ELIGIBILITY REQUIREMENTS
1. Reside in Caddo, Kiowa, Jackson, Harmon, Greer and Tillman counties of Oklahoma Only.
2. Be between the ages of 16-24. Must be 16 or not turn 25 before deadline date of May 6, 2022 for session 1. All classroom training applicants will need to meet age requirements for Session 1.
3. Be a member of a federally recognized Tribe must have roll number (CDIB).
4. Review Application for any questions and or/errors.
5. Application must be complete along with all SUPPORTING DOCUMENTS (which include, but are not limited to).

DOCUMENTS NEEDED FOR ELIGIBILITY:

(A) FAMILY INCOME:
Pay stubs from previous employer, Unemployment Insurance (U.I.) Documents, Grant Award Letters (BIA/Tribal Grants, Pell, etc.), Public Assistance Award Letters (TANF, Food Stamps, Commodities, SSI, VA, Disability, etc.). Letter from employer on letterhead stating wages. All family income received in the past six (6) months prior to application date must be submitted!

(B) RESIDENTIAL ADDRESS: Utility Bill with address on it, Rent Receipt, Driver’s License, Cancelled Checks, Voter’s Card, or Postmarked Mail.

(C) DEGREE OF INDIAN BLOOD: Tribal Enrollment Card or BIA Certification with Roll Number.

(D) DATE OF BIRTH/AGE: Birth Certificate, Driver’s License, State I.D. or Work Permit.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
Once Pre screening is complete and eligibility has been determined by the Intake staff, the application will be sent to the Director to approve eligibility. Once determined eligible, the applicant will be asked to complete program activity questionnaire. Additional documentation will be needed to complete calculation in accordance to the point criteria for the selection process. Grade submission is very important to get maximum points. You can get points for early submission if you turn in application and support documentation a week before the deadline. No later than May 6, 2022 for session 1. Classroom Training participants will participate in session 1 ONLY!

For Pre-Caution an applicant has to have the COVID Test done for their file to be complete. Deadlines are at the close of business 4:40 PM on dates listed above.
SYSP APPLICATION

Name: ___________________________ Age: _______ Birth date: ___/___/___

Last First M.I.

Gender: _______ Current Address: ______________ City: ______________

County: _______ Zip Code: ______________ Mailing Address: ______________

Cell Phone Number: (___) ______________ Home Phone Number: (___) ______________

Tribal Affiliation: ______________ Roll Number: ______________

Social Security Number: ______________ Email Address: ______________

Family Status: (Circle on of the following) Single, Married, or Divorced

Workers will have (1) session from mid-June through July, the session will be in (6) six weeks for the summer of 2022.

• Summer Session will be from ___________________________ (6 week duration)

• SCHOOL INFORMATION (CHECK ONE):
  □ IN SCHOOL YOUTH
    Includes HS & College
  1. Name of School ______________
  2. Grade (2021-2022) ______________
  3. School Counselor ______________

□ OUT OF SCHOOL YOUTH
  1. Year of Received Diploma ______________
  2. Year GED was obtained ______________
  3. If Dropped Out, Please list the Last Grade Completed ______________

BARRIERS (Check All That Apply):

____ Substance Abuse
____ High School Drop-Out/Lack GED*
____ Public Assistance Recipient*
____ Reading Skill Level below 8.9 Grade Level*
____ Math Skill Level below 8.9 Grade Level*
____ Veteran or Dependent or Veteran
____ Lack Marketable Skill to Retain Employment
____ No Household Income
____ Offender*
____ Homeless*
____ Pregnant/Parenting Teen*
____ Youth is a Single Parent
____ Resides with Extended Family Member
____ Area Resident 30 Days or Less

____ Handicapped/Disabled Individual*
____ Poor Work History
____ Medical Problems
____ Has never had a job
____ Has not entered employment full time student
____ No Employment opportunity for which Client is trained within Participant’s local area.
____ Transportation/No Valid DL
____ Lacks Pre-Employment Skills to Find Employment
____ Lacks Significant Work History
____ Youth Resides in Single Parent Household
____ Long Term Unemployed
____ Household Receives Commodities or Food Stamps
____ Other Limitations ______________
**LABOR STATUS** *(Check one):*

1. ____ Not in workforce - STUDENT
2. ____ Long Term Unemployed *(Out of School Youth been out of workforce 6 months or more.)*
3. ____ Unemployed *(must list date) ____/____/____
4. ____ Employed Fulltime ____ or Part-time ____

**All Household Income:**

Do you or a family member in your household receive any of the following public assistance?

**CHECK ALL THAT APPLY**

____ TANF*
____ Food Stamps
____ S.S.I.
____ General Assistance or BIA/Tribal Assistance

___ Commodities
___ Vocational Rehabilitation
___ Educational Grant

**Have you been receiving TANF for 2 years or more?**

YES ____ or NO ____ When did Benefits start? ____

**✓ List ALL Members in Household**

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<tr>
<th>Name</th>
<th>Relation to Applicant</th>
<th>Place(s) of Employment</th>
<th>Wage Rate</th>
<th>Paid Weekly, Bi-Weekly or Monthly</th>
<th>Amount (If any) of Public Assistance Received per month.</th>
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I understand that this document is not the actual application required for successful completion of the intake process. Filling this pre-screening document out to its entirety does not necessarily mean I will be automatically determined eligible for Supplemental Youth Services through the Kiowa Tribe SYS program. In the event of being determined eligible, I will have to supply the required documents in order to receive services. I have filled the above pre-screening out truthfully to the best of my knowledge.

Applicant’s Signature: ________________________________ Date: ________________

(If Under 18) Parent/Guardian’s Signature: ________________________________ Date: ________________
Eligibility Determination: DIRECTOR'S APPROVAL ONLY

Eligible ☐ Reason ________________________________

Not Eligible ☐ Reason ________________________________

I hereby certify that as of this date and to the best of my knowledge concerning the criteria and based on the information above, the applicant does ___/does not ___ meet eligibility requirements.

DIRECTOR'S SIGNATURE: ________________________________ Date: __________