

Ponca Tribe of Nebraska

1800 Syracuse Avenue
Norfolk, NE 68701

402-371-8834
FAX: 402-371-7564

February 26, 2010

Dear Ponca Tribe of Nebraska Members;

The Ponca Tribe of Nebraska has received funds from the CITGO Corporation to assist Ponca Head of Households (HOH) with the cost of home heating.

These funds are limited and will be distributed on a first come first serve basis!

Eligibility for the assistance is as follows:

1. Must be an enrolled member of the Ponca Tribe of Nebraska living in the service area
2. Only Ponca Tribe of Nebraska HOH are eligible (must be listed as HOH with the Ponca Tribe of Nebraska Enrollment office)
3. Complete the enclosed application (only complete applications will be accepted)
4. Provide the most recent copy of your heat source billing, which includes the amount of the heating source used and cost
 - a. ***If your billing document does not have the HOH's name on the bill, verification that HOH is residing at billing address must be supplied***
 - i. ***Examples of acceptable verification are:***
 - Other current bills with the HOH's name and address on the billing document (black out account numbers for your protection)***
 - A current bank statement containing the HOH's name and address (black out account #'s for your safety)***
 - Junk mail will not be accepted as verification***
5. Payment will be made to the heating source vendor **PLEASE ALLOW 60 DAYS** for payment to be posted to the vendor account. You are responsible for your utility bill until the funds are posted to your account.
6. ***Return all documents to your service area contact person (listed on the back of this letter) as soon as possible. These funds are limited!***
7. ***For more information please call your service area contact person listed on the back of this letter.***

Respectfully yours,

Larry Wright, Jr.
Chairman, Ponca Tribe of Nebraska

Department of Social Services
Ponca Tribe of Nebraska

Norfolk

Ponca Tribe of Nebraska
Attn: Heat Aid
1800 Syracuse Ave.
Norfolk, NE 68701
Phone #: 402-371-8834

Contact Person

Tanya Reppert
Service Area 4

Niobrara

Ponca Tribe of Nebraska
Attn: Heat Aid
P.O. Box 288
Niobrara, NE 68760
Phone #: 402-857-3341

Contact Person

Dana Jeannoutot
Service Area 1

Sioux City

Ponca Tribe of Nebraska
Attn: Heat Aid
119 Sixth St.
Sioux City, IA 51103
Phone #: 712-258-0500

Contact Person

Cynthia Lingeback
Service Area 1
Woodbury County only

Omaha

Ponca Tribe of Nebraska
Attn: Heat Aid
2602 J St.
Omaha, NE 68107
Phone #: 402-734-5275

Contact Person

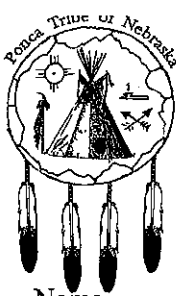
Brenda Bogacz
Service Area 2

Lincoln

Ponca Tribe of Nebraska
Attn: Heat Aid
1701 E. Street
Lincoln, NE 68508
Phone #: 402-438-9222

Contact Person

Shelia Wolff
Service Area 3



PONCA TRIBE OF NEBRASKA

Department of Social Services

Heating Aid Assistance-First Come First Served

Enrolled members living in the service area

Name _____ Enrollment # _____
 Address _____ City _____ State _____ Zip _____
 Number of Members in Household: _____ County _____
 Telephone _____ Social Security # _____ D.O.B. ____/____/____
 Email address (if available) _____

Members of Household	Date of Birth	Relationship

Heating Assistance Payable to (Please attach a recent bill)		
Name of Fuel Provider		
Address		
City	State	Zip
Account #		
Payment in the amount of \$225 will be made to the above account. PLEASE ALLOW 60 DAYS FOR THE PAYMENT TO BE POSTED ON YOUR ACCOUNT!!!		

My signature below verifies my need for Heat Aid assistance and that the above information is true to the best of my knowledge.

Applicant Signature _____ Date ____/____/____

For Office Use Only:	
Referring Staff _____	Date ____/____/____
Approved _____	Denied _____

If application is denied, state reason below

Director of Social Services	Approved _____	Denied _____
Signature _____		Date ____/____/____
Check Request Dated ____/____/____		

**Ponca Tribe of Nebraska
Enrollment Dept Change of Address Form**

HEAD OF HOUSEHOLD MUST BE AN ENROLLED PONCA TRIBE MEMBER

OTHER ENROLLED PONCA TRIBE MEMBERS IN HOUSEHOLD:

PREVIOUS ADDRESS: (Street /P.O. Box, Apt #, City, State, Zip, County)

NEW ADDRESS: (Street / P.O. Box, Apt #, City State, Zip, County)

NEAREST RELATIVE

PHONE / ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE / CELL

NUMBER: _____ **E-MAIL** _____

DATE NEW ADDRESS IN EFFECT: _____

To provide better services to Ponca tribal members, this information will be shared with all PTON departments as needed. Any service may be suspended until this information is corrected and/or updated.

SIGNATURE REQUIRED

DATE