

2021  
**QUAPAW NATION**  
**VETERANS ASSISTANCE APPLICATION**  
**P.O. BOX 765 \* QUAPAW, OK 74363**

\$250.00 per enrolled Veteran  
 (Per Quarter)

This service is to help our Veterans (active or inactive) who may have additional needs. You **must** provide a **DD214** (once we have it on file you will not need to send it in each quarter). **Valid Active military ID card or Retired Military Card. We do not accept enlistment forms** in lieu of your DD214 for this service. To receive benefits, you must apply each quarter. **Your DD214 must reflect an Honorable discharge. If your DD214 reflects a DISHONORABLE discharge; you are NOT ELIGIBLE to receive Veterans assistance.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Roll# \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone# \_\_\_\_\_  
 (Day & Night time contact numbers)

Address: \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (Zip)

1 <sup>st</sup> Quarter Jan-March	2 <sup>nd</sup> Quarter April-June	3 <sup>rd</sup> Quarter July-Sept	4 <sup>th</sup> Quarter Oct-Dec
Veteran's Assistance	QN Member	Roll#	Amount
Date Received	Action	Service	Balance

(Please submit a legible copy of your DD214 or Active Enlistment form if you are a first-time applicant)

By signing below, I hereby grant the Quapaw Nation Social Services department the authority to contact the Department of Veterans Affairs regarding my application for funding. This authority extends to verifying any necessary information within my records and dates of service and type of discharge. I understand that in the event any information is knowingly falsified on my veteran's assistance application or any information pertaining to my eligibility for assistance I will be suspended from all services.

\_\_\_\_\_  
 (Quapaw member signature)

**AFFIDAVIT**  
(Military Deployment)

The Quapaw Nation considers the age of 18 as an adult, therefore requiring each adult tribal member to sign their own Social Services Application. I am over the age of 18 and wish to appoint the undersigned as an authorized party in the regards to the Quapaw Nation Veterans assistance program.

I, \_\_\_\_\_ hereby give the undersigned person permission to inquire about my benefits and to fill out my Veterans application. I hereby understand that this form is valid until revoked.

\_\_\_\_\_  
Signature of Tribal member

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print name of tribal member)

\_\_\_\_\_  
Signature of authorized person

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print name of authorized person)

This document was signed and dated before me on \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

My Number is \_\_\_\_\_

Expires on \_\_\_\_\_