

INDIAN HEALTH SERVICE WATER AND SEWER ASSISTANCE AVAILABLE

The Indian Health Service, Office of Environmental Health and Engineering, offers programs to install water and sewer facilities to qualified Indian Homeowners. Funding and construction of sanitation facilities, such as wells, water service lines, septic tanks and drain fields, wastewater lagoons and sewer service lines, are available.

Minimum eligibility requirements include:

- Property must be located within the local Indian Health Service jurisdiction: The greater portion of Oklahoma County; Pottawatomie County north of the North Canadian River; Cleveland County west of the Indian Meridian; Lincoln County; Logan County, and a portion of southern Payne County.
- You must be a member of a federally recognized Indian tribe, band or group;
- If renting, you must obtain a lease agreement (minimum of five years) and a copy of the landowner's deed/title and CDIB. Property owner must possess a Certified Degree of Indian Blood (CDIB).
- HUD homes must be paid in full before services can be provided.

Documentation of tribal affiliation and home ownership or long-term lease will be required with the application for services. Mobile homes must be tied down, skirted and wheels removed prior to service.

Absentee Shawnee and Citizen Potawatomi Nation tribal members must apply for services through their tribal OEH offices.

Please note that applying for service does not guarantee you will receive service. Service depends on the availability of funding.

Please call (405) 214-4200, or stop by our office at 14106 Highway 177, Shawnee, Oklahoma, for more information.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPPIR) NET MONTHLY INCOME STANDARDS (Effective October 1, 2013)

The net monthly income standard for each household size is the sum of the applicable Supplemental Nutrition Assistance Program (SNAP) net monthly income standard and the applicable SNAP standard deduction.

48 Contiguous United States:

Use this Amount

Household Size	SNAP Net Monthly Income Standard		SNAP Standard Deduction	=	FDPPIR Net Monthly Income Standard
1	\$958	+	\$152	=	\$1,110
2	\$1,293	+	\$152	=	\$1,445
3	\$1,628	+	\$152	=	\$1,780
4	\$1,963	+	\$163	=	\$2,126
5	\$2,298	+	\$191	=	\$2,489
6	\$2,633	+	\$219	=	\$2,852
7	\$2,968	+	\$219	=	\$3,187
8	\$3,303	+	\$219	=	\$3,522
each additional member					+ \$335

Alaska:

Use this Amount

Household Size	SNAP Net Monthly Income Standard		SNAP Standard Deduction	=	FDPPIR Net Monthly Income Standard
1	\$1,196	+	\$260	=	\$1,456
2	\$1,615	+	\$260	=	\$1,875
3	\$2,035	+	\$260	=	\$2,295
4	\$2,454	+	\$260	=	\$2,714
5	\$2,873	+	\$260	=	\$3,133
6	\$3,292	+	\$274	=	\$3,566
7	\$3,711	+	\$274	=	\$3,985
8	\$4,130	+	\$274	=	\$4,404
each additional member					+ \$420

FDPPIR Income Deductions (see 7 CFR 253.6(e)):

Earned Income Deduction	Households with earned income are allowed a deduction of 20 percent of their earned income.
Dependent Care Deduction	Households that qualify for the dependent care deduction are allowed a deduction of actual dependent care costs paid monthly to a non-household member.
Child Support Deduction	Households that incur the cost of legally required child support to or for a non-household member are allowed a deduction for the amount of monthly child support paid.
Medical Expense Deduction	Households that incur monthly medical expenses by any household member who is elderly or disabled are allowed a deduction in the amount of out-of-pocket medical expenses paid in excess of \$35 per month. Allowable medical expenses are provided at 7 CFR 273.9(d)(3).
Home Care Meal-Related Deduction	Households who furnish the majority of meals for a home care attendant are allowed an income deduction equal to the maximum SNAP benefit for a one-person household. In Fiscal Year 2014, the amounts are as follows: 48 Contiguous U.S. States <ul style="list-style-type: none"> • October 1, 2013 – October 31, 2013 = \$200 • November 1, 2013 – September 30, 2014 = \$189 For Alaska, please select appropriate link below. <ul style="list-style-type: none"> • October 1, 2013 – October 31, 2013 • November 1, 2013 – September 30, 2014 See 7 CFR 272.7(b) for area designations in Alaska.
Standard Shelter/Utility Expense Deduction	Households that incur at least one monthly shelter or utility expense are allowed a standard income deduction (see chart below). Allowable shelter/utility expenses are provided at 7 CFR 273.9(d)(6)(ii).

FY 2014 FDPPIR Standard Shelter/Utility Expense Deductions Baseline by Region*

Region	States Currently with FDPPIR Programs	Shelter/Utility Deduction
Northeast/Midwest	Michigan, Minnesota, New York, Wisconsin	\$400
Southeast/Southwest	Mississippi, New Mexico, North Carolina, Oklahoma, Texas	\$300
Mountain Plains	Colorado, Kansas, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming	\$400
West	Alaska, Arizona, California, Idaho, Nevada, Oregon, Washington	\$350

*If the geographic boundaries of an Indian reservation extend to more than one region per the identified regional groupings above, then a qualifying household has the option to receive the appropriate shelter/utility expense deduction amount for the State in which the household resides or the State in which the State agency's central administrative office is located.

Heroin use in Oklahoma is up, but is still a fraction of narcotics cases

Dan Cross, CREOKS Behavioral Health Services



Dan Cross

The number of people in Tulsa County seeking treatment for heroin and opiate use has doubled over seven years, state data shows, but local law enforcement say the drug accounts for a small percentage of their narcotics cases.

Last year, treatment centers in the county admitted 386 patients who reported heroin and other opiates as their drug of choice compared to 194 users in 2007, according to the Oklahoma Department of Mental Health and Substance Abuse Services. The category accounted for 13.63 percent of the total users in Tulsa County in 2013.

"Are we seeing more (heroin) now than maybe we did five years ago? Yes. But are we seeing the surge like they're seeing on the East Coast? No, not to that degree," said Mark Woodward, spokesman for the Oklahoma Bureau of Narcotics and Dangerous Drugs.

Heroin, derived from the opium poppy, converts to morphine in the human body. The drug is most frequently injected but can be smoked, snorted or used as a suppository, according to the medical information website Drugs.com.

Due to the falling price of heroin and increased regulations on prescription opioids such as oxycodone, opiate abusers are turning to heroin to feed their addiction, Woodward said.

The White House points to Latin America as the primary supplier of heroin in the United States, with Mexican heroin prevalent in areas west of the Mississippi River.

The Tulsa County Sheriff's Office recovered 42 pounds of heroin in March, and nearly 10 pounds of the drug were seized in a Department of Homeland Security raid late last year. Texas authorities discovered six pounds during a traffic stop in which the driver told officers he was transporting heroin to Tulsa.

Smaller amounts have been found during arrests in Claremore and Bixby within the last year.

"We see a lot of it coming through Oklahoma and some of it's staying here ... but most of the drugs coming through Oklahoma are heading east where there's a much bigger problem," Woodward said.

The state, due to its highway system and proximity to the U.S.-Mexico border, continues to be "prime real estate" for Mexican cartels that "will ship anything across the border — whether it's drugs, money, people — if they think they can make a profit," he said.

Tulsa Police Cpl. Mike Griffin of the narcotics unit estimated less than 5 percent of their cases involve heroin.

"It's up from what it's been. It's still not up there with everything else ... still not on the realm of meth and marijuana and cocaine," he said.

The number of drug-related arrests involving heroin are not independently documented, as heroin is grouped in a category with cocaine.

Clients seeking treatment for alcohol and marijuana accounted for the highest percentages of patients statewide and in Tulsa County. Between 2007 and 2013, about 32 percent of Oklahoma clients were alcoholics and nearly 22 percent of clients were users of marijuana or hashish, which are grouped together.

Doctor discusses state's addiction

Dr. Hal Vorse, who serves as medical director of several residential treatment centers for drug and alcohol abusers in central Oklahoma, and presents addiction medicine seminars for students at the University of Oklahoma Health Sciences Center, states, "[Painkiller abuse] has become one of the leading causes of death in people between 18 and 55. More people are dying from overdose deaths in Oklahoma than are being killed in motor vehicle accidents. The most recent data, from 2012, is over 800 overdose deaths in the state. About 80 percent of those are due to prescription drugs."

"I would say half of our new patients that have opiate addiction got legitimate prescriptions for legitimate reasons. But they discovered that they really liked the euphoria produced by the drugs and started using more and more, and eventually started taking so much that it interfered with their ability to function."

"The cost of these drugs gets very expensive, so many of these people resort to committing crimes in order to get the drugs they need. The burden on society is not just the direct effects of the addiction, but also the crime (and) the utilization of the health care system. The cost to society is just huge."

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