

SOCIAL SERVICES DEPARTMENT

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

Direct Employment Assistance Program

Delaware Nation Direct Employment Assistance Program provides a small stipend to enrolled Delaware Tribal members that have gained new employment. The job must be a full time position. This is a one-time only assistance (stipend). Applicants **with dependants** will receive (\$19 per working day), applicants with **no dependants** will receive (\$16 per working day). The stipend is for gas and lunch for work until first full paycheck is received.

REQUIREMENTS

- Must be enrolled with the Delaware Nation
- Complete this application along with supportive documentation
- If uniforms and/or special tools are needed for the new position, this program can assist up to \$300. Checks are made to the vendor.
- Applicant must be:
 - A permanent full-time employee
 - Must have been unemployed prior to being hired with current employer
 - Must not have received 1st full paycheck from employer

REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on pending status.

- ✓ Letter from new employer on their letterhead. The letter must state **(date of hire, hourly rate, if you are a full time employee. Letter must state a date when you will receive your first full paycheck and the job description).**
- ✓ If you require special tools or uniforms you must submit an invoice from where you will purchase your items. Checks will ONLY be made to vendor.
- ✓ Applicant must show proof of residence
- ✓ W-9 Form must be filled out and turned in with this application

DEADLINE

Request that application and supportive documents be submitted 2 weeks prior to receiving first full paycheck

SERVICE AREA

Oklahoma Only

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



DELAWARE NATION

P.O. Box 825
Anadarko, OK 73005
Phone (405)247-2448/Fax (405)247-5942

Date office rec'd _____

Direct Employment Application

Name _____ Enrollment# _____ Male Female

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Are you: Married Single Divorced Separated Widowed

Have you ever applied for Direct Employment Assistance with the Delaware Nation? Yes No

Number of dependents living in your household _____

List everyone in your household. If more space is needed please use the back of this page.

Name	Relationship	Age	Tribe	CDIB#

Job Title: _____ Full Time Part Time

Employer _____ Hire Date _____
Address _____



**DIRECT EMPLOYMENT
CONSENT FOR RELEASE OF INFORMATION**

This section will be completed by Education Director

EMPLOYER _____

DATE _____

ADDRESS _____

Applicants Name _____

Address _____

Date of Birth _____

Information Request _____

I hereby authorize you to release any information requested by the agency listed below. With the understanding that such information is to be held confidential by all parties.

**DELAWARE NATION
PO BOX 825
ANADARKO, OK 73005**

Applicant Signature

Date

Subscribed an sworn to before me on this ___ day of _____, 20 _____

NOTARY PUBLIC

SEAL

My Commission Expires _____



DIRECT EMPLOYMENT PERSONAL REFERENCES

NAME _____
ADDRESS _____

PHONE _____
RELATIONSHIP _____

NAME _____
ADDRESS _____

PHONE _____
RELATIONSHIP _____

NAME _____
ADDRESS _____

PHONE _____
RELATIONSHIP _____

ESTIMATED MONTHLY EXPENSES:

Rent	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation	\$ _____
Other	\$ _____

*Income Source (Salary, Social Security, Unemployment, VA Benefits, Child Support, TANF, Royalties, Voc Rehab, Etc.)

NAME	RELATIONSHIP	SOURCE	AMOUNT	HOW OFTEN
	self		\$	
			\$	
			\$	

I certify that this application is true to the best of my knowledge. I understand that any false statements will disqualify me from the Direct Employment Assistance Program. I agree to use the funding provided by the Delaware Nation Direct Employment Assistance Program in an appropriate manner to enhance my job position and responsibilities.

Applicant Signature

Date

Director Signature

Date