

DIRECT EMPLOYMENT ASSISTANCE APPLICATION



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Applications are accepted via drop off, email, or mail.

The **DEA Program** is designed to provide financial assistance for Kiowa members before their first full paycheck at a new job. Assistance provided will be used to fund transportation, supplies, equipment, uniforms, meals, and household bills in the form of a one-time payment up to \$1,000.

ELGIBILITY REQUIREMENTS:

Client

- 18 years or older
- Enrolled Kiowa
- Live within the Jurisdictional Area (see next page)

Client's Job

- Must be Full-Time
- Must be <u>Permanent</u> (no seasonal or temp)
- Must <u>not</u> have received your first FULL Paycheck

If you determine that you are eligible for Direct Employment Assistance, please fill out this application according to the checklist below. **Take care to fill out each page completely and try not to leave blanks.** If you have any questions about the application, please contact our office with the info above.

APPLICATION CHECKLIST:

- Application (Page 1)
- Privacy Act (Page 2)
- O Dependent Info./Personal Refs. (Page 3)
- Request for Assistance (Page 4)
- Letter of Intent (Page 5)

- Individual Self Sufficiency Plan (Pages 6-7)
- Verification of Employment (Page 8)
- Copy of CDIB
- Copy of Social Security Card

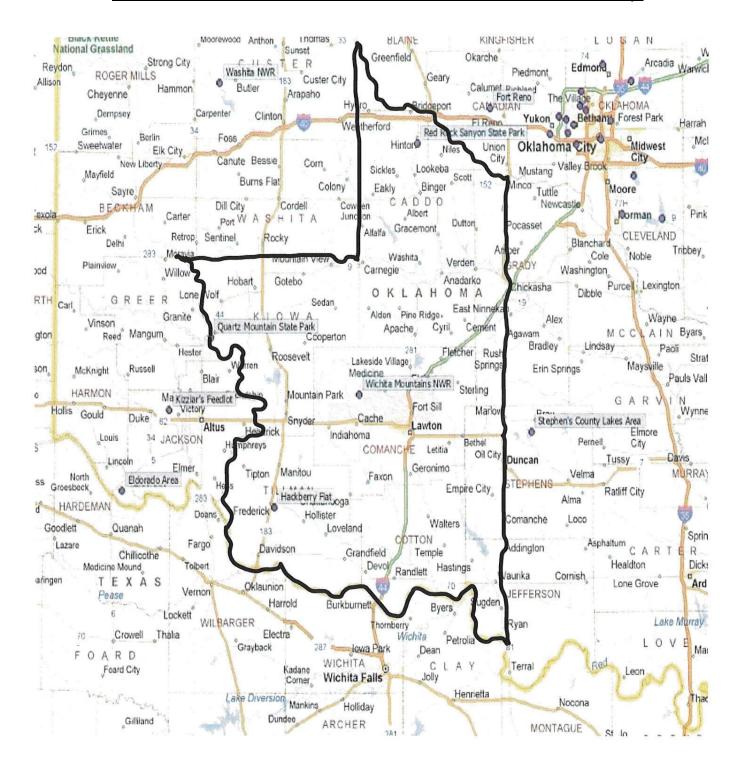
*If seeking help with bills, car repairs, etc., please submit copies of the bills or estimates

It is the client's responsibility to make sure ALL documentation for their application is complete.

Failure to provide all required documents, <u>BEFORE APPLICANT RECEIVES THEIR FIRST FULL PAYCHECK</u>, will prevent them from receiving assistance.

The JPT Specialist will process <u>complete</u> applications within 5 days of receiving it. The process of approved applicants receiving their check may take up to 10 days.

Kiowa Tribe JPT Jurisdictional Boundary



DEA APPLICATION

First Time ApplicantRepeat Applicant *Month/Year Services were received:
<u>CLIENT INFORMATION</u>
Name: Date of Birth:
Mailing Address:
Phone: () Work Phone: ()
E-mail Address:
Veteran: YesNo Marital Status:SingleMarriedWidow
DivorcedSeparated Number of Dependents (18 years or Younger):
rumber of Dependents (10 years of Todinger).
EMERGENCY CONTACT
Name: Phone: ()
Address:
EDUCATION
Highest Grade Completed: Name of High School:
Other Schools Attended: Dates:
Dates
EMPLOYMENT RECORD (Please list your last 3 employers)
1. Organization: Supervisor Name:
From: To: Reason(s) for Leaving:
Job Title:
Job Duties:
2. Organization: Supervisor Name:
From: To: Reason(s) for Leaving:
Job Title:
Job Duties:
3. Organization: Supervisor Name:
From: To: Reason(s) for Leaving:
Job Title:
Job Duties:

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 S	Staff Signature	Date	
FOR PROGRAM USE:				
I certify that requirements for Direct Emploreceive benefits.	oyment Assistance an	Has _ nd therefore Is	Has Not (Check or Is Not (Check or)	c one) met the
Recommended by:Progr	ram Staff	Title	Date	
Approved by:Progr	ram Director		Date	

DEPENDENTS ACCOMPANYING APPLICANT

Name	Date of Birth	Grade
	PERSONAL REFERENCE (Please list at least 1 reference)	CES
1. Name:		
Address:		· · · · · · · · · · · · · · · · · · ·
Phone:		
2. Name:		
Address:		
Phone:		
3. Name:		

DEA PARTICIPANT'S REQUEST FOR ASSISTANCE

Name:		SSN:
Address:		
City:	State:	Zip Code:
Employer Name:		
Employer Address:		
		Phone: ()
SUPPORT SERVICES REC	QUESTED BY C	CLIENT STAFF RECOMMENDATION
TRANSPORTATION	\$	\$
RESIDENTIAL/MEALS	\$	\$
TOOLS & EQUIPMENT	\$	\$
UNIFORMS/CLOTHING	\$	\$
OTHER	\$	\$
TOTAL ASSISTANCE REQUESTED	\$	\$
***Please provide backup documenta ***JPT Staff will calculate meals, mid Applicant's Signature:	leage, and clothin	
TO BE COMPLET JPT STAFF:	FED BY THE KION	WA HIGHER EDUCATION STAFF
() RECOMMENDED () DENIED	AMOUNT RECON	MMENDED FOR ASSISTANCE: \$
() RECOMMENDED () DENIED		HED COPY OF MEMO WITH JUSTIFICATION OF RECEIPT OF SERVICE
JPT STAFF SIGNATURE	D	ATE
HED DIRECTOR:		
() APPROVED () DENIED CO	MMENTS:	
HED DIRECTOR SIGNATURE		 TE

KIOWA TRIBE DIRECT EMPLOYMENT ASSISTANCE

LETTER OF INTENT

A letter written by the client, signed and dated, typed or handwritten, explaining your current situation, why you need assistance, and what it will be used for.

Printed Name:	 Date:
Signature:	

-Page 6-KIOWA TRIBE JPT PROGRAM: INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Ap	pplicant Name:		
Ha	ve you received previous Job Placement and Training Ser-	rvices?YesNo	
If y	yeas, which services have you received and what year(s)?		
	• DEA Year(s):		
	• AVT Year(s):		
<u>Ap</u>	oplicant Case Plan		
1)	What do you need to obtain job skills? (Check all that apply) Education Vocational Training On the Job Training Certification(s) (Please Specify) Other (Please Specify)		
2)	What support services do you need to find and/or keep yo	our current job? (Check all that apply)	
	Employment Search Vocational Rehabilitation Mental Health Treatment Public Assistance (Food Stamps, TANF, LIHEAP, etc.) (Specify Type) Other (Please specify)	Interview Techniques Resume Preparation Individual/Family Counselin	ng
3)	What challenges exist that prevent you from seeking train all that apply)	ining or keeping permanent employment?	(Check
	Medical Treatment Substance Abuse Counseling/Treatment Transportation Criminal Background Financial Need Other (Please Specify)	Overcrowded ResidenceDomestic ViolenceChild CareFinesNo H.S. Diploma/GED	
4)	Job Experience Please list your most recent past job titles and the years w Job:	Year:Year:	
	Job:	Year: Year:	

Please list any training you've received and year comp	
Training:	
Training:	Year:
Training:	Year:
Training:	Year:
APPLICANT: Briefly describe how you will maintain current work fits into your overall career path.	n your permanent employment and how your
current work his into your overan career pain.	
amplication or model to be expended your	
application or needs to be expanded upon.	
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application of needs to be expanded upon.	
application of needs to be expanded upon.	
application of needs to be expanded upon.	
	Date
Applicant Signature	



Kiowa Tribe



HIGHER EDUCATION JOB PLACEMENT & TRAINING PROGRAM

DIRECT EMPLOYMENT ASSISTANCE APPLICATION PACKET

208 Hardee Street West, Anadarko, OK · 73005 Phone: (405) 638-3044 - Office: (580) 654-6324

Employment Verification -to be filled out by employer-

Job Title:			
Start Date:	Date of First FULI	_ Paycheck:	
Hourly Wage/Salary: \$			
(circle one): hourly we	eekly bi-weekly monthly	yearly other:	
Average # of hours per wee	k:		
(circle one): full time	part-time (circle one):	permanent tem	iporary seasonal
Employer's Signature	Employer's Printe	d Name	Date
Employer [Company] Name	and Address		
Phone #	 Fax#	E-Mail	
Additional Comments:			
is requesting verification of e	I Training (JPT) Program within mployment for Direct Employs T Program use and remains conforthe program.	ment Assistance (DE	A) client. Any informat
Information Verified by:			
	IPT Staff Name	Title	