



# Delaware Nation

## General Welfare Grocery Stipend Program

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This **one-time submission per Tribal Citizen ages 18 years old and older nation-wide**, is to provide a General Welfare Grocery Stipend of **\$200.00 while funding is available**.
- **APPLICATION PROCESS:**  
Eligible tribal citizens 18 years and older will receive a one-time General Welfare Grocery Stipend of \$200.00 once their application has been processed.
- **REQUIRED DOCUMENTATION FOR PROCESSING:**  
A completed application with the following documentation:
  1. Copy of CDIB card
  2. A completed application
- **START & DEADLINE DATES:** This funding will be provided from June 12, 2023 and will remain open until funding is expended.
- **APPLICATION SUBMISSION:** Applications can be obtained on the Delaware Nation website or by calling **405-247-2448 ext. 1141**. The tribal citizen's application with documentation may be submitted through one of the following:
  - Email: [SSapplications@delawarenation-nsn.gov](mailto:SSapplications@delawarenation-nsn.gov) (Please submit to this email only)
  - Fax: **405-247-5942**
  - Mail: **Delaware Nation Social Services**  
**P.O. Box 825**  
**Anadarko, OK 73005**



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**APPLICATION:** Please print the information below.

**Citizen Roll #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Alternate Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Self-Certification: (Check all that apply)**

- Reduced weekly hours or furloughed due to recession caused by the pandemic.
- Unemployed and/or currently looking for employment due to recession caused by the pandemic.
- Higher cost of living due to the recession caused by the pandemic.

**By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Approved By: _____	Date: _____
Approved Vendor(s): _____	
Check Number: _____	Date Check Mailed: _____
Check Number: _____	Date Check Mailed: _____
Check Number: _____	Date Check Mailed: _____