

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

Direct Employment Assistance Program

Delaware Nation Direct Employment Assistance Program provides a small stipend to enrolled Delaware Tribal citizens that have gained new employment. The job must be a full time position. This is a one-time only assistance per fiscal year. The stipend is for gas and lunch for work until first full paycheck is received. **Applicants with dependents will receive (\$19 per working day), applicants with no dependents will receive (\$16 per working day).**

Program funds will be available on a first come, first served basis.

REQUIREMENTS

- Must be an enrolled Delaware Nation citizen
- Complete this application along with supportive documentation
- If uniforms and/or special tools are needed for the new position, this program can assist up to \$300. **Checks are made to the vendor only.**
- Applicant must be:
 - A permanent full-time employee
 - Must have documentation of unemployment prior to being hired with current employer
 - A letter from your last employer's Human Resource Department stating date of last day worked.
 - Must **not** have received 1st full paycheck from employer

REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on pending status.

- Letter from new employer on their letterhead. The letter must state:
 - date of hire
 - number of working days per week
 - hourly rate for full time status
 - type of pay period (i.e., weekly, bi-weekly, monthly, etc.)
 - date of first paycheck received
 - an attached job description on company letterhead
- If you require special tools or uniforms you must submit an invoice from where you will purchase your items. **Checks will ONLY be made to vendor.**
- W-9 Form must be filled out and turned in with this application

DEADLINE

Request that application and supportive documents be submitted 2 weeks prior to receiving first full paycheck.

SERVICE AREA

NATIONWIDE



DELAWARE NATION

P.O. Box 825
Anadarko, OK 73005
Phone (405)247-2448/Fax (405)247-5942

Date office rec'd _____

Direct Employment Application

Name _____ Enrollment # _____ Male Female

Address _____ City _____ State _____ Zip _____

Birth Date _____ Age _____ Social Security # _____ Phone _____

Are you: Married Single Divorced Separated Widowed

Have you ever applied for Direct Employment Assistance with the Delaware Nation? Yes No

Number of dependents living in your household _____

List everyone in your household. If more space is needed please use the back of this page.

| Name | Relationship | Age | Tribe | CDIB# |
|------|--------------|-----|-------|-------|
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Job Title: _____ Full Time Part Time

Employer Address _____ Hire Date _____

List all Household Income Sources: (Social Security, Unemployment, VA Benefits, Child Support, TANF, Royalties, Voc. Rehab., Worker's Compensation, Retirement Benefits, Etc.)

| NAME | RELATIONSHIP | SOURCE | AMOUNT | HOW OFTEN |
|------|--------------|--------|--------|-----------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

I certify that this application is true to the best of my knowledge. I understand that any false statements will disqualify me from the Direct Employment Assistance Program. I agree to use the funding provided by the Delaware Nation Direct Employment Assistance Program in an appropriate manner to enhance my job position and responsibilities.

Applicant Signature

Date

Director Signature

Date



DIRECT EMPLOYMENT
CONSENT FOR RELEASE OF INFORMATION

This section for office use only:

EMPLOYER _____

DATE _____

ADDRESS _____

Applicants Name _____

Address _____

Date of Birth _____

Information Request _____

I hereby authorize you to release any information requested by the agency listed below.
With the understanding that such information is to be held confidential by all parties.

DELAWARE NATION
PO BOX 825
ANADARKO, OK 73005

Applicant Signature

Date

Subscribed an sworn to before me on this ___ day of _____, 20 _____

NOTARY PUBLIC

SEAL

My Commission Expires _____