



DELAWARE TRIBE OF INDIANS
Community Service Committee
5100 Tuxedo Blvd
Bartlesville, OK 74006
918-337-6590

COVID 19 CARE RELIEF FUND ASSISTANCE APPLICATION

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____ Applicant Phone: _____

Delaware Tribal Registration Number: _____ Date of Birth: _____ Age: _____

Programs:

Provides emergency assistance to Delaware Tribal members. Funds are to be used for COVID 19 related Emergency situations that have been impacted by the loss of income due to the effects of the Corona Virus. The 5 key areas of relief are:

1. Unemployment /Loss of Job
2. Mortgage /Rent
3. Utility Assistance
4. Health Care
5. Food Expense

Funds are allocated up to \$500 and will be disbursed by the Community Service Committee on a case-by-case basis as long as funds are available. Those eligible for assistance are adult Delaware Tribal members over the age of 18 who can prove needed assistance is due to COVID-19 pandemic. An application and documentation required below is necessary for each member making a claim for assistance.

Required Documentation:

- ../ Copy of a photo ID (Driver's license, tribal photo ID) and Tribal enrollment card MUST accompany the application. Contact Enrollment Office for Cards.
- ../ A short statement about situation for which assistance is requested.

Incomplete applications are not considered.

Any tribal member purposely attempting to defraud the committee by signing and submitting this application will be subject to the penalties imposed by the US Treasury 'Department and will be ineligible for any community service program for a period of one (1) year.

Community Service Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied By: _____

Date: _____

Reason for Denial: _____

Revised: July 2020 arb

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By signing this form, I acknowledge that the information I have provided is true and/or correct to the best of my knowledge and will Hold Harmless the Delaware Tribe of Indians for any COVID 19 contracted illness.

Signature of Applicant

Date

Personal statement how COVID 19 has affected your family :

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