



# DIRECT EMPLOYMENT ASSISTANCE APPLICATION



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Phone: (405) 638-3044 | Office: (580) 654-6324

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

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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.

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## **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 Permanent** (no seasonal or temp)
- **Must not 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)**
- **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**

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**It is the client's responsibility to make sure ALL documentation for their application is complete.**  
Failure to provide all required documents, **BEFORE APPLICANT RECEIVES THEIR FIRST FULL PAYCHECK**, will prevent them from receiving assistance.

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







**DEPENDENTS ACCOMPANYING APPLICANT**

Name

Date of Birth

Grade

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**PERSONAL REFERENCES**

(Please list at least 1 reference)

1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**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>	\$	\$

\*\*\*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 JPT PROGRAM:  
INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)**

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

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

If yeas, which services have you received and what year(s)?

- DEA \_\_\_\_\_ Year(s): \_\_\_\_\_
- AVT \_\_\_\_\_ Year(s): \_\_\_\_\_

**Applicant 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 your current job? (Check all that apply)

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

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

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

4) Job Experience

Please list your most recent past job titles and the years worked:

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



5) Job Training

Please list any training you've received and year completed (i.e. CPR, Forklift, Suicide Prevention, etc.)

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

6) **APPLICANT:** Briefly describe how you will maintain your permanent employment and how your current work fits into your overall career path.

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7) **FOR JPT STAFF ONLY:** Details or circumstances that may have not been explored in the rest of the application or needs to be expanded upon.

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

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

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

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

