



Masonic Assistance Program for Seniors

A service of OEDA-Area Agency on Aging
PO Box 668, 330 N. Douglas
Beaver, OK 73932

1.800.211.2116
580.625.4531

1.800.658.2844
580.625.3420~fax

Thank you for your interest in the Masonic Charitable Foundation funds provided by the OEDA Area Agency on Aging. These funds are to assist Oklahomans age **55** and older with needs that previously went unmet because of lack of resources in Beaver, Cimarron, Dewey, Ellis, Harper, Texas, Woods and Woodward counties.

Some of the services that may be offered include: home repairs, wheel chair ramp construction, utility cutoff assistance, emergency medication, eye/dental assistance, and medical equipment. Since everyone's needs are unique, OEDA AAA has the ability to be flexible with this funding and treat each case independently.

Each applicant must have exhausted all programs and resources that provide the needed service before an application can be submitted to the OEDA Area Agency on Aging Masonic Assistance Program for seniors. The Information & Assistance Specialist can assist in locating other available programs and resources.

NOTE: Please enclose with your completed application an estimated cost, treatment plan or bid from the person or company to provide service(s) requested in the application. If your request is for large home repairs, handicapped bathroom modifications or wheel chair ramp construction, proof of home ownership &/or approval letter from landlord and pictures of area must be submitted along with the application. Once your application, along with proper documentation is received the I&A will submit it to the Mason's review committee for a final decision. After the committee determines whether or not assistance can be provided, a letter of acceptance or denial will then be mailed to you and your provider. It is very important that **no work be done without approval from the OEDA AAA Mason's.**

To request assistance, please complete the following application attach proper documents and return to the address below.

OEDA AAA
Masonic Funds
P.O. Box 668
Beaver, OK 73932

If you have any questions, please call the Senior Info-Line at (800) 211-2116 or the OEDA AAA office at (580) 625-4531 or (800) 658-2844.
Aracely Moreno



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Application for Assistance

Name: _____

First

MI

Last

Address: _____

(Physical address, mailing address, city, state and zip code)

Phone number: _____ County of Residence: _____

Age: _____ Date of Birth: _____ Race: _____

Medicare # _____ Effective date for part A _____

Marital Status: _____ Spouse's Name: _____

Emergency contact name and phone number: _____

(Person to contact in case of emergency)

Relationship to Applicant: _____

Do you own the residence you live in? yes no Please provide proof or explanation:

Are you able to leave your home without assistance? yes no If no, please explain why:

Do you have a vehicle? yes no Do you have someone to take you places? yes no

Are you a member of a church and/or civic group? yes no Please list:

Have you or a family member ever been a member of the Masons or Eastern Star? yes no

(Your affiliation with the Masons has no impact on your eligibility for this program. This is for informational purposes only.)

What type of assistance do you need? Please explain: _____

Please provide an estimated cost/bid, bill or treatment plan for the assistance requested. (Ex. bid from contractor for wheel chair ramp/home repairs, utility bill, prescription/quote for durable medical equipment, dental/eye care treatment plan from doctor.)

APPLICATION FORM INSTRUCTIONS: DO NOT LEAVE ANY QUESTIONS, OR LINES BLANK. IF THE QUESTION DOES NOT APPLY, PUT N/A IN THE BLANK(S) FOR THAT QUESTION.

**OEDA AGING SERVICES
INCOME AND EXPENSE ASSESSMENT**

**MONTHLY
INCOME**

Household Income : Self _____ Others in Home _____
 Type of income: SS _____ Employment _____ Rental Income _____
 Retirement _____ Alimony _____ Other _____

Food Stamps: _____
 Other: _____

TOTAL INCOME: _____
Less TOTAL EXPENSES: _____
BALANCE: _____

Are you a Caregiver ? _____ Carereceiver? _____
 Are you a Grandparent raising a Grandchild? _____

Are you a Veteran or Spouse of a Veteran?
 ___ Veteran ___ Spouse ___ Neither

How many people live in your household and/or on your
 income? _____ Please explain living situation:

Do you have difficulty paying your bills ___ Yes ___ No
 If yes, how often? _____

If yes, what do you do without? _____

**MONTHLY
EXPENSES**

Medical _____
 Drugs _____
 Dental _____
Utilities
 Gas _____
 Electric _____
 Water _____
 Home Telephone _____
 Cell Phone _____
 Internet _____
 Rent/House Payment _____
 Groceries/Meals _____
Insurance Premiums
Life _____
House _____
Car _____
Supplemental _____
Burial Policy _____
 Car Payment _____
 Gasoline _____
 Credit Card(s) Payments _____
 Loan(s) Payment _____
 Cable/TV _____
 Clothing _____
 Contribution _____
 Financial Support to others
 (alimony, loan, other) _____
 Personal Care/Household Items _____
 Other: (Lifeline, etc.) _____

TOTAL EXPENSES: _____

Additional information: _____

Disclaimer:

The information I have provided in my application is true to the best of my knowledge. I understand that knowingly including information that is false is grounds for my application to be automatically denied by OEDA AAA, or the funds to be returned to OEDA AAA if they have already been received by me.

Signature of Applicant _____
Date

Masonic Assistance Program Release Form

I, _____, authorize OEDA-AAA to release information concerning this application and assistance received to the Masonic Charity Foundation of Oklahoma for record keeping purposes.

Printed Name: _____

Signature: _____ Date: _____

The following question is for the sole use of the OEDA Area Agency on Aging and will have no impact on your eligibility for this program.

How did you hear about this program? Please check one.

- | | | | |
|---|-----------------------------------|---|--|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Agency: _____ |
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Masons | <input type="checkbox"/> AAA Newsletter | <input type="checkbox"/> Other: _____ |

Office use only:

Reviewed by: ***Approved*** ***Denied***

<i>Committee Member #1:</i> _____ <i>Date:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Committee Member #2:</i> _____ <i>Date:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Committee Member #3:</i> _____ <i>Date:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

Committee Notes: _____

