APPLICATION CHECKLIST

It will be necessary for you to fill out the application as completely as possible and submit the documents which are checked below before your application for Direct Employment Assistance (DEA) can be considered. Failure to submit the required documents in a timely manner will place your application in the inactive file. All documents must be submitted by your first full paycheck date or you will be considered ineligible.

_____ DEA Application

_____ Certification of Degree of Indian Blood (CDIB) - Must be enrolled with the Kiowa Tribe

_____ Copy Of Birth Certificate

_____ Copy Of Social Security Card

_____ Marriage License or Divorce Decree (If Applicable)

_____ Letter Of Intent (Explaining Situation and Need for Assistance)

_____ DEA Participant’s Request for Assistance Sheet

_____ Release of Information Form (Must Be Notarized)

_____ Three (3) Personal References Which Include Name, Address and Zip Codes (No Phone Numbers)

_____ Individual Self Sufficiency Plan (ISP)

_____ Letter From Employer, On Company Letterhead, Verifying Your Employment Which Includes The Following:

1. Job Title
2. Start Date Of Your Job
3. Salary (Hourly Wage)
4. Date You Will Receive Your First Full Paycheck.
5. Job Position Must Be Full Time And Permanent (30 or more hours a week)

Other documents may be required to determine your eligibility. If you have any questions regarding your DEA application, please feel free to contact our office.
APPLICATION FOR DIRECT EMPLOYMENT ASSISTANCE

Application Request: ___First ___Repeat: 1 2 3 (Circle one)

INFORMATION RECORD
Name: _______________________________________________ Date of Birth: ____________________
Mailing Address:_____________________________________________________________________
Home Phone:(     )____________________Cell Phone : (     )____________________
E-mail Address:_____________________________________________________________________

In Case of Emergency
Name: _______________________________________________ Home Phone : (     ) _____________
Address: _____________________________________________ Cell Phone : (     ) ________________
_____________________________________________________________________________________

Veteran: ____ Yes ____No  Marital Status: ____ Single ____Married ____Widow __Divorced ___Separated
Number of Dependents (18 years or Younger):________

EDUCATION:
Highest Grade Completed: ____
Schools Attended: ______________________________________ Date: ____________________
_____________________________________________________________________________________

EMPLOYMENT RECORD: (List Your Last Three (3) Employments)
1. Employer and Address: _______________________________________________________________
From: _________To:_________ Reason(s) for Leaving: _______________________________________
_____________________________________________________________________________________
Job Title: __________________________________________
Description of Job Duties: _______________________________________________________________
_____________________________________________________________________________________

2. Employer and Address: _____________________________________________________________
From: _________To:__________Reason(s) for Leaving: ______________________________________
_____________________________________________________________________________________
Job Title_____________________________________
Description of Job Duties: _______________________________________________________________
_____________________________________________________________________________________

3. Employer and Address: ______________________________________________________________
From: _________To:_________ Reason(s) for Leaving: _______________________________________
_____________________________________________________________________________________
Job Title_____________________________________
Description of Job Duties________________________________________________________________
PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:


2. Disclosure of the requested information by the applicants is voluntary, but required to obtain benefit.

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

4. The routine use of this information is by Kiowa Tribe Job Placement & Training Program to evaluate your request for assistance. Parts or all of the information in your application will be provided to employers who are considering you for employment.

5. Failure to provide the requested information may result in a delay or denial in receiving program assistance.

I have read the above statement. I hereby provide the requested information and authorize the use of such information to the extent of the uses specified in the statement. I also agree that all the information is true to the best of my knowledge and any misrepresentation of information given in this application could be construed as fraudulent and may affect my assistance.

________________________________________
Applicant Signature   Date

________________________________________
Program Staff Signature   Date

FOR PROGRAM USE:

I certify that ______________________________________ Has ___ Has Not (Check one) met the requirements for Direct Employment Assistance and therefore ___ Is ___ Is Not (Check one) eligible to receive benefits.

Recommended By: ___________________________________________________________

Program Staff     Title     Date

Approved By: _______________________________________________________________

Program Director     Date
PERSONAL REFERENCES

Name & Address (NO PHONE NUMBERS)

1. Name: _____________________________________________________________________
   Address: _____________________________________________________________________

2. Name: _____________________________________________________________________
   Address: _____________________________________________________________________

3. Name: _____________________________________________________________________
   Address: _____________________________________________________________________

DEPENDENTS ACCOMPANYING APPLICANT
(Dependents Must Be 18 Years or Younger)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>Grade Completed</th>
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SELECTIVE SERVICE/MILITARY SERVICE:

Select 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 ____No?

If Yes, Please Explain: _____________________________________________________________________
                                                                                   _____________________________________________________________________
                                                                                   _____________________________________________________________________
                                                                                   _____________________________________________________________________
                                                                                   _____________________________________________________________________

-4-
CONSENT FOR RELEASE OF INFORMATION

DATE: ______________

TO: __________________________________________________________

ADDRESS: ___________________________________________________

___________________________________________________

REASON FOR REQUEST: _______________________________________________________

______________________________________________________________________________

I hereby give my permission to release information to:

KIOWA TRIBE
JOB PLACEMENT & TRAINING PROGRAM
P.O. BOX 369
CARNegie, OK 73015

_______________________________________________                  ______________________
APPLICANT’S FULL NAME       DATE OF BIRTH

SIGNATURE OF 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 before me on this ____________day of_________________20________

My Commission Expires__________________________    _____________________________
Notary Public
DEA PARTICIPANT’S REQUEST FOR ASSISTANCE

Name: ________________________________________ SSN: __________________________
Address: ______________________________________________________________________
City: _____________________________ State: ___________ Zip Code: __________________
Employer (Include Address): ______________________________________________________
______________________________________________________________________________
Supervisor’s Name: __________________________________ Phone: (     ) ________________

<table>
<thead>
<tr>
<th>SUPPORT SERVICES REQUESTED</th>
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<tr>
<td>TRANSPORTATION</td>
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<td>RESIDENTIAL</td>
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<td>TOOLS &amp; EQUIPMENT</td>
<td>$</td>
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<td>UNIFORMS/CLOTHING</td>
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<tr>
<td><strong>TOTAL ASSISTANCE REQUESTED</strong></td>
<td>$</td>
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</tbody>
</table>

Applicant’s Signature: ________________________________ Date: ______________________

TO BE COMPLETED BY THE JOB PLACEMENT STAFF

KIOWA TRIBE JOB PLACEMENT STAFF MEMBER: ( ) RECOMMENDED  ( ) DENIED
AMOUNT RECOMMENDED FOR ASSISTANCE: $___________________________
SEE ATTACHED COPY OF MEMO WITH JUSTIFICATION OF RECEIPT OF SERVICES

JOB PLACEMENT & TRAINING STAFF: __________________ DATE: __________
HIGHER EDUCATION DIRECTOR: ( ) APPROVED  ( ) DENIED
COMMENTS: ____________________________________________________________

PROGRAM DIRECTOR: __________________ DATE: __________
FERPA Consent to Release Student Information

TO:  KIOWA TRIBE HIGHER EDUCATION GRANT PROGRAM (KHEGP)

Please provide information from the educational records of:

(Name of student requesting the release of educational records)

To:  ______________________________________________

(Name(s) of person(s) to whom the educational records will be released, and if appropriate the relationship to the student such as “parents”, “prospective employer” or “attorney”)

The only type of information that is to be released under this consent is:

_____ transcript(s)
_____ application status
_____ financial need information
_____ college enrollment verification
_____ all records
_____ other (specify): __________________________________________

The information is to be released for the following purpose:

_____ family communications about application status
_____ employment
_____ admission to an educational institution
_____ other (specify): __________________________________________

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this consent upon providing written notice to: KHEGP. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to __________________________________________ (Name of person(s) listed above to whom the educational records will be released) for the specific purpose described above.

Printed Name: ______________________________________________

Signature: __________________________________ Date: __________________________

Signature of Higher Education Staff: ________________________________
INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Student/Applicant Name: _______________________________________________________

_____A.V.T _______D.E.A.

Have you received previous Job Placement and Training Services? ____Yes ____No

If so, what type and for how long? _______________________________________________

**Student/Applicant Case Plan**

1. What does student/applicant need to do to obtain job skills and/or retain a job leading to self-sufficiency? (Check all that apply)
   
   o Employment Search
   o Public Assistance (Specify Type) ___________________________________________
   o Medical Treatment
   o Education/Training
   o Vocational Rehabilitation
   o Other (Please Specify) ___________________________________________________

2. What obstacles exist that prevent student/applicant from seeking training or permanent employment? (Check all that apply)
   
   o Overcrowded Residence
   o Substance Abuse
   o Transportation Problems
   o Child Care Problems
   o Financial Need
   o Other (Please Specify) ___________________________________________________

3. State case plan for the student/applicant (details a person’s responsibilities to assume a permanent job):
4. Job Readiness (List all of your work experience to include the year):

5. Job Training (List any training you have and the year obtained):

6. List type of assessments needed (check all that apply):
   - Job Skills
   - Training Skills
   - Others (Please Specify) _______________________________________________

5. List support services needed (check all that apply):
   - GED
   - Vocational Training
   - Substance Abuse Counseling/Treatment
   - Medical
   - Family/Individual Counseling
   - Mental Health
   - Others (Please Specify) _______________________________________________

Signature: _______________________________ Date: _________________________
Job Placement & Training Staff

Signature: _______________________________ Date: _________________________
Student/Applicant Signature