

2020 MASONIC GRANT ELIGIBILITY REQUIREMENTS

READ ALL Documentation BEFORE filling out or applying. Any application submitted incomplete or without all required documentation will be rejected.

Funding is provided by the Masonic Charities Foundation Grant. It is the policy of ASCOG to serve all individuals who are eligible for its programs without regard to race, national origin, ancestry, color, religion, sex, age, or disability.

Age Restrictions: The applicant must be 55 years old or older at the time of the application.

Residence Requirements: The applicant must reside in ASCOG's eight-county service area which includes: **Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens and Tillman** counties. Only one application per household can be submitted.

Need Requirements: Applicants must be able to demonstrate their requests are based on NEED. This grant is not intended to fund projects that applicants should be able to afford based on their income/expense ratio, money in the bank, stocks, bonds, etc.. Grants are intended to fund projects for basic needs that applicants living in poverty conditions could not otherwise afford.

Previous Recipient Restrictions: Anybody who received a Masonic grant in 2018 or 2019 is ineligible to apply for a 2020 Masonic grant. However, anybody who received a Masonic grant in 2017 or earlier may apply again in 2020.

Fairness Restrictions: Effective in 2020, applications will be divided into 2 phases. The first phase will be confined to January 1 through August 31. During the first phase, applications for appliances will be limited to a total of 17 per county. Of these, only 5 can be used to purchase appliances. Eligible, complete applications will be processed on a first-come-first-served basis while complying with these fairness restrictions. Applicants will be notified when the limits are reached by any respective county. The second phase runs from September 1 through November 31. Completion of the first phase is considered sufficient to satisfy all geographical fairness concerns. Remaining eligible applications will be processed after August 31 based on the date the application was received. However, applications for appliances in Phase 2 are limited to an additional 5 applications per county until November 1. On that date, all restrictions are lifted. This is due to the inordinate number of requests for appliances in 2019 that produced an overall imbalance and left people with more pressing needs unable to apply because all available funds were fully committed very early in the year.

APPROVAL PROCESS

Applications will be reviews upon receipt to ensure eligibility requirements are met. If approved or rejected, the applicant will be notified by the phone number listed on the application. Be sure to notify ASCOG if your phone number changes. If approved, a voucher will be issued to the vendor from whom the applicant has received an eligible quote. Please **do not call** regarding your application's status until you have received a phone call from ASCOG.

For additional questions regarding the Masonic Grant Assistance Program for Seniors, contact:

Ronnie Ward

Phone: (580) 467-7332 (leave a voicemail if contact is not made)

Toll-free: (800) 658-1466 ext. 242

Email: ward_ro@ascog.org

SUBMITTAL OF APPLICATIONS, ESTIMATES, W-9 FORMS, WORKER'S COMPENSATION DOCUMENTATION, AND REQUESTS FOR PAYMENT

All Masonic Grant related documentation may be submitted by one of three methods. The preferred method is by email sent to ward_ro@ascog.org. This method is the quickest and most reliable for documenting when anything was sent and received. It is also the cheapest. If you do not have a computer, many community organizations such as senior centers, city halls, churches, etc. may email completed forms for you. Applicants can also mail their documents to:

ASCOG

Attention: Ronnie Ward

P.O. Box 1670

Duncan, Oklahoma 73534-1670

The third method is to hand-deliver the application to ASCOG at 804 W. Main, Duncan, Oklahoma. ***Faxed documents of any kind will not be accepted.*** They are too difficult to read and/or scan plus have a higher chance of being lost or misplaced.

The only application documents needed are the application form and up to three documents from the Vendor including (1) estimate, (2) W-9 form and (3) Worker's Compensation Proof.

VENDORS/PROVIDERS MUST HAVE A W-9 FORM AND PROOF OF WORKER'S COMPENSATION FOR THEIR EMPLOYEES ON FILE TO PARTICIPATE.

ASCOG has no preference as to the applicant selects as their vendor/provider, but any participating vendor/provider must meet minimum requirements of having a **W-9 tax form on file** with ASCOG **AND provide proof of worker's compensation for their employees.** When obtaining an estimate, it is advisable for the applicant to ask the vendor/provider if they have these documents on file with ASCOG. If they do, their estimate will be accepted. **If they do not, one must be included with the application or approval will be delayed.** If the vendor refuses to provide a W-9 form (which is very, very rare) and proof of worker's compensation for their employees, the applicant will be called and instructed to find another vendor.

The selection of a vendor is the applicant's responsibility. Any satisfaction disputes regarding services or products purchased are between the applicant and the provider/vendor. ASCOG assumes no interest or liability. ASCOG's role is to determine eligibility and manage the grant funds.

Service providers can contact **Ronnie Ward at (580) 467-7332** for specific instructions.

ELIGIBLE PROJECTS

Each category of projects has a maximum award. In many cases, the award is not enough to cover the entire cost of what is being requested. In such instances, the applicant is responsible for the balance and must make arrangements for paying the balance in the manner prescribed by the vendor before being awarded a Masonic Grant.

Applications are for the minimum of what is NEEDED. For example, most appliances requested can be purchased for around \$500 and meet the basic needs. Please note that the higher the estimate, the more it will be scrutinized. If the vendor's quote is for \$600, the applicant can decide to pay the difference or find another vendor with a less expensive estimate. However, the applicant cannot upgrade from a \$600 refrigerator to a \$900 refrigerator with more features or that is larger unless specific written permission is provided by ASCOG. Written permission will not be provided to satisfy

wants but may be allowed if the applicant can adequately describe WHY they NEED a different item than what is quoted. Any applicant or vendor determined to violate these instructions may lose their eligibility to participate in the program for the rest of 2020 through 2025.

The following information is provided to assist applicants in identifying what is available.

Hearing Aids: Maximum grant is \$800.

Dental work including Dentures: Maximum grant is \$800

Durable Medical Equipment: Maximum grant is \$800. This category includes the following item unless Medicare or Private Insurance has already provided the same kind of equipment to the applicant:

Lift chair

Wheelchair

Motorized scooter

Diabetic mattress

Hospital bed

Shower chairs

Etc. (call if you have questions before you submit an application)

ADA Porch Ramp: Maximum is \$800. Wheelchair accessible ramps must be constructed to meet ADA standards. You must own your own home or have a signed waiver from the landlord before ramp applications will be approved. Contractors must produce proof of workers' comp insurance and proper licenses.

Limited Home Repairs: Maximum is \$800. Applicants must own their homes. **Rent-to-own homes are not eligible.** You must provide an estimate from a contractor and legal proof of ownership of your home. Contractors must produce proof of workers' comp insurance and proper licenses.

Air conditioner / Heater / Hot Water Tank: Maximum is \$500. If you rent, only portable heaters and window-mounted AC units will be considered. If you own your own home, central units may be considered. Vendor estimates must include delivery, installation, and hauling costs to remove appliances to be replaced.

Kitchen or Laundry Appliance: Maximum is \$500. Applicants for appliances must ensure sufficient space for the appliance is available without requiring alterations to existing structures (cabinets, walls, doors, switches, utility outlets, drains, etc.). Only new appliances are eligible for purchase. Vendor estimates must include the appliance, delivery, installation, and hauling costs to remove appliances to be replaced. An appliance includes such items as:

Refrigerator

Stove

Oven

Freezer

Washer

Dryer

Some restrictions apply. See paragraph on fairness restrictions on a previous page.

Emergency Medications: Maximum is \$300. Limited to a 30-day supply for prescription medications not covered by any other source. Drugs containing opiates and painkillers are not eligible. Applicants must provide a copy of a doctor's prescription with the application.

Utility Assistance: Maximum is \$250. Phone bills (except basic services), cable or satellite services, subscriptions, etc. are not eligible. Utilities include:

Electricity

Telephone (Landline or Cell) for basic services only. Basic services are defined as the minimum required to make emergency calls or basic phone calls. Only long-distance calls to medical providers are also considered to be a basic service but must be specifically documented on the invoice.

Natural Gas

Propane

Water

Trash Services

Eyeglasses and/or eye exam: Maximum is \$150.

Food Assistance: Maximum is \$180 and will apply to home-delivered meals only. Only emergency situations and extreme conditions will be considered. Applicants must show proof they have previously contacted local food banks before applying to the Masonic grant. Eligibility for Home delivered meals is as follows: for ages 55-59, there is a 30-day limit and assistance will be no more than \$6 per meal. For ages 60+ on a waiting list, there is a 30-day limit and assistance will be no more than \$6 per meal.

All work must be completed, and all invoices received by ASCOG no later than November 30th, 2020.

2020 MASONIC GRANT APPLICATION ASSISTANCE GUIDE

The following contains specific instructions on how to complete the 2020 Masonic Grant application.

NAME: Print your full name as it appears on legal documents such as your driver's license, will, property deed, etc.

TELEPHONE: Phone number where the applicant or alternate can be reached. Area codes must be included. All successful applicants are notified by telephone! If you do not list a good number, we will be unable to reach you. If you do not answer, a voicemail will be left if you have one set up. If you do not answer and do not have voicemail, your alternate will be notified after three attempts to call you have been unsuccessful. If you can only be contacted at certain times of the day, please list when the best time to call would be. If you are able to determine the call is coming from (580) 467-7332, please answer it. It is not a solicitor but someone calling to tell you about the grant application.

ADDRESS: The applicant's actual, complete, physical address must be listed. Post office box numbers cannot be used. The physical address will be required for any deliveries.

DATE OF BIRTH: The applicant must be at least 55 years old at the time of the application. This information verifies eligibility.

AGE: Easily double-verifies age requirement is met.

HOUSEHOLD INCOME: Each section must be completed to ensure the applicant needs assistance with basic needs, and each section must be answered.

HOUSEHOLD EXPENSES: Each section must be answered. (*For example, if you are paying rent or a house payment, the amount must be listed. If you are not paying rent or making a house payment or you don't own a car, you should enter a zero for these sections.*) *Expenses cannot exceed your income so take time to ensure accuracy.*

IDENTIFY ALTERNATE CONTACT INCLUDE TELEPHONE NUMBER: Be sure to let your alternate know they are being listed so they will know about the call should they get one.

ASSISTANCE REQUESTED: (See additional attachments. Look through the rest of the instructions to help you identify what assistance you need the most. You can only apply for **ONE** type of assistance. You must describe what type of assistance you are requesting (i.e. dental work, hearing aids, glasses, ramps, kitchen appliances, etc.) You must also briefly tell why you need the assistance. Just because you want something does not necessarily qualify as a need. Remember, the purpose of this grant is to help those who are in NEED. For instance, if you are requesting a new refrigerator because your current one is getting old or doesn't match your other appliances, the request does not qualify as a need. If the appliance has quit working, and it is not feasible to pay to repair it, the request would qualify as a need.

SIGNATURE AND DATE: Read the paragraph above the signature line before signing the document. Your signature attests that all of the information you put down on the application is true and accurate under penalty of perjury for false statements.

Finally, remember, you **must attach a copy of a vendor's estimate to the application and a copy of the vendor's proof of worker's compensation for their employees, or your application will not be processed.** The only documents you need to submit is the completed application page and the vendor's estimate. Do NOT send back the instruction pages.

If you need further explanation, call Ronnie Ward at (580) 467-7332 or email ward_ro@ascog.org.

2020 MASONIC GRANT ASSISTANCE PROGRAM FOR SENIORS

ASCOG Area Agency on Aging
802 W. Main
P.O. Box 1647
Duncan, OK 73544-1647

Telephone: (580) 467-7332
Toll-Free: (800) 658-1466 Ext. 242

email: ward_ro@ascog.org
website: www.ascog.org

*Application for assistance begins January 1 through November 30, 2020,
or until funds are exhausted subject to conditions identified in the instructions.*

**READ THE INSTRUCTIONS FIRST!
INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT AN
ATTACHED VENDOR'S ESTIMATE WILL NOT BE PROCESSED!**

Name: _____
Print Legibly

Telephone (including Area Code): _____

Address: _____
Street Apt. # Apt. # City Zip County

Date of Birth: _____ Age: _____ Race (Optional): _____
Month Day Year

Total Average Monthly HOUSEHOLD Income:

Social Security: \$ _____
Pension: \$ _____
Other (identify source and amount): \$ _____

How many people live in your residence? _____

Have your or a family member ever been a member of the Masons or Eastern Star? _____

If so, who? _____

Is anyone in your household a veteran? _____

If so, who? _____

Do you have Advantage? _____

Identify Alternate Contact: _____

Total Average Monthly HOUSEHOLD Expenses:

Rent/Mortgage: (Circle One) \$ _____
Home insurance: \$ _____
Electric: \$ _____
Natural Gas: \$ _____
Water: \$ _____
Garbage: \$ _____
Vehicle Payment: \$ _____
Vehicle Insurance: \$ _____
Vehicle Fuel: \$ _____
Telephone: \$ _____
Cable: \$ _____
Groceries: \$ _____
Medications: \$ _____
Medical bills: \$ _____
Other (Identify): \$ _____

Alternate's Phone #: _____

ASSISTANCE REQUESTED (confine response to the area provided below)
(This section must include what type of assistance is being requested AND why it is NEEDED!)

I authorize ASCOG to release information concerning the application and assistance received to appropriate agencies, as well as to the Masonic Charity Foundation of Oklahoma for recordkeeping purposes. I recognize that this program is based on need and I certify and attest that all the information above is true and accurate under penalty of perjury for false statements.

Signature

Date