



Delaware Nation

2024 General Welfare Food Stipend Program

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This **one-time assistance to tribal citizens 18 years of age or older**, provides a **\$300** General Welfare Food Stipend. This assistance is available to adult tribal citizens **nationwide**.
- **APPLICATION PROCESS:**
Please submit completed and signed application to the Delaware Nation Social Services Office. Completed applications will be processed in the order they are received. Please allow **10-14** days for a check to be issued and mailed once the application has been processed.
- **REQUIRED DOCUMENTATION FOR PROCESSING:**
A completed and signed application with a copy of your enrollment card.
- **START & DEADLINE DATES:** This funding will be provided from February 19, 2024 and will remain open until September 30, 2024 (no exceptions).
- **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:
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Email: 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 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.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Approved By: _____	Date: _____
Amount: _____	
Check Number: _____	Date Check Mailed: _____
Check Number: _____	Date Check Mailed: _____
Check Number: _____	Date Check Mailed: _____