SOCIAL SERVICES DEPARTMENT

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

General Welfare Holiday Meal Assistance Program

The Delaware Nation General Welfare Holiday Meal Assistance Program provides assistance in the amount of **$200.00** to Delaware Nation enrolled citizens (18+) for the purchase of November and December groceries. This funding is available to Delaware Nation citizens nationwide. Applications will be accepted from November 1, 2026 – December 31, 2026.

REQUIREMENTS

- Must be an enrolled Delaware Nation citizen
- Ages 18+
- 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, 2026 @ 5:00 p.m. central standard time…no exceptions!

Please keep in mind that no checks will be issued between December 18, 2026- January 4, 2027 due to Holiday closure. In order to issue a check before the holiday, applications must be received by December 9, 2026.

Due to Holiday mail delays, Delaware Nation cannot guarantee receipt of check before December 25, 2026.

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. ☐ Please check here if you are a veteran.

_____ _____

Signature **Date**

Please submit application by mail, fax or email to socialservices@delawarenation-nsn.gov

OFFICE USE ONLY

Approved ☐ Denied ☐ **Total Amount Approved** $ _____

_____ _____

Social Services Signature **Date**