

# SOCIAL SERVICES DEPARTMENT

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

## Elder Winter Food Supplement Assistance Program

The Delaware Nation General Welfare Winter Food Supplement Assistance Program provides assistance in the amount of **\$100.00** to Delaware Nation enrolled elders (60+) for the purchase of November and December groceries. This funding is available to Delaware Nation elders nationwide. Applications will be accepted from November 1, 2024 – December 31, 2024.

### REQUIREMENTS

- Elder must be an enrolled Delaware Nation citizen
- Ages 60+
- Must submit a complete and signed application

Full Name:

\_\_\_\_\_  
*Last*

\_\_\_\_\_  
*First*

\_\_\_\_\_  
*M.I.*

Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apartment/Unit #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP Code*

DOB:

\_\_\_\_\_  
*Roll #*

Contact Phone: \_\_\_\_\_

***Deadline to submit application: December 31, 2024 @ 5:00 p.m. central standard time...no exceptions!***

***Please keep in mind that no checks will be issued between December 21, 2024- January 2, 2025 due to Holiday closure. In order to issue a check before the holiday, applications must be submitted by December 14, 2024.***

***Due to Holiday mail delays, Delaware Nation cannot guarantee receipt of check before December 25, 2024.***

***By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.***

***Please check here if 18 or older and have enrolled in direct deposit.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit application by mail, fax or email to [socialservices@delawarenation-nsn.gov](mailto:socialservices@delawarenation-nsn.gov)

### OFFICE USE ONLY

Approved  Denied

Total Amount Approved \$ \_\_\_\_\_

\_\_\_\_\_  
Social Services Signature

\_\_\_\_\_  
Date