

## 2021 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 2019 or 2020 is ineligible to apply for a 2021 Masonic Grant. However, anybody who received a Masonic Grant in 2018 or earlier may apply again in 2021.

**Fairness and Accessibility:** Effective in 2021, eligible, complete applications will be processed on a first-come-first-served basis while complying with these fairness and accessibility rules.

ASCOG will make Masonic Grant Application available online at [www.ascog.org](http://www.ascog.org) and at every community hall and senior nutrition site within the provider service area in all eight counties. All citizens will be granted equal access to the application.

### APPROVAL PROCESS

Applications will be reviewed upon receipt to ensure eligibility requirements are met. If approved or denied, the applicant will be notified in writing with notice sent to the address on the application. 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 letter from ASCOG.

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

Kristina Manriquez or Kylee Sohl

Phone: 580-736-7976 or 580-736-7036

Toll-free: (800) 658-1466 ext. 241 or 261

Email: [manr kr@ascog.org](mailto:manrkr@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 manr\_kr@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: Kristina Manriquez  
P.O. Box 1647  
Duncan, OK 73534-1647

The third method is to hand-deliver the application to ASCOG at 802 W. Main, Duncan, Oklahoma, pending ASCOG's COVID-19 policies on accessibility to the public. **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 notified 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 Kristina Manriquez 580-736-7976 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 be required to purchase an item beyond a reasonable price. This program is not for 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 2021 through 2026.

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 (other programs available, call for info)

**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 \$550. 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.

**Emergency Medications:** Maximum is \$300. Limited to a 30-day supply for prescription medications not covered by any other source 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. (other programs available, please call)

**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, 2021.

## 2021 MASONIC GRANT APPLICATION ASSISTANCE GUIDE

*The following contains specific instructions on how to complete the 2021 Masonic Grant application.*

### **THE APPLICATION HAS TWO PAGES THIS YEAR!**

**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.

**ADDRESS:** The applicant's actual, complete, physical address must be listed as well as PO box numbers. 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 anew 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 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 Kristina Manriquez at (580) 736-7036 or email [manr\\_kr@ascog.org](mailto:manr_kr@ascog.org).