

Kiowa Tribe of Oklahoma
P.O. Box 363
Carnegie, OK. 73015
(580) 654-2953 (855) 584-1215
(580) 654-2300 Ex. 352,354,355
INTAKE RECORD

REGISTRATION NUMBER Initial Screen Received by: DATE OF INTAKE

1102

			_		-						
VETERAN STATUS	MAILING ADDRESS	9	CITY	ম্ন RESIDENTIAL ADDRESS		5. Separated 6. Common Law 5	2. Married 3. Divorced 4. Widowed 4.	(circle one) 1. Single	MARITAL STATUS	1	2 SOCIAL SECURITY NO.
SELECTIVE SERVICE SERVICE SERVICE SERVICE SERVICE	(9) MAILING ADDRESS (if different from street address)	Ö	CTATE	SS				In-School, Post H.S.	8 EDUCATIONAL STATUS	1. Male 2. Female	D. GENDER (circle one)
PUBLIC ASSISTANCE	ess) CITY	000	COLINTY	रिक्न ZIP CODE		School	Full-Time Part-Time Not Attending	ATTENDANCE (circle one)	© SCHOOL		4 BIRTH DATE
NCE FAMILY INCOME LEVEL * WIA Staff will complete (circle all that apply)	STATE ZIP CODE	Non-Eligible, Non-Citizen	1. Citizen	(circle one)		Four Year UniversityNot Applicable	 Secondary Trade/Tech/Voc. Jr/Community College 	(circle one) 1. Elementary	TYPE OF SCHOOL		SAGE 6 NAME
EVEL * WIA Staff will	3 Native Hawaiian	1. American Indian	IDENTIFICATION	CULTURAL		TELEPHONE/MESSAGE NO.		COMPLETED 1. E			LAST
- 4		an		RESERVATION (circle one)		ESSAGE NO.		Employed Employed Full-Time 2. Employed noting to the control of the c	B EMPLOYMENT STATUS AT INTAKE (circle one)		FIRST
PLOYM	1. Not Known 2. No 3. Yes Tribal Affiliation:	RSHIP (circle one)	Resides within the Tribal Jurisdictional Area? 1. No 2. Yes	rcle one)		(2) E-MAIL ADDRESS	employment or military separation	Employed but received 3. Not Employed: notice of termination of	INTAKE (circle one)		MIDDLE
ENT (circle all that apply) 10. Substance Abuse			rea? 1. No 2. Yes			SS	Last day worked?	Employed but received 3. Not Employed: notice of termination of Was employed: Was the base of termination of Was employed: Note: The base of termination of Was employed: Was the base of termination of Was employed: Note: The base of termination of Was employed: Was the base of termination of Was employed: Note: The base of termination of Was employed: Was the base of termination of Was employed: Was employed: Was employed: Was employed: Was employed: Was employed: Was employed: Was employed: Was e			MAIDEN

Name	FAVORITISM Revie	Enter the employer's	VETERAN STATUS (circle one) 1. Eligible Veteran, less than or equal to 180 days 2. Eligible Veteran 3. Eligible Spouse 4. Not an Eligible Veteran
Rela	Review the current KIC List, and Staff List with the administrative capacity with Kiowa WIA Program?	EMPLOYMENT HISTORY (26 weeks Pre-Program Current/Last Job First) Enter the employer's name, address, zip code and telephone number.	REGISTRANT (circle one) 1. No 2. Yes 3. Exempt 4. Not Required to Registration or Document Registration Age; Failure to Register Unintentional
Relationship	applica	Current/Last Job First)	1. GA/BIA (circle all that apply) 2. TANF 3. SSI / SSA / SSDI 4. Food Stamps 5. Foster Child Payments 6. TWEP 7. Food Commodities 8. Veterans Benefits 9. None
Name	nt. Is a member of the applicant's immediate family (identified in box 27) and 1. No 2. Yes If yes, list the name(s) and relationship to the applicant.	From Mo/Day/Yr	1. At/Below HHS 2. At/Below 70% of the LESIL LLSIL 3. Above HHS 3. Above HHS 4. Above 70% of the LLSIL Circle all that apply) 5. Above 70% & Below 100% of the LLSIL 4. Not Low Income 2. 70% LLSIL 4. Not Low Income
me	mmediate family (i me(s) and relatior	To Mo/Day/Yr	EVEL * WIA Staff will complete 4. Above 70% of the LLSIL 5. Above 70% & Belov 100% of the LLSIL IA Staff will complete 3. Other Determinant 4. Not Low Income
	dentified in box 27 ship to the applic	Job Title	
Rela	7) a signatory, dele sant:	itle	1. Basic Skills Deficient 1. Basic Skills Deficient 2. Low Income 3. Long Term Unemployed 4. Offender / Criminal Justice 5. Single Head of Household 6. Pregnant / Parenting Teen 7. Limited English Proficiency 8. Individual with Disability 9. Poor Work History 10. Substance Abuse 11. Homeless 12. Displaced Homen 12. Displaced Homen 13. School Drop-out 14. Runaway Youth 15. Youth Additional 16. Learning Disability 17. Not Applicable
Relationship	egate, altern	Hourly Wage	TO EMPLO Deficient Deficient nemployed iminal Justic of Househol arenting Tee sh Proficien h Disability h Disability
	ate delegat	Hours Per Week	DYMENT (circle all the circle all the circle all the circle all the circle and circle an
	e or employed in an	Reason for Leaving	MENT (circle all that apply) 10. Substance Abuse 11. Homeless 12. Displaced Homemaker 13. School Drop-out 14. Runaway Youth 15. Youth Additional Assistance 16. Learning Disability 17. Not Applicable

REMARKS

								INTERVIEWER		
DATE				GNATURE	DIRECTORSSIGNATURE	3		PARENT/GUARDIAN	2. SYS ELIGIBLE 3. INELIGIBLE	
DATE				TURE	INTAKE SIGNATURE	Z			(circle all that apply) 1. WIA CSP ELIGIBLE	
Y 4. INELIGIBLE	3. SYS INY	SY	2. SYS OSY	1. WIA CSP				CHENT	The applicant is :	
	le all that apply)	BILITY (circ	M ELIGI	© CERTIFICATION OF PROGRAM ELIGIBILITY (circle all that apply)	ERTIFICATION	_	the Client and the Parent/Guard Statement above.	SIGNATURES: The signature of the Client and the Parent/Guardian is acknowledgment of the Certification Statement above.	ELIGIBILITY DETERMINATION	
ces.	e of program service	guarante	ity is not a	stand that eligibil	further under	es, if needed. I	bal programs and their partner agencie	I hereby authorize the sharing of this information with other Kiowa Tribal programs and their partner agencies, if needed. I further understand that eligibility is not a guarantee of program services	I hereby authorize the sha	
nd I may be liable for all	loyment training ar	ınded emp	stment fu	e Workforce Inve	ediately ceas	, I agree to imm	gram by the official verification process, orkforce Investment Act program.	Should I be deemed ineligible for the Workforce Investment program by the official verification process, I agree to immediately cease Workforce Investment funded employment training and I may be liable for all payments made to me and on my behalf while enrolled in the Workforce Investment Act program.	(3) Should I be deemed payments made to m	
Anyone who makes a and/or perjury;		payments be fined or	on of any and may	for the collection inishable by law	ssible actions ing a crime pu	missal and po	er related forms may be cause for dis or determination of program eligibility m	Misstatements or misrepresentation on my part on this or other related forms may be cause for dismissal and possible actions for the collection of any payments received by me. false statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for frauce statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for frauce statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for frauce statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for frauce statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for frauce statement or misrepresentation of facts in an application for determination of program eligibility may be committed a crime punishable by law and may be fined or put in jail for frauce statement.	(2) Misstatements or mi false statement or mi	
the WIA Office at the Kiowa Tribal Complex 100 Kiowa Way Carnegie, Oklahoma. All aments. I also understand that the information recorded on the Intake Record will be	00 Kiowa Way Ca recorded on the	Complex 10 nformation	a Tribal (that the i	ffice at the Kiow Ilso understand	at the WIA O urements. I a	ystem located ormance meas	d stored in the KTO Data Collection separtment of Labor for program perfo	Information collected on the Intake Record will be entered and stored in the KTO Data Collection system located at the WIA Office at the Kiowa Tribal Complex 100 Kiowa Way Carnegie, Oklahoma. All or part of the information provided may be shared with the Department of Labor for program performance measurements. I also understand that the information recorded on the Intake Record will be protected in accordance with the Privacy Act;	(1) Information collected or part of the inform protected in accordance.	
to determine eligibility	vided will be used erstand that:	I have pro	formation ed to me	aware that the int	t fraud. I am a s intake. It h	intent to comm s to support thi	of my knowledge and that there is no that I may have to provide documents	36) CERTIFICATION STATEMENT I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this intake. It has been explained to me and I understand that:	6 CERTIFICATION STATEMENT I certify that the information provide for program services and is subje	
	Program:		ation:	recent participa	r of the most	- Program Yea	Not Applicable 2. Prior Participant	PRIOR PROGRAM PARTICIPATION ON THE KTO-WIA: 1. Not Applicable 2. Prior Participant- Program Year of the most recent participation:	FRIOR PROGRAM	
				€	Total Annualized Eamily Income	Total	the Last 6 Months		10	
	Non metro	Guidelines	Family Size				Family Size in		9.	
		SHH	- 1	××						
an 8 in the family:	Complete if there are more than 8	omplete if	0	69	st 6 Months	Total Income for the Last 6 Months	Total Inc		00	
	4,588	4,060	ADD	₩.					7.	
	43,062	40,090	œ	S					O)	
	38,474	36,030	7	()					57	
	33,886	31,970	o	()						
	28,976	27.910	(J)	6					4	
	24,554	23,850	4	€					ω	
	19,890	19,790	ω	€5					2	
	14,492	15,730	2	€					_	
	8,846	11,670		60		SELF		Ivoidinousino	I SOLITO	
	Metro	Level	Size	Last 6 months	Source	Relationship	List family members in household.	immediate family member(s) and their relationship.	immediate family mem	
70% LLSIL - 2014	70% L	2014 HHS Poverty		Income	Income		FAMILY INCOME	TAMILY MEMBERS - List the name(s) of the applicant's	FAMILY MEMBER	