herein are the official requirements/guidelines and practices for the Eastern Shawnee Tribe of Oklahoma (ESTO) Temporary Social Security Disability (TSSD) Program, as approved by the Business Committee.

Purpose

The purpose of the Eastern Shawnee Tribe of Oklahoma TSSD Assistance Program (“the program”) is to provide temporary assistance to Tribal households suffering extreme financial hardship during which time their Social Security Disability Application is “Pending” with the Social Security Administration. This program will serve the neediest of the needy Tribal families who have no other source of funding. This program is funded by the Office of Self Governance – General Assistance and is subject to available funding received from OSG. The Eastern Shawnee Tribe will use the State of Oklahoma TANF payment schedule to determine the Eastern Shawnee Tribe’s TSSD payment schedule.

Qualifying Event Determining Program Eligibility and Benefit Calculation

Only Tribal Members who have completed and submitted application for Social Security Disability, but have yet to receive final determination from the Social Security administration are eligible for this benefit.

This benefit will be calculated based upon the number of occupants in the household.

Requirements and Guidelines

1. Applicant must be enrolled and possess a Tribal membership card from the Eastern Shawnee Tribe of Oklahoma.
 - Applicant must be at least 18 years old, unless the individual has been legally emancipated. Proof of emancipation must be provided.
2. Applicant must submit proof of Social Security Disability application with the Social Security Administration.
3. Applicant must provide proof of total number of household members. One of the following documents for each member of the household must be provided.
 - Birth Certificate
 - Driver’s License
 - Tribal Membership Card
 - Other documentation may be considered and/or accepted
4. Applicant must submit proof of “Pending Status with the Social Security Administration” each month before funds will be released.

Application Process

Completed application with required documents is to be submitted to the specialized Programs Coordinator (SPC). The SPC will review the application for eligibility and completeness and will request more documentation when needed. The SPC will notify the applicant of approval or denial within 5 business days.

Documents may be returned via email, fax or mail to
Mercedes Lewis mlewis@estoo.net or Amber Mittag amittag@estoo.net,
Fax 1-888-971-3899

Mailing address: Attn Specialized Services 10100 S Bluejacket Rd Wyandotte OK 74370

Appeal Process

If an applicant disagrees with a denial for funding, he/she may appeal the decision in accordance with the following procedure:

1. Written letter of appeal must be submitted to the Tribal Administrator within two (10) working days. This appeal should include documentation that shows the request does in fact qualify for the program. The Tribal Administrator will respond in writing within 5 business days as to the final outcome of the application.
2. If the applicant disagrees with the decision of the Tribal Administrator, he/she may submit a written appeal to the Chief within ten (10) working days. This appeal should include all previous documentation, along with any additional documentation showing the request does in fact qualify for the program. The Chief will respond in writing within five (5) business days. The Chief's decision will be considered to be final in these matters.

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Application (Please Check)

Date of Event _____

Name: _____
Last First Middle

Current Address: _____

Telephone Number: _____ e-mail address _____

Tribal Affiliation: _____ Roll Number: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Married ___ Single ___ Widowed ___ Other ___

Family Information

List all persons living in your household on a permanent basis.

Attach additional pages if necessary.

Name	Date of Birth	Relationship	Roll Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the persons listed above disabled? If so, please list below. Attach documentation showing % of disability.

Describe any other considerations that you may feel are pertinent to this application.

Eastern Shawnee Tribe of Oklahoma

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Certification

The Business Committee reserves the right to revoke, suspend, or terminate the eligibility of any Tribal Citizen for a period of time to be determined by the Business Committee for the intent to defraud or defraud the Eastern Shawnee Tribe of Oklahoma.

I certify that all of the information given is true, complete, and correct to the best of my knowledge and belief, and is given in good faith.

Applicant's Signature

Date

Spouse's Signature

Date