

Quapaw Nation  
Social Services Department

Release of Information

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 my military records with dates of service.

I authorize the ***Quapaw Nation Social Services Department*** the authority to release any necessary information regarding my military records to the following individuals or institutions: (No information about your file will be released unless you indicate privileged individuals and/or institutions.)

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(Please list name of institution you wish to release information to)

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 and I will be suspended from all services for (1) year. **Failure to sign and return this documentation will delay my application until all documentation is received.**

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(Quapaw Nation Member's Signature) (Date)

**2019  
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/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 and you *must sign and return the RELEASE OF INFORMATION form*. Failure to return this form will delay your application and will not be considered until document is completed and returned. 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 remember to submit a copy of your DD214 or Active Military ID & **Release of Information**)

\_\_\_\_\_  
(Quapaw member signature) Date: \_\_\_\_\_