



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

REGISTRATION NUMBER Initial Screen Received by: Intake Received by: **1102**

DATE OF INTAKE

INTAKE RECORD

2 SOCIAL SECURITY NO.		3 GENDER (circle one) 1. Male 2. Female		4 BIRTH DATE		5 AGE		6 NAME LAST FIRST MIDDLE MAIDEN					
7 MARITAL STATUS (circle one) 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Common Law		8 EDUCATIONAL STATUS (circle one) 1. In-School, H.S. or less 2. In-School, Post H.S. 3. Not attending school, High School Graduate 4. Not attending school, H.S. Dropout 5. Other		9 SCHOOL ATTENDANCE (circle one) 1. Full-Time 2. Part-Time 3. Not Attending School		10 TYPE OF SCHOOL (circle one) 1. Elementary 2. Secondary 3. Trade/Tech/Voc. 4. Jr/Community College 5. Four Year University 6. Not Applicable		11 LAST GRADE COMPLETED		12 EMPLOYMENT STATUS AT INTAKE (circle one) 1. Employed 2. Employed but received notice of termination of employment or military separation 3. Not Employed: Was employment sought within the last 28 days? No Yes Last day worked? / /			
15 RESIDENTIAL ADDRESS		16 ZIP CODE		17 U.S. CITIZENSHIP (circle one) 1. Citizen 2. Eligible Non-Citizen 3. Non-Eligible, Non-Citizen		18 CULTURAL IDENTIFICATION (circle one) 1. American Indian 2. Alaska Native 3. Native Hawaiian		19 RESERVATION (circle one) Resides within the Tribal Jurisdictional Area? 1. No 2. Yes		20 TRIBAL MEMBERSHIP (circle one) 1. Not Known 2. No 3. Yes Tribal Affiliation:			
17 CITY		18 STATE		19 COUNTY		20 CITY		21 STATE		22 ZIP CODE			
19 MAILING ADDRESS (if different from street address)		20 CITY		21 STATE		22 ZIP CODE		23 TELEPHONE/MESSAGE NO.		24 E-MAIL ADDRESS			
24 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		25 SELECTIVE SERVICE REGISTRANT (circle one) 1. No 2. Yes 3. Exempt 4. Not Required to Register or Document Registration 5. Beyond Registration Age: Failure to Register 6. Veterans Benefits Unintentional		26 PUBLIC ASSISTANCE (circle all that apply) 1. GA/BIA 2. TANF 3. SSI/SSA/SSDI 4. Food Stamps 5. Foster Child Payments 6. TMEP 7. Food Commodities 8. Veterans Benefits 9. None		27 FAMILY INCOME LEVEL * WIA Staff will complete (circle all that apply) 1. AV/Below HHS 2. AV/Below 70% of the LLSIL 3. Above HHS 4. Above 70% of the LLSIL 5. Above 70% & Below 100% of the LLSIL		28 LOW INCOME * WIA Staff will complete (circle all that apply) 1. Poverty 2. 70% LLSIL 3. Other Determinant 4. Not Low Income		29 BARRIERS TO EMPLOYMENT (circle all that apply) 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 Homemaker 13. School Drop-out 14. Runaway Youth 15. Youth Additional Assistance 16. Learning Disability 17. Not Applicable			
30 EMPLOYMENT HISTORY (26 weeks Pre-Program Current/Last Job First) Enter the employer's name, address, zip code and telephone number.		From Mo/Day/Yr		To Mo/Day/Yr		Job Title		Hourly Wage		Hours Per Week		Reason for Leaving	
31 FAVORITISM Review the current KIC List, and Staff List with the applicant. Is a member of the applicant's immediate family (identified in box 27) a signatory, delegate, alternate delegate or employed in an administrative capacity with Kiowa WIA Program? 1. No 2. Yes If yes, list the name(s) and relationship to the applicant:													
Name _____ Relationship _____ Name _____ Relationship _____													
34 REMARKS													

27 FAMILY MEMBERS - List the name(s) of the applicant's immediate family member(s) and their relationship.

Name	Relationship
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

28 FAMILY INCOME

List family members in household.	Relationship	Income Source	Income Last 6 months	Family Size	2014 HHS Poverty Level Guidelines		70% LLSIL - 2014	
					Non Metro	Metro		
	SELF			1	11,670	8,846		
				2	15,730	14,492		
				3	19,790	19,890		
				4	23,850	24,554		
				5	27,910	28,976		
				6	31,970	33,886		
				7	36,030	38,474		
				8	40,090	43,062		
				ADD	4,060	4,588		
Total Income for the Last 6 Months			\$		Complete if there are more than 8 in the family:			
Family Size in the Last 6 Months				<input type="checkbox"/>				
Total Annualized Family Income			\$	X 2				

29 PRIORITY PROGRAM PARTICIPATION ON THE KTO-WIA: 1. Not Applicable 2. Prior Participant- Program Year of the most recent participation: _____ Program: _____

30 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:

- 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;
- 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. Anyone who makes a 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 fraud and/or perjury;
- 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.

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.

37 ELIGIBILITY DETERMINATION

The applicant is :
(circle all that apply)

- WIA CSP ELIGIBLE
- SYS ELIGIBLE
- INELIGIBLE

38 SIGNATURES: The signature of the Client and the Parent/Guardian is acknowledgment of the Certification Statement above.

CLIENT	
PARENT/GUARDIAN	
INTERVIEWER	

39 CERTIFICATION OF PROGRAM ELIGIBILITY (circle all that apply)

- WIA CSP
- SYS OSY
- SYS INY
- INELIGIBLE

INTAKE SIGNATURE	DATE
DIRECTOR'S SIGNATURE	DATE