Delaware Nation
General Welfare Fall 2025
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 Fall 2025 Grocery Stipend of **$150.00 while funding is available**.

- **APPLICATION PROCESS:**
  Eligible tribal citizens 18 years and older will receive a one-time General Welfare Fall 2025 Grocery Stipend of $150.00 once their application has been processed.

- **REQUIRED DOCUMENTATION FOR PROCESSING:**
  A completed and signed application with selected self-certification.

- **START & DEADLINE DATES:** This funding will be provided from November 13, 2025, 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.** The tribal citizen's application with documentation may be submitted through one of the following:

  Email: socialservices@delawarenation-nsn.gov **(Please submit to this email only)**
  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 furlough
☐ Unemployed and/or currently looking for employment
☐ Higher cost of living

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:_____

Check Number:_____Date Check Mailed: _____