Caddo Nation of Oklahoma
Job Placement & Training Program
P.O. Box 487 - Binger, OK 73009
(405) 656-2344, Ext. 0971

JOB PLACEMENT & TRAINING PROGRAM GUIDELINES/CHECKLIST

Program Services
2. Job Training (Adult Vocational Training): Partial costs for tuition, books and fees that are not covered by other sources (i.e. Pell Grant, etc.) OR Bi-weekly subsistence allowance payments for transportation, utilities, childcare, etc.

Eligibility For Both Programs: Must be an enrolled member of the Caddo Nation, must be 18 years of age or older, must reside within jurisdiction of the Anadarko Agency (Caddo, Kiowa, Comanche, Cotton, and Tillman Counties in the State of Oklahoma).

Additional Eligibility Criteria for Job Training: Must make application for the FAFSA (contact the Financial Aid Office at your school).

Required Documents: To qualify you must submit an application completed to the best of your abilities, and attach the following required (marked with a check mark) documentation before your application for services can be considered. (A single asterisk (*) indicates the form is included in the packet:

- ✔ Marriage License or Divorce Decree (If Applicable)
- ✔ Copy of Birth Certificate(s), Social Security Card(s) for yourself and all dependents (If Applicable)
- ✔ Certificate of Degree of Indian Blood for yourself and all dependents (If Applicable)
- ✔ Proof of residency (current utility bill in applicant’s name)
  OR *Proof of Residency Affidavit MUST BE NOTARIZED
- ✔ Copy of High School Transcripts or GED (Also, College Transcripts, If applicable)
- ✔ Selective Service Status or DD-214 (If Applicable)
- ✔ Letter of Intent (Letter explaining why you want/need training)
- ✔ *Release of Information Form MUST BE NOTARIZED
- ✔ *Three (3) personal references which include name, address and zip codes (NO PHONE NUMBERS)
- ✔ *Statement of Understanding (Please read and sign)
- ☐ Letter of verification from training facility (on letterhead) that verifies enrollment, length of program/course, costs of tuition, books, and any additional supplies needed.
- ✔ Letter from supervisor/human resources department on company letterhead stating your job title, beginning wage, beginning date, date when first full paycheck will be issued, and expected duration of employment.
- ☐ *Financial Needs Analysis Form (to be completed by the training facility’s Financial Aid Office)

Failure to provide the required information/documentation will preclude the applicant from eligibility in obtaining job placement or job training assistance under this program. Incomplete applications will be considered inactive after one month.

Repeat Services
An applicant can receive only one (1) repeat service.
# Caddo Nation Education Department

## Job Placement & Training Program

P.O. Box 487  
Binger, OK 73009  
(405) 656-2344, ext. 0971

<table>
<thead>
<tr>
<th>NAME OF APPLICANT (Last, first, middle)</th>
<th>INITIAL (FIRST) REQUEST</th>
<th>REPEAT REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

| ADDRESS (Street, City, State)          |                         |               |
|----------------------------------------|                         |               |

## SECTION A. FORMAL REQUEST

I hereby apply for the type of service indicated above: ________________________________

(Point of destination)

and agree to cooperate with those officials designated to render this service. Financial assistance for this purpose ☐(is) ☐(is not) needed.

Signature of Applicant (Spouse)  
Date  
Signature of Applicant (Head)

## SECTION B. RECOMMENDATION

(1) The above-named applicant is: YES NO

(a) Eligible for Direct Employment Assistance ☐ ☐

(b) In need of financial assistance ☐ ☐

(c) Eligible for Adult Vocational Training ☐ ☐

(d) RECOMMENDED ☐ ☐

Comments: (Place on reverse side) ________________________________ Date ____________________________ Signature of Reviewer ____________________________

(2) For Institutional Training and Repeat Services: YES NO

RECOMMENDED ☐ ☐

Comments: (Place on reverse side) ________________________________ Date ____________________________ Signature of Program Director ____________________________
APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

INFORMATION RECORD

Social Security No. ______________________

Name (Last, First, Middle Initial) ____________________________

Mailing Address: ____________________________________________________________

Date of Birth: ____________________________

Telephone No. ( )

Veteran ______ Yes _____ Single _____ Marital Status: Married _____ Widowed

____ No _____ Divorced _____ Separated

Number of Dependents

Dependants ____________________________

Children in School ____________________________

Applying for

Vocational Training ______ Request ______ In Case of Emergency

Direct Employment ______ Initial ______ Name: ____________________________

Other ____________________________ Repeat ______ Address: ____________________________

________________________________________

Telephone No. ____________________________

Education:

Highest Grade Completed: __________________ Schools attended and Date(s): ____________________________

Type of Training or employment you are interested in:

Do you have any physical limitations that would interfere with your training or employment? Yes ______ No ______

If yes, please explain ____________________________________________________________

Have you had previous training? Yes ______ No ______

If yes, please explain ____________________________________________________________

Training or Employment Location Desired: _____________________________________________

For Training:

Course No. and Title: ____________________________

School and Address: ____________________________________________________________

Do you have income from any source? Yes ______ No ______ If yes, please explain ____________________________

EMPLOYMENT RECORD: (List your three most important periods of employment.)

From: ___________ To: ___________ Employer Name and Address: ____________________________

Job Title: ____________________________ Description and Duties: ____________________________

Reason for Leaving: ____________________________

From: ___________ To: ___________ Employer Name and Address: ____________________________

Job Title: ____________________________ Description and Duties: ____________________________

Reason for Leaving: ____________________________

From: ___________ To: ___________ Employer Name and Address: ____________________________

Job Title: ____________________________ Description and Duties: ____________________________

Reason for Leaving: ____________________________
Part 1 – To Be Completed by Student

(PLEASE COMPLETE ALL BLANKS)

(Print) Name: ___________________________ SSN: ____________

Last    First    MI

Address: ____________________________________________________________

St. No./Route/POB   City   State   Zip

Marital Status: ______ No. of Dependents: __________

Training site/school: _____________________________________________

Name   Address   City  State Zip

Authorization for Release of Information

I authorize the above training site/school to release this Financial Needs Analysis Form, when completed, to the Caddo Nation Education Department.

_________________________________________________________   ____________________

Student Signature           Date

Student: Please do not make any marks below this point and submit to your school’s Financial Aid Office when completed, signed and dated.

Part 2: To Be Completed by Financial Aid Administrator/Counselor

(PLEASE COMPLETE ALL BLANKS)

____ Student applied for financial aid for the current academic year.

____ Student has not applied for financial aid. Need cannot be determined.

____ Student’s application is incomplete and cannot be considered.

Applicant is: (Circle appropriate number) 1. Full-time    2. Part-time.    Applicant is enrolled in how many hours? ____________

BUDGET PERIOD: CURRENT TERM ONLY, NOT FULL COURSE. Start Date: ____________

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Resources/Awards/Scholarships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition $_________</td>
<td>Parental $_________</td>
</tr>
<tr>
<td>Fees $___________</td>
<td>Student/Spouse $_________</td>
</tr>
<tr>
<td>Books/Supplies $</td>
<td>Student Incentive Grant $</td>
</tr>
<tr>
<td></td>
<td>Scholarships</td>
</tr>
</tbody>
</table>

TOTAL $__________  TOTAL $__________

Student’s unmet need is $__________ (Unmet Need = Expenses – Resources/Awards/Scholarships)

_________________________________________________________   ____________________

Signature of Financial Aid Officer           Date           Phone Number

________________________________________________________

College/University    Address    City/State/Zip

Financial Aid Administrator: Please return this completed form to the Caddo Nation Education Dept., P.O. Box 487, Binger, OK 73009. Thank you.
PROOF OF RESIDENCY AFFIDAVIT

(TO BE COMPLETED BY RESIDENCE OWNER/RENTER AND CADDOD NATION JOB PLACEMENT AND TRAINING PROGRAM APPLICANT)

CURRENT UTILITY BILL IN THE RESIDENCE OWNER’S/RENTER’S NAME MUST ACCOMPANY THIS AFFIDAVIT.

This form shall be completed for applicants who are living within the jurisdiction of the Anadarko Agency and who are not the primary residence owner/renter. Complete all fields of this affidavit, in ink, in the presence of a Notary Public.

I, ________________________________, certify that I am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein; and also certify that I am living in a shared housing situation with ________________________________, the applicant for services through the Caddo Nation Job Placement & Training Program (JP&T), and that the physical address of the housing property is:

Address: __________________________________________________________________________________

City: ___________________ State: ___________________ Zip: ___________________

Home Phone: ___________________ Work Phone: ___________________ Cell Phone: ___________________

I understand that persons submitting or causing to be submitted any false information in connection with any application, report or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as Sections 287, 371, or 1001 of Title 18, U.S. Code.

This Proof of Residency Affidavit is valid for the current application being submitted ONLY.

I solemnly affirm under the penalties listed above that the content of this affidavit are true to the best of my knowledge, information, and belief.

Printed Name of Residence Owner/Renter  Signature of Homeowner/Renter  Date

Printed Name of JP&T Applicant  Signature of JP&T Applicant  Date

Subscribed and sworn to before me on this ________ day of ____________, 20______.

My commission expires: ________________________________

Notary Public: ________________________________
I______________________________, do hereby affirm that I will abide by rules and regulation of the Job Placement & Training Program as follows:

1. I understand that it is up to me to be in class everyday, and abide by the rules and regulations set for attendance, (must not be absent more than 4 days a month), personal behavior, grades (2.6 grade average) and living arrangements. I further understand that I shall attend training as I would attend a job. If I am absent and the Caddo Nation Education Department staff member in charge of the Job Placement & Training Program determines that the absence is not justified, subsistence will be deducted for that day.

2. I understand that I am on a program that allows up to 24 months to complete (36 months for Registered Nursing students). However, this does not necessarily mean I have 24 months to complete training. EXAMPLE: If my course of training is 12 months in duration, I will be allowed 12 months to complete. If my training is interrupted by circumstances beyond my control, “Interrupted Status” arrangements can be made with the Caddo Nation Education Department staff member in charge and the training time can be adjusted accordingly. Otherwise, I will be expected to complete in the original time allowed for completion of the course. Length of training will not be extended to make up time for unjustified absences.

3. It is also my responsibility to budget the monies given to me for school expenses. The amount will be limited to the number of persons involved in my case. The monies given me cannot be used to pay for personal bills such as car payments or any other items that will be over and above my living expenses.

4. I understand that I must talk with the Job Placement and Training Program staff if a change in housing arrangements is necessary. I must notify Job Placement & Training staff if I must leave the training location and get permission in order to prevent any misunderstanding later on and not be counted AWOL. If I must discontinue training, I will notify the Job Placement & Training staff.

5. I understand that if I am DROPPED from the Job Placement & Training program for any reason such as poor grades, misbehavior, too many un-excused absences or tardies or any unfavorable attitudes that will prevent successful completion of my chosen course, I will not be offered a second chance at Job Placement & Training program services. The only purpose for which I may be excused from classes is when my circumstances are beyond my control, temporarily.

6. In accepting my application for the Job Placement & Training Program and meeting all eligibility requirements, the Caddo Nation Education Department agrees to furnish financial assistance toward school expenses. The amount will be determined by the JP&T office in accordance with actual needs that arise once I go into training, and will be limited to maximum allowances under the regulations, during my training period. Financial assistance will be granted as I observe the rules mentioned above and maintain my grades at an acceptable level, until I complete my course or until I am dropped from training.

Applicant’s Signature Date Signature of Reviewer Date
Caddo Nation Education Department
Job Placement & Training Program
P.O. Box 487
Binger, OK 73009
(405) 656-2344, ext. 0971

TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Caddo Nation Education Department will be so used for said purposes or repayment will be made. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grants (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Caddo Nation Education Department personnel.

(initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:


2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.

3. The purpose of this information collection is to determine your eligibility for services.

4. The routine use of this information is by the Caddo Nation Education Department to evaluate your request and to assist you before and during your training. After completion of training or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by the Caddo Nation Education Department staff working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.

5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

(Applicant Signature) Date

(Interviewer Signature) Date

FOR AGENCY USE

I certify that ___________________________ is ____________ degree of Indian Blood, member of the Caddo Nation and is / is not eligible for training or employment assistance services.

Recommended by: ___________________________ Approved by: ___________________________

Signature of Reviewer Signature of Program Director
Job Placement & Training

Three References: (Name & Address)

1. 

2. 

3. 

Dependents accompanying applicant:

<table>
<thead>
<tr>
<th>Name</th>
<th>Tribe</th>
<th>D.O.B.</th>
<th>SSN</th>
<th>Grade completed</th>
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<tbody>
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</table>

Selective Service/Military Service:

Selective Service Number: _____________ Registration Date: _________________

Date of Birth: _______________ Social Security Number: _______________

Military Serial Number: _______________ Date of Discharge: ________________

Do you have a service connected disability of 10% or more: Yes or No

Describe military duties that were assigned: ____________________________

_________________________________________________________________
CONSENT TO RELEASE INFORMATION

To: ___________________________  Address: ___________________________

Date: _________________________  Reason for Request: ___________________________

I hereby give my permission to release information to:  CADDO NATION EDUCATION DEPARTMENT
                                                        P.O. BOX 487
                                                        BINGER, OK 73009

__________________________________________  ___________________________
APPLICANT’S FULL NAME  DATE OF BIRTH

__________________________________________  ___________________________
CHART # (IF APPLICABLE)  SIGNATURE OF APPLICANT OR
                          PARENT/LEGAL GUARDIAN OF 18
                          YEARS OF AGE

ATTENTION:  According to Family Education Rights and Privacy Act of 1974
(P.L. 93-380) the parent, guardian of 18 years old, has the right to
make a written request to view any records released.

Subscribed and sworn to before me on this _______ day of _______________ 20________

My commission expires: ___________________________  ___________________________
                          Notary Public
<table>
<thead>
<tr>
<th>Name (Last) (First)</th>
<th>Date of Birth</th>
<th>Tribe</th>
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</table>

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<thead>
<tr>
<th>Home Address</th>
<th>Type of Service:</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Employment Assistance</td>
<td>Adult Vocational Training</td>
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</table>

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<tr>
<th>Relationship to head of family unit:</th>
<th></th>
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<tr>
<th>Have you ever had, or have you now: (Place Check mark at left of each item)</th>
<th></th>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Poor vision in one or both eyes</td>
<td>Arthritis, rheumatism, swollen or painful joints</td>
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<tr>
<td>Eye Disease (Describe below)</td>
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<tr>
<td>Poor hearing in one or both ears</td>
<td>Deformity of hand, arm, foot or leg</td>
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<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Dizziness or Fainting Spells</td>
<td>Nervous or mental trouble Blackouts or Epilepsy</td>
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<tr>
<td>Frequent or Severe Headaches</td>
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<tr>
<td>High or Low Blood Pressure</td>
<td>Drinking of alcohol, occasional, moderate, frequent</td>
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<tr>
<td>Drug or Narcotic Colds</td>
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<tr>
<td>Sinusitis</td>
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<td></td>
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<tr>
<td>Tumor, Cyst, Cancer</td>
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<tr>
<td>Loss of Memory or Amnesia</td>
<td>Rejection for Military service for physical, mental or other reasons</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Goiter</td>
<td>Discharge from military service for physical, mental or other reasons</td>
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<tr>
<td>Piles or Rectal Disease</td>
<td></td>
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<tr>
<td>Paralysis</td>
<td></td>
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<tr>
<td>Loss of hand, arm, foot or leg</td>
<td>Have you had or been advised to have any operations?</td>
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<tr>
<td>Sugar or albumin in urine</td>
<td></td>
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<tr>
<td>Hernia</td>
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<td></td>
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<tr>
<td>Ulcers</td>
<td>Do you wear glasses?</td>
<td></td>
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<tr>
<td>Denial of life insurance</td>
<td></td>
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<tr>
<td>Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 3 years? If so, where:</td>
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</table>

(If your answer is "yes" to any of the above questions, explain in space below)

Where are your hospital records and X-rays? ________________________________

I CERTIFY THAT MY ANSWERS ABOVE ARE FULL AND TRUE.

Signature ________________________________ Date __________

Reviewing Official ________________________________ Date _______
### JOB PLACEMENT & TRAINING


![AVT](AVT) ![DEA](DEA)  

**Date:** ___/___/____

**What is/are your goals to achieve self-sufficiency?**  
*Goals:*

<table>
<thead>
<tr>
<th><strong>BARRIERS TO CLIENT</strong></th>
<th><strong>STRENGTHS OF CLIENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Health</td>
<td></td>
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<tr>
<td>□ Mental Health</td>
<td></td>
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<tr>
<td>□ Substance Abuse Dependency</td>
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<tr>
<td>□ Age Factors</td>
<td></td>
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<tr>
<td>□ Disabilities</td>
<td></td>
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<tr>
<td>□ Lack of/ Limited Transportation</td>
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<tr>
<td>□ Lack of/ Limited Education</td>
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<tr>
<td>□ Criminal History</td>
<td></td>
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<tr>
<td>□ Limited/ No Work History</td>
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<tr>
<td>□ No Job Skills</td>
<td></td>
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<tr>
<td>□ No Driver’s License</td>
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<tr>
<td>□ Social Isolation</td>
<td></td>
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<tr>
<td>□ Limited/No Jobs Available</td>
<td></td>
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<tr>
<td>□ Homeless</td>
<td></td>
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<tr>
<td>□ Other:</td>
<td></td>
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</tbody>
</table>

**Identify strengths the client possesses:**

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**STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY**

<table>
<thead>
<tr>
<th><strong>ACTIVITIES</strong></th>
<th><strong>EDUCATION/ TRAINING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Job Search</td>
<td></td>
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<tr>
<td>□ Job Sampling or Job Shadow</td>
<td></td>
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<tr>
<td>□ On-the-Job Training</td>
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<tr>
<td>□ Employment Counseling</td>
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<tr>
<td>□ Service Job Readiness</td>
<td></td>
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<tr>
<td>□ Other:</td>
<td></td>
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<tr>
<td>□ High School Diploma</td>
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<td>□ GED</td>
<td></td>
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<tr>
<td>□ Adult Vocational Training</td>
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<tr>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

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**SELF SUFFICIENCY ACTION PLAN & GOALS**

**GOAL #1**

**Goal #1 Revised**

**ACTION STEPS FOR GOAL #1**  
*DATE TO BE ACHIEVED* | *DATE COMPLETED*
---|---|
1. |
2. |

**GOAL #2**

**Goal #2 Revised**

**ACTION STEPS FOR GOAL #2**  
*DATE TO BE ACHIEVED* | *DATE COMPLETED*
---|---|
1. |
2. |

**JP&T ACTIVITY**  
*AMOUNT* | *DATE COMPLETED*
---|---|
1. |
2. |

---

I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment/training through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in activities and referrals developed in this plan that will promote my self-sufficiency. Failure to follow through with the ISP may constitute suspension from the Job Placement & Training Program. I also understand that if there are any changes to be made that I will contact the Job Placement & Training staff.

---

**Participant Signature**  
**Date Signed**  
**Signature of Reviewer**  
**Date Signed**