

# 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 \$25 per working day, applicants with no dependents will receive \$20 per working day, with a max of 10 days.**

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

### **REQUIREMENTS**

- Must be an enrolled Delaware Nation citizen
- Complete this application and attach supportive documentation
- If uniforms and/or special tools are needed for the new position, this program can assist up to \$500. **Checks are made to the vendor only.** Tribal citizen must provide a letter from employer stating the requirement of uniform and/or special tools.
- 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 1<sup>st</sup> 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
  - Any uniform and/or special tools requirement
  - 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**

Application and supportive documents be submitted before 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#

Job Title: \_\_\_\_\_ Full Time  Part Time

Employer Address \_\_\_\_\_ Hire Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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This section for office use only:

EMPLOYER \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Applicants Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Information Request \_\_\_\_\_

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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 \_\_\_\_\_

