



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



DEA

JOB PLACEMENT & TRAINING PROGRAM GUIDELINES/CHECKLIST

Program Services

1. Job Placement (Direct Employment Assistance): Partial costs for expenses related to starting a new job.
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.



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NAME OF APPLICANT (Last, first, middle)	<input type="checkbox"/> INITIAL (FIRST) REQUEST <input type="checkbox"/> REPEAT REQUEST TYPE OF SERVICE <input checked="" type="checkbox"/> Direct Employment Assistance <input type="checkbox"/> Institutional Training
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 | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) In need of financial assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Eligible for Adult Vocational Training | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) RECOMMENDED | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | |
|---|--------------------------|--------------------------|
| (2) For Institutional Training and Repeat Services: | YES | NO |
| RECOMMENDED | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: (Place on reverse side) _____
Date Signature of Program Director

Caddo Nation Education Department

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APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

Social Security No. _____ - _____ - _____

INFORMATION RECORD

Name (Last, First, Middle Initial)	Mailing Address: Telephone No. ()	Date of Birth:
------------------------------------	--	----------------

Veteran

Yes
 No

Marital Status

Single Married Widowed
 Divorced Separated

Number of Dependents

Dependents _____
Children in School _____

Applying for

Vocational Training _____
Direct Employment _____
Other _____

Request

Initial _____
Repeat _____

In Case of Emergency

Name: _____
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: _____

JP&T • FINANCIAL NEEDS ANALYSIS FORM • AVT

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: _____

<u>Expenses</u>		<u>Resources/Awards/Scholarships</u>			
Tuition	\$ _____	Parental	\$ _____	Pell Grant	\$ _____
Fees	\$ _____	Student/Spouse	\$ _____	SEOG	\$ _____
Books/Supplies	\$ _____	Student Incentive Grant	\$ _____	Work Study	\$ _____
		Veteran's Asst.	\$ _____	Tuition Waiver	\$ _____
				Voc. Rehab.	\$ _____
				Other (i.e. EFC)	\$ _____
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.



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PROOF OF RESIDENCY AFFIDAVIT

(TO BE COMPLETED BY RESIDENCE OWNER/RENTER AND CADDO 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: _____



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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



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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:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309)
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: _____
Signature of Reviewer

Approved by: _____
Signature of Program Director



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Job Placement & Training

Three References: (Name & Address)

1. _____
2. _____
3. _____

Dependents accompanying applicant:

Name	Tribe	D.O.B.	SSN	Grade completed

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

Caddo Nation Education Department
Job Placement & Training Program

Name (Last) (First) (Middle)			Date of Birth:		Tribe:
Home Address			Type of Service: <input checked="" type="checkbox"/> Employment Assistance		
			<input type="checkbox"/> Adult Vocational Training		
			Relationship to head of family unit:		
Have you ever had, or have you now: (Place Check mark at left of each item)					
Yes	No		Yes	No	
		Poor vision in one or both eyes			Arthritis, rheumatism, swollen or painful joints
		Eye Disease (Describe below)			
		Poor hearing in one or both ears			Deformity of hand, arm, foot or leg
		Diabetes			
		Dizziness or Fainting Spells			Nervous or mental trouble Blackouts or Epilepsy
		Frequent or Severe Headaches			
		High or Low Blood Pressure			Drinking of alcohol, occasional, moderate, frequent
		Drug or Narcotic Colds			
		Sinusitis			Refusal of or separation from employment because of health
		Tumor, Cyst, Cancer			
		Loss of Memory or Amnesia			Rejection for Military service for physical, mental or other reasons
		Tuberculosis			
		Goiter			Discharge from military service for physical, mental or other reasons
		Piles or Rectal Disease			
		Paralysis			Have you had or been advised to have any operations?
		Loss of hand, arm, foot or leg			
		Sugar or albumin in urine			Do you wear glasses?
		Hernia			
		Ulcers			Do you wear a hearing aid?
		Denial of life insurance			
		Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 3 years? If so, where:			
(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
INDIVIDUAL SELF-SUFFICIENCY (ISP) (25 CFR Part 26.23)

AVT DEA

Student / Applicant (Last, First, Middle): _____

Date: ____/____/____

What is / are your goals to achieve self sufficiency?

Goals:

BARRIERS TO CLIENT			STRENGTHS OF CLIENT
<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse Dependency <input type="checkbox"/> Age Factors <input type="checkbox"/> Disabilities	<input type="checkbox"/> Lack of/ Limited Transportation <input type="checkbox"/> Lack of/ Limited Education <input type="checkbox"/> Criminal History <input type="checkbox"/> Limited/ No Work History <input type="checkbox"/> No Job Skills	<input type="checkbox"/> No Driver's License <input type="checkbox"/> Social Isolation <input type="checkbox"/> Limited/No Jobs Available <input type="checkbox"/> Homeless <input type="checkbox"/> Other:	<i>Identify strengths the client possesses:</i>

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY			
ACTIVITIES		EDUCATION/ TRAINING	
<input type="checkbox"/> Job Search <input type="checkbox"/> Job Sampling or Job Shadow <input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Employment Counseling <input type="checkbox"/> Service Job Readiness <input type="checkbox"/> Other:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED	<input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Other:

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