



# DEA APPLICATION

## JOB PLACEMENT AND TRAINING DIRECT EMPLOYMENT ASSISTANCE APPLICATION PACKET

To be considered for assistance, applicants must submit the application and all required documents to the Job Placement and Training Program **before client receives their first full paycheck**. DEA is designed to provide assistance to eligible Kiowa Tribal members who obtain new, **permanent and full-time employment**. The financial assistance provided will be used to assist with transportation, supplies, equipment, uniforms, and meal allowances in the form of a one-time payment before starting a new job.

- 1. Application:** Indicate if this your first time applying for DEA, if it is not, please fill in the years you received assistance. Fill out the application as thorough as possible. **Do not leave blank spaces.**
- 2. Privacy Act and Paperwork Reduction Act Statement:** Important information about the disclosure of DEA information obtained and fraudulent misrepresentation of information. **Please sign, date and RETURN WITH APPLICATION.**
- 3. Personal References/Dependent Information:** We need three personal references, including their names, numbers and addresses. A list of dependents who are under the age of 18, including their name, date of birth, social security number, tribal affiliation and current school grade.
- 4. Consent for Release of Information:** **PART I** is intended for staff use. **PART II** will need to be filled out by you and notarized by a Notary Public. This form allows the JPT Program to obtain information from your employer.
- 5. DEA Client's Request for Assistance:** Fill out the top portion with your name, social security number, address, employer's name and address, and your supervisor's name and phone number. Fill in the box provided with expected costs for support services requested. Sign and date. **(If requesting assistance with rent, deposits, utilities, specific work items, etc. please provide paper documentation with correct amounts)**
- 6. Letter of Intent:** A paragraph written by you, signed and dated, typed or handwritten, explaining your current circumstances, why you need funding and what it will be used for. You can email this to: [highered@kiowatribe.org](mailto:highered@kiowatribe.org) or [kiowatribe.jpt@gmail.com](mailto:kiowatribe.jpt@gmail.com). You may also use the letter template provided.
- 7. Individual Self Sufficiency Plan (ISP):** Read carefully and answer questions as thorough as possible. This form is required to determine your plan to obtain independence and ensure you have all assistance available to overcome any obstacles you are facing. Must be filled out completely, signed and dated.
- 8. Letter of Employment:** Must be completed by employer and emailed to: [highered@kiowatribe.org](mailto:highered@kiowatribe.org) or [kiowatribe.jpt@gmail.com](mailto:kiowatribe.jpt@gmail.com), faxed to: **405-648-7078**, or mailed to: **806 Wynan Court, Anadarko, OK 73005**. Employer may also send a typed letter, on their company letterhead with the following information:
  1. Job Title (with indication that the job is full time and permanent)
  2. Job Start Date
  3. Salary
  4. Date of First Full Paycheck
  5. Expected duration of the job

**Only completed applications with all REQUIRED documentation, WILL BE CONSIDERED FOR FUNDING. Please see the next page for requirement checklist.**



**KIOWA TRIBE  
JOB PLACEMENT & TRAINING PROGRAM  
DIRECT EMPLOYMENT ASSISTANCE**

806 Wynan Court, Anadarko, OK 73005  
Phone : (580) 654-6324 Fax: (405) 648-7078  
E-mail: [highered@kiowatribe.org](mailto:highered@kiowatribe.org)  
[kiowatribe.jpt@gmail.com](mailto:kiowatribe.jpt@gmail.com)

*Revised 12/16/2019*

## **Application Checklist**

**It is your responsibility to make sure ALL documentation for your application is complete.** Failure on the part of the applicant to provide the required information will exclude the applicant from eligibility in obtaining direct employment assistance under this program.

**Please read over the checklist provided to see if you meet the qualifications for assistance.**

- I have completed application forms pages: 1-8 (read first page for form explanations)
- I am an enrolled member of the Kiowa Tribe and have a Kiowa enrollment verification card or letter (**please provide copy**)
- I am at least 18 years old, have a current photo ID, social security card and birth certificate (**please provide copies**)
- Copy of Marriage License/Divorce Decree/Name Change/Adoption paperwork if names on ID's are not the same (**please provide copy**)
- My employment is full time and permanent. Full time employment means that you work a minimum of 30 hours a week. Permanent employment means a year round job or one that re-occurs seasonally, lasting at least 90 days per work season
- I have not received my first full paycheck (note: a partial paycheck may have been received)
- I reside within the service area (see next page) and have provided documentation verifying my current address.

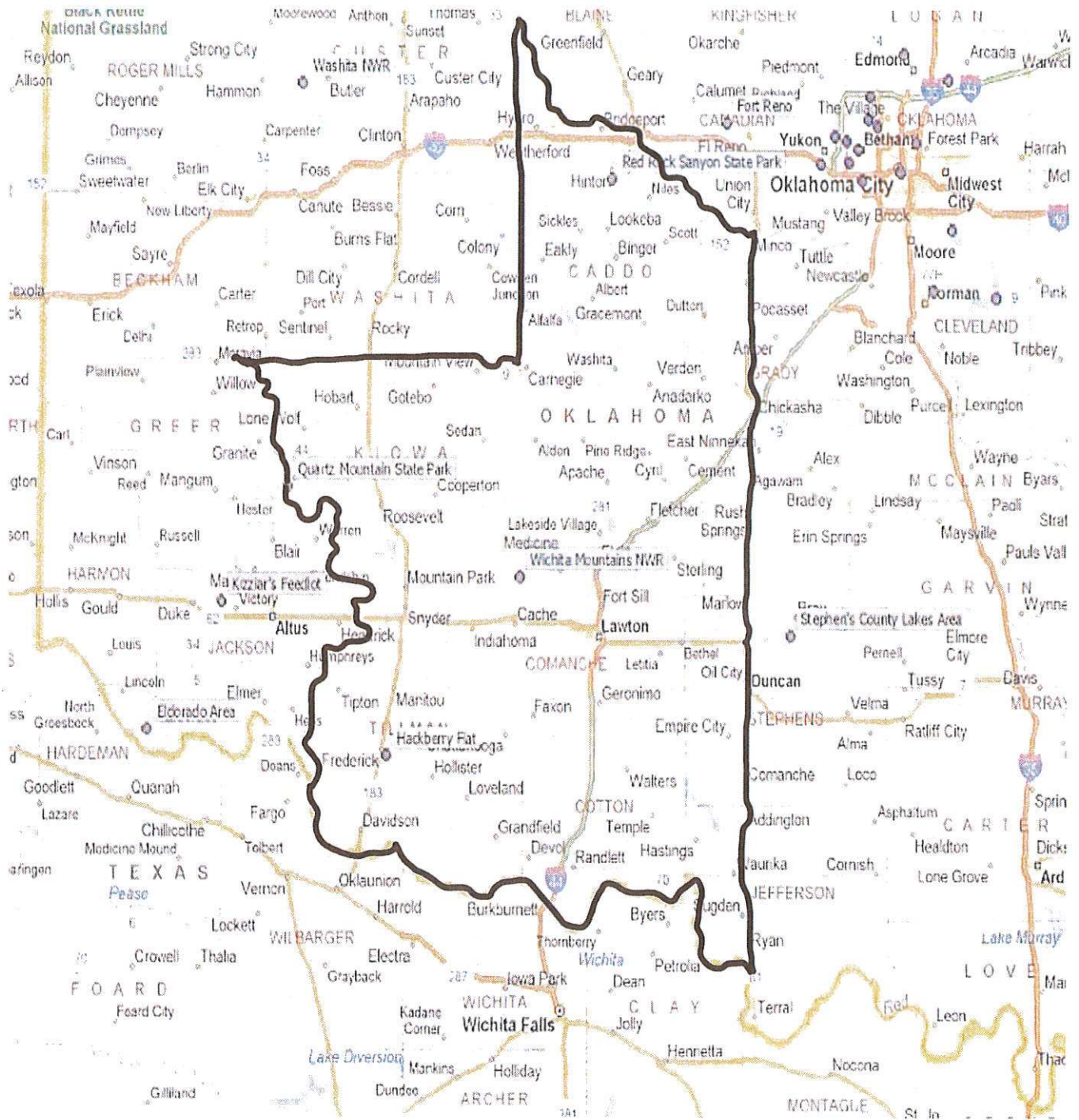
**\*\*JPT Specialist will process application within 5 days from receipt of completed application**

**If further explanation is needed, please contact the Kiowa Tribe Higher Education Department.  
Phone #: (580) 654-6324 Email: [highered@kiowatribe.org/kiowatribe.jpt@gmail.com](mailto:highered@kiowatribe.org/kiowatribe.jpt@gmail.com)**





# Kiowa Tribe JPT Jurisdictional Boundary





**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT**

1. The authority for solicitation of the information on this form is 25 U.S.C. 13(42 Stat.208) and P.L. 84-959(70 Stat.986) as amended by P.L. 88-230(77 Stat.471, 25 U.S.C.309).
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



## CONSENT FOR RELEASE OF INFORMATION

*Part 1 for DEA Program use:*

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Part 2 to be completed by client and Notary Public:*

I hereby give my permission to release information to:

KIOWA TRIBE  
JOB PLACEMENT & TRAINING PROGRAM  
806 WYNAN COURT  
ANADARKO, OK 73005

\_\_\_\_\_  
APPLICANT'S FULL NAME (Please Print)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
APPLICANT'S SIGNATURE OR SIGNATURE OF  
PARENT/LEGAL GUARDIAN IF UNDER 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 \_\_\_\_\_ 20 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public





**DEA PARTICIPANT'S REQUEST FOR ASSISTANCE**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

SUPPORT SERVICES REQUESTED BY CLIENT		STAFF RECOMMENDATION
TRANSPORTATION	\$	\$
RESIDENTIAL/MEALS	\$	\$
TOOLS & EQUIPMENT	\$	\$
UNIFORMS/CLOTHING	\$	\$
OTHER	\$	\$
<b>TOTAL ASSISTANCE REQUESTED</b>	<b>\$</b>	<b>\$</b>

\*\*\*Please provide backup documentation (invoice, recent bill, rental agreement, etc.)

\*\*\*JPT Staff will calculate meals, mileage, and clothing.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY THE KIOWA HIGHER EDUCATION STAFF**

**JPT STAFF:**

RECOMMENDED  DENIED AMOUNT RECOMMENDED FOR ASSISTANCE: \$ \_\_\_\_\_

*\*SEE ATTACHED COPY OF MEMO WITH JUSTIFICATION OF RECEIPT OF SERVICES*

\_\_\_\_\_  
JPT STAFF SIGNATURE

\_\_\_\_\_  
DATE

**HED DIRECTOR:**

APPROVED  DENIED COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
HED DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE





# KIOWA TRIBE

## DIRECT EMPLOYMENT ASSISTANCE

806 Wynan Court · Anadarko, Oklahoma · 73005

Phone: (580) 654-6324 Fax: (405) 648-7078

Email: [highered@kiowatribe.org](mailto:highered@kiowatribe.org) / [kiowatribe.jpt@gmail.com](mailto:kiowatribe.jpt@gmail.com)

### LETTER OF INTENT

A paragraph written by the student, signed and dated, typed or handwritten, **explaining your current job situation, why you need funding and what it will be used for.**

Lined area for writing the letter of intent.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**DIRECT EMPLOYMENT ASSISTANCE (DEA)  
INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)**

Applicant Name: \_\_\_\_\_

Have you received previous Job Placement and Training Services?  Yes  No

If so, what type of services and for how long? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Case Plan**

1) What do you need to obtain job skills? (Check all that apply)

- Education
- Vocational Training
- On the Job Training
- Certification
- Other (Please Specify) \_\_\_\_\_

2) What support services do you need to find and/or keep your current job? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Employment Search                                   | <input type="checkbox"/> Interview Techniques         |
| <input type="checkbox"/> Vocational Rehabilitation                           | <input type="checkbox"/> Resume Preparation           |
| <input type="checkbox"/> Mental Health Treatment                             | <input type="checkbox"/> Individual/Family Counseling |
| <input type="checkbox"/> Public Assistance (Food Stamps, TANF, LIHEAP, etc.) |   |
| (Specify Type) _____   |   |
| <input type="checkbox"/> Other (Please specify) _____                        |   |

3) What obstacles exist that prevent you from seeking training or keeping permanent employment? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Treatment                    | <input type="checkbox"/> Overcrowded Residence |
| <input type="checkbox"/> Substance Abuse Counseling/Treatment | <input type="checkbox"/> Domestic Violence     |
| <input type="checkbox"/> Transportation                       | <input type="checkbox"/> Child Care            |
| <input type="checkbox"/> Criminal Background                  | <input type="checkbox"/> Fines                 |
| <input type="checkbox"/> Financial Need                       | <input type="checkbox"/> No H.S. Diploma/GED   |
| <input type="checkbox"/> Other (Please Specify) _____         |  |

4) Job Readiness

Please list all of your work experience to include the year:

- |            |             |
|------------|-------------|
| Job: _____ | Year: _____ |
| Job: _____ | Year: _____ |
| Job: _____ | Year: _____ |
| Job: _____ | Year: _____ |

5) Job Training

Please list any training you have received to include the year (i.e. CPR, Forklift, Suicide Prevention, etc.)

Training: _____	Year: _____
Training: _____	Year: _____
Training: _____	Year: _____
Training: _____	Year: _____

6) **Applicant:** Create a plan of action that you will carry out to maintain permanent employment:

*Example: I will identify my barriers to employment and seek to find resources that will assist me in eliminating those barriers. I will demonstrate increasing responsibility and take the initiative to get things done. I will make more positive choices and address problem behaviors. The first plan of action I will commit to is setting up an appointment with child care to obtain child care services for my child.*

7) **JPT Staff:** Describe the applicant’s circumstances that resulted in needing services from the JPT program. Include a description of the services provided and offered to assist applicant in developing and maintaining self-sufficiency.

\_\_\_\_\_  
**Job Placement & Training Staff Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



**Kiowa Tribe**  
**HIGHER EDUCATION**  
**JOB PLACEMENT & TRAINING PROGRAM**  
**DIRECT EMPLOYMENT ASSISTANCE APPLICATION PACKET**

806 Wynan Court Anadarko, OK · 73005

Phone: (580) 654-6324 – Fax: (405) 648-7078

Employment Verification

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of First **FULL** Paycheck: \_\_\_\_\_

Wages/Salary: \$ \_\_\_\_\_

(circle one) hourly  weekly  bi-weekly  monthly  yearly  other: \_\_\_\_\_

Average # of hours per week: \_\_\_\_\_

(circle one) full time    part-time                      (circle one) permanent    temporary    seasonal

\_\_\_\_\_  
Employer's Signature                      Employer's Printed Name                      Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone #                      Fax#                      E-Mail

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: The Job Placement and Training (JPT) Program within the Kiowa Tribe Higher Education Department is requesting verification of employment for Direct Employment Assistance (DEA) client. Any information obtained is used solely for JPT Program use and remains confidential. The above information is required to determine the client's eligibility for the program.**

Information Verified By: \_\_\_\_\_  
JPT Staff Name                      Title                      Date