



THE DELAWARE NATION

DIRECT EMPLOYMENT ASSISTANCE (DEA)

ELIGIBILITY REQUIREMENTS

The following eligibility requirements will be in place for the term of this contract:

1. The applicant must be enrolled with the Delaware Nation.
2. Must be at least 18 years old.
3. Applicant must be head of household and show proof of residence.
4. Applicant must reside within the jurisdiction of the Anadarko Agency (Caddo, Comanche, Kiowa, Cotton, and Tillman).
5. Applicant must be:
 - A permanent full-time employee.
 - Must have been unemployed at least 6 weeks prior to being hired with current employer.
 - Must not have received 1st full paycheck from employer.

DOCUMENTATION NEEDED

- Copy of birth certificate
- Copy of social security card
- CDIB (certificate degree of Indian blood) card
- Letter from employer on their letterhead stating ***(date of hire, job title, hourly wages and date of when applicant will receive first full paycheck)***
- Release of Information Form (pg.3). Must be notarized.
- Copy of a current utility bill or proof of residence
- Three (3) personal references (pg.4)
- W-9 must be completed by applicant and submitted with this application.



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 Address _____

Hire Date _____



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 _____

PERSONAL REFERENCES

NAME	_____	PHONE	_____
ADDRESS	_____	RELATIONSHIP	_____

NAME	_____	PHONE	_____
ADDRESS	_____	RELATIONSHIP	_____

NAME	_____	PHONE	_____
ADDRESS	_____	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

Education Director

Date