Delaware Nation
Social Services
P.O. Box 825
Anadarko, OK 73005
Ph: (405)247-2448
Fx: (405)247-5942

General Welfare Temporary Program
Tires and/or Vehicle Maintenance/Repair Reimbursement Assistance

- **PURPOSE:** This program will aid citizens who need new tires or costly repairs to vehicles in order to obtain and/or sustain employment, attend medical appointments, attend educational courses and/or provide transportation for daily living tasks. This program provides **one-time reimbursement** assistance for **up to $800 for one vehicle per tribal citizen (age 18+).**

- **APPLICATION PROCESS:** This **one-time application** for eligible Tribal citizens will provide reimbursement assistance for vehicle repair/tires for one vehicle **only**. **The vehicle cannot be applied for by any other tribal citizen.**
  - The tribal citizen applying must be listed on the vehicle title.
  - If the vehicle is tagged by an agency other than Delaware Nation, a copy of the title with the tribal citizen's name is required.
- It is the citizen's responsibility to submit a **complete application with all required documents listed below**. Any application submitted with missing information or supportive documents will be placed on pending status for 14 days. If missing information or supportive documents are not received within 14 days of the submission date, **the application will be voided** and new application will need to be submitted.
- After verification of information is complete, processing time will be 14 business days to issue a check.
- Reimbursement can only be made for purchases or services in the same fiscal year starting October 1, 2026 and ending September 30, 2027.

- **APPLICATION SUBMISSION:** Applications can be obtained on the Delaware Nation website or by calling 405-247-2448. Applications can be submitted by email, fax, or mail. All email submissions should be submitted to socialservices@delawarenation-nsn.gov. **Please submit to this email only**. Applications submitted to other Delaware Nation emails run the risk of not being processed. If you wish to fax your application, please fax to (405)247-5942. If you wish to mail your application, please mail to:

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- **AMOUNT OF ASSISTANCE: UP TO $800, WHILE FUNDING IS AVAILABLE**
  *For all vehicle repairs, repairs must be completed by a certified and licensed auto shop. An invoice with a paid receipt for repairs must be submitted with the application. For tire purchase, purchase is for new tires only and must be made at a licensed retailer. An invoice with a paid receipt from the vendor must be submitted with the application. Any portion of the cost exceeding the allotted $800 is the responsibility of the tribal citizen. Once a check is issued, you will have exhausted your funding amount. Please note ALL receipts must and will be verified before reimbursement is issued.

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- **ELIGIBILITY REQUIREMENTS:**

  1. **Citizenship:** Applicant must be an enrolled Delaware Nation citizen
  2. **Residency:** Nation-wide
  3. **Age: 18** years of age and older
  4. **Vehicle must be in the tribal citizen's name**

- **REQUIRED DOCUMENTS:**
  - ✓ **Completed application**
  - ✓ **Copy of the vehicle title if tagged by an agency other than Delaware Nation**
  - ✓ **Paid invoice/receipt**

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APPLICATION: Please print all information requested below.

Citizen Roll #: _____

Name: _____

Address: _____

City, State & Zip _____

Contact Number: _____

Email: _____

AUTOMOBILE INFORMATION:

Vehicle Year: _____ **Vehicle Make:** _____

Vehicle Model: _____

___ Vehicle is tagged with Delaware Nation Tax Commission

___Vehicle registration is enclosed

VENDOR Information:

Vendor Name: _____

Vendor Address: _____

City, State & Zip: _____

Vendor Contact Number: _____

SELF-CERTIFICATION (check all that apply):

☐ Higher cost of living

☐ In order to obtain and/or sustain employment

☐ Attend medical appointments, educational courses and/or transportation for daily living tasks

***Attach invoice, paid receipt and copy of the vehicle title with this application.**

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By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will require a reimbursement of fraudulent funds obtained and ineligibility of future participation in any Delaware Nation Assistance Program for a period of time as determined by the Delaware Nation Fraud Policy and/or the Court. I accept the Terms and Conditions and agree to use the Assistance funds for the intended purpose stated within this application for the citizen reported.

Signature of applicant/Date: _____

Approved By: _____

Amount: $ _____