

SOCIAL SERVICES DEPARTMENT

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

One-Time Emergency Assistance

ELIGIBILITY REQUIREMENTS

Effective Monday, Jan. 14, 2019, the Delaware Nation Social Services program will accept applications from enrolled Delaware tribal citizens for a one-time emergency assistance of \$500.00 toward necessary household expenses (i.e., rent, mortgage payment, utilities, car payments, food, etc.) to assist the tribal member and their family who have been recently laid off, furloughed or on work with no pay status.. Due to limited funding this is on first come first serve basis. Applicant must provide the following documents.

REQUIRED DOCUMENTS

- Completed application
- Completed W9 form
- Copy of CDIB showing proof of Delaware tribal enrollment
- Federal furlough letter and/or proof of non-pay work status on official letter head (must be within the last 30 days of application submission)
- Official letter head stating the date tribal member was laid off (must be within the last 30 days of application submission)

RESPONSIBILITY

It is the applicant's responsibility to provide the required documents. Income guidelines are waived for those applying for these funds. Processing may take up to 7-10 business days.

No applications will be given out until Monday, January 14, 2019.

For more information contact Heather Cozad, Social Services Director (hcozad@delawarenation.com)

One-Time Emergency Assistance Form January 2019



ONE-TIME EMERGENCY ASSISTANCE

Full Name: _____
First Last

Address: _____
Street Address

City State Zip Code

Home or cell phone: () _____

Roll Number: _____ DOB: _____

I certify that the enclosed information is true to the best of my knowledge. I understand that if requested by the Delaware Nation Social Services to submit supportive documentation, it will be furnished and that if supportive documents are not submitted then I will not be eligible for this program. It is further understood that this is not an entitlement program. I also understand that this a onetime assistance and due to limited funding this will be on a first come first serve basis.

Signature of applicant

Date

OFFICE USE ONLY

Approved Denied

Director Signature

Date

Tribal Administrator Signature

Date