



# KIOWA TRIBAL RE-ENTRY PROGRAM

P.O. Box 363 • Carnegie, Oklahoma 73015 (580) 654-2300

## APPLICATION

***Our Mission:*** *The Kiowa Re-Entry Program is dedicated to empowering ex-offenders with opportunities of employment by providing post incarceration support, developing healthy families while healing tribal communities.*

Applicants must meet all eligibility requirements and provide the requested documents, in order to be considered for assistance through the Kiowa Tribe Re-Entry Program.

### CLIENT INFORMATION

Full Name: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll #: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Current Physical Address: \_\_\_\_\_

\_\_\_\_\_

Are You Living with family Members? \_\_\_\_\_

Do you need housing assistance?  Yes  No

Contact Phone Number: \_\_\_\_\_

Marital Status (Please circle):  Single  Married  Divorced  Widowed

Spouse's name (if married): \_\_\_\_\_

Do you have children?  Yes  No

Please list first name and age of all children: \_\_\_\_\_

\_\_\_\_\_

Tribal Affiliation of children (if applicable): \_\_\_\_\_

Are you a military veteran?  Yes  No

If so, what branch of service? \_\_\_\_\_

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### CLIENT INFORMATION CONTINUED

Type of discharge? \_\_\_\_\_

Facility/Treatment Center where you are currently incarcerated or receiving treatment: \_\_\_\_\_

Facility/Treatment Center you were released/discharged from: \_\_\_\_\_

Length of incarceration/treatment? \_\_\_\_\_

Release date or projected release date (if not released): \_\_\_\_\_

Conviction (most recent if more than one): \_\_\_\_\_

City, County and State of Conviction (most recent): \_\_\_\_\_

Do you have any pending court dates?  YES  NO

Next court date (if applicable): \_\_\_\_\_

Are you on probation or parole?  Probation  Parole

Probation/Parole officer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please tell us your offense; what led to your most recent incarceration/treatment:  
\_\_\_\_\_  
\_\_\_\_\_

Please list the monthly amount of any fines, fees, or costs associated with your offense(s):

Probation \$ \_\_\_\_\_ DA Supervision: \$ \_\_\_\_\_

Restitution: \$ \_\_\_\_\_ Court Fines/Costs: \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

Do you have a valid driver's license?  YES  NO

If not, what is the status of your driver's license? \_\_\_\_\_

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### CLIENT INFORMATION CONTINUED

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you currently use alcohol?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you feel you have an addiction to alcohol?         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you smoke or use tobacco?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you currently use illegal substances/drugs?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you feel you have an addiction to any drugs?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you want treatment for any addiction you may have? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Additional Comments:

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### EMPLOYMENT AND EDUCATION

What type of work experience do you have?

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Are you currently employed?  YES  NO

If YES, who is your employer? \_\_\_\_\_

What is your hourly wage? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

### ADDITIONAL COMMENTS

Do you have any additional comments, questions, or concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all services and funding are subject to the availability of funds and final approval of the Kiowa Re-Entry Director.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Re-Entry Case Manger Date

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