

2026 MASONIC GRANT ELIGIBILITY REQUIREMENTS

READ ALL documentation BEFORE filling out this application. All applications must be completed correctly and include the required documentation listed below to be eligible for funding. Incomplete applications and/or applications without proper documentation will be rejected.

Funding: Funds are provided by the Masonic Charities Foundation Grant and distributed through SODA, AAA for direct services to the elderly. It is the policy of SODA 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: Applicants must be **55 years old or older** at the time of application.

Residence Requirements: The applicant must reside in SODA's ten-county service area which includes: **Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, and Pontotoc counties. Only one application per household may be submitted.**

Need Requirements: Masonic Grant funds are allocated based on **need**. Applicants must be able to demonstrate that their request is based on **NEED**. This grant is not intended to fund projects that the applicant can or should be able to afford based on their income/expense ratio, cash on hand/savings in the bank, stocks, bonds, etc. Grants are intended to fund projects for basic needs of applicants who could not otherwise afford to pay for the item/service they request.

Previous Recipient Restrictions: Masonic Grant funds are **primarily** intended for one-time use; however, previous applicants may apply under the following conditions and with the understanding that new applicants will be given priority. Any applicant who received a Masonic Grant in 2024 or 2025 is ineligible to apply for a 2026 Masonic Grant. Applicants who received a Masonic Grant in 2023 or earlier may re-apply again in 2026 with the understanding that preference will be given to new applicants.

Fairness and Accessibility: Complete applications submitted with the proper documentation will be processed on a first-come-first-served basis while complying with these fairness and accessibility rules.

Information Available: SODA will make the Masonic Grant Application available online at www.soda-ok.org and at community focal points within the provider service area (counties listed above). All citizens will be granted equal access to the application.

APPROVAL PROCESS

Applications will be reviewed upon receipt to ensure eligibility requirements are met.

Once approved or denied, the applicant will be notified in writing with notice sent to the address listed on the application. **If approved, a notification letter will be provided to the vendor from whom the applicant received an eligible quote.**

Please do not call the SODA office regarding your application status for a minimum of 30 days after submitting your application. We are processing applications, and this process can be lengthy. We will send applicants a notification when the process has been completed.

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

Masonic Grant applications with accompanying documentation may be submitted as follows:

Preferred: Email: tkaleiohi@soda-ok.org or jangel@soda-ok.org with **Masonic Grant** in the subject line. This is the quickest and most reliable method for documenting when an application has been received. If you do not have access to email, many community organizations such as senior centers, city halls, libraries, and churches offer computer and/or email access or may email the completed forms for you.

Applicants may also mail their documents to:

SODA
Attn: Teri Kaleiohi
PO Box 709
Durant, OK 74702

Applications may be hand-delivered to SODA at 2074 N 1st Ave, Durant, OK. **Faxed documents of any kind will NOT be accepted.**

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

Teri Kaleiohi	Email: tkaleiohi@soda-ok.org
Direct phone #:	580-265-1447
SODA office #:	580-920-1388

REQUIRED DOCUMENTS

Applicants must submit:

1. Masonic Grant Application completed correctly.
2. Copy of your driver's license or State ID
3. Vendor Estimate from an approved Vendor performing the work.
4. Required documents (W-9, Worker's Compensation & ACH Direct deposit form)

Note: SODA has no preference regarding who an applicant uses for a vendor, but **vendors must be on the SODA Approved Vendor List**. If a vendor is not on the Approved Vendor list, they may apply by providing SODA with the following: (1) W-9 form, (2) Proof of Worker's Compensation for its employees, **and** (3) ACH Direct deposit form. These forms must be submitted with your Masonic Grant application. **If your vendor is not on the Approved Vendor list or you do not submit these documents with your application, it will NOT be processed.** Service providers can contact Teri Kaleiohi, (580) 265-1447, for more information.

VENDORS/PROVIDERS MUST HAVE A W-9 FORM, PROOF OF WORKER'S COMPENSATION FORM FOR THEIR EMPLOYEES AND ACH DIRECT DEPOSIT ON FILE AT SODA TO BE PLACED ON THE APPROVED VENDOR LIST.

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. SODA assumes no interest or liability. SODA's role is solely to determine eligibility and manage the grant funds.

ELIGIBLE PROJECTS

Each category of projects has a maximum award. In some cases, the award may not be enough to cover the entire cost of the item/service 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.

Applicants are eligible to request funding for the minimum cost to meet the NEED. For example, there is a range of prices for most appliances; funds must be requested to meet the minimum need/purchase price for such item/service.

Please note that the higher the estimate, the more the estimate will be scrutinized. If the vendor's quote is higher than the allowable grant funding for that service/item, the applicant may pay the difference or find another vendor with a less costly estimate. An applicant may not upgrade to a higher priced item where a lower priced item is available, e.g., upgrade to one with more features or that is larger, etc. unless based on demonstrated need with specific written permission provided by SODA.

Written permission will be required to purchase any item beyond a normal or customary price. This program is not for wants but funds may be granted if the applicant can adequately describe why they NEED a different item than what is available at a lower price. Any applicant or vendor determined to violate these instructions may lose their eligibility to participate in the program for the rest of 2026 through 2029.

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

Hearing Aids: Maximum grant is \$1500.

Dental work including Dentures: Maximum grant is \$2000 (other programs may be available, please call for more information).

Durable Medical Equipment: Maximum grant is \$1000. This category includes the following items unless Medicare or Private Insurance can provide the same or equivalent equipment to the applicant:

- Lift chair
- Wheelchair
- Diabetic mattress or Hospital bed
- Shower chairs, etc. (call if you have questions **before** you apply)

ADA Porch Ramp: Maximum is \$2000. Wheelchair accessible ramps must be constructed to meet ADA standards. You must own your own home. Allowed only to use approved ramp vendor(s).

Air conditioner/Heater/Hot Water Tank: Maximum is \$500. Portable or window mounted A/C units and portable heaters will be considered. case-by-case situation. Ownership of the home with documents is required for a hot water tank. Vendor estimates must include delivery, installation, and hauling away costs to remove appliances to be replaced.

Kitchen or Laundry Appliance: Maximum is \$800. Applicants for appliances must ensure sufficient space is available for the appliance 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 items such as (note, some restrictions apply):

- Refrigerator/freezer
- Stove/Oven
- Washer
- Dryer

Utility Assistance: Maximum is \$250. Cable or satellite services, subscriptions, phone etc. are not eligible. **Must provide cut off notice. The utility bill must be in the applicant's name.** Utilities include:

- Electricity
- Natural Gas
- Propane
- Water

Eyeglasses and/or eye exam: Maximum is \$250. (Other programs may be available, please call for more information).

Medical procedures: Maximum is \$1000. (Other programs may be available, please call for more information).

2026 MASONIC GRANT APPLICATION ASSISTANCE GUIDE

The following contains specific instructions on how to complete the 2026 Masonic Grant application.

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

TELEPHONE: Phone number WITH AREA CODE where the applicant or alternate can be reached.

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 application. This information verifies eligibility.

AGE: Easily double-verified age requirement is met.

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

HOUSEHOLD EXPENSES: Each section must be completed. (*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 do not 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 AND INCLUDE THEIR TELEPHONE NUMBER WITH AREA CODE:
Please ensure your alternate contact person knows they are listed so they know they may be contacted.

ASSISTANCE REQUESTED: **Read through these instructions to help 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, ramp, kitchen appliance, etc.) You must also briefly tell why you need 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 does not match your other appliances, this request will not qualify as a need. If the appliance is no longer 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 this 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.

IMPORTANT: You **must** attach an estimate from an **approved vendor** to your application, or your application will **NOT** be processed. If your vendor is not on the Approved Vendor List, and they would like to apply, you must attach a copy of their W-9, their Proof of Worker's Comp Insurance and ACH Direct deposit form to the application with a request for approval. Note: The Approved Vendor List is on the SODA.ORG website.

NOTE: Do **not** submit the above instructions or preprinted portions of this application, please only submit the following: 1.) the **completed application page**, and 2.) the **vendor's estimate**. If you need further explanation regarding this information, you may call Teri Kaleiohi at 580-265-1447 or email tkaleiohi@soda-ok.org.

2026 MASONIC GRANT ASSISTANCE PROGRAM FOR SENIORS - SODA Area Agency on Aging

2026 Applications will be accepted from January 1, 2026, through November 30th, 2026, **OR** until funds are exhausted, subject to the conditions identified in the above instructions. Applicants must be aged 55 or above and demonstrate a need for assistance. **READ THE INSTRUCTIONS!** Incomplete applications and or those without an Estimate from an approved vendor will not be processed.

Name (print legibly): _____		Telephone: (____) _____ - _____	
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City Zip County </div>			
Date of Birth: ____/____/____ Age: _____ (55+)		Race : _____	
Total Average Monthly Household Income: Social Security: \$ _____ Pension: \$ _____ SNAP (Food stamps): \$ _____ Other (Identify): \$ _____ _____	Total Average Monthly Household Expenses: Rent or Mortgage (circle one): \$ _____ Home Insurance: \$ _____ Electric: \$ _____ Gas: Natural or Propane: \$ _____ Water: \$ _____ Garbage/Sewer: \$ _____ Vehicle Payment: \$ _____ Vehicle Insurance: \$ _____ Est. Vehicle Fuel: \$ _____ Phone: \$ _____ Est. Groceries and household needs: \$ _____ Other ins: Life, supplement, burial Medications: \$ _____ Medical Bills: \$ _____ Other (Identify): \$ _____		
How many people live in your residence? _____		Vehicle Insurance: \$ _____	
Have you or a family member ever been a member of the Masons or Eastern Star? _____		Est. Vehicle Fuel: \$ _____	
If so, who? _____		Phone: \$ _____	
Is anyone in your household a veteran? _____		Est. Groceries and household needs: \$ _____	
If so, who? _____		Other ins: Life, supplement, burial Medications: \$ _____	
Do you have ADvantage through the state of Oklahoma (NOT Medicare)? _____		Medical Bills: \$ _____	
		Other (Identify): \$ _____	
Identify Alternate Contact Name: _____ R			

COMPLETE BOTH PAGES OF THE APPLICATION – see next page for signature.



Assistance Requested

This section must include the type of assistance being requested and why it is needed.

I authorize SODA to release information concerning this 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

Please submit completed Applications with an Estimate from an Approved Vendor to:

Teri Kaleiohi tkaleiohi@soda-ok.org

For more information, call 580-265-1447.

The approved vendor list is available on the SODA Website at: www.soda-org

Address: SODA, PO Box 709, Durant, OK 74702

