



# Kiowa Re-Entry Program Application

Address: 100 Kiowa Way, Carnegie, Oklahoma 73015

Phone Number: (580) 654-2300

Email: nsimpson@kiowatribe.org

Applicants must meet all eligibility requirements and provide tribal enrollment card, State I.D. if available, Social Security Card, and Release Documents from County or Department of Corrections. W-9 is needed for housing/rent.

## CLIENT INFORMATION

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

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

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

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

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

Phone Number: \_\_\_\_\_ Secondary 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? \_\_\_\_\_



**CLIENT INFORMATION CONTINUED**

**Type of Assistance Needed:(Check all that apply)**

Housing/Rent/Deposit Assistance \_\_\_\_\_ Utilities \_\_\_\_\_ Clothing \_\_\_\_\_ Basic Necessities \_\_\_\_\_

Counseling/Therapy \_\_\_\_\_ Culture Classes \_\_\_\_\_ Job Placement \_\_\_\_\_ Treatment \_\_\_\_\_

Vendor Information: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

**Employment and Education**

What type of work experience do you have?

\_\_\_\_\_

Are you currently employed?  Yes  No If YES, who is your employer? \_\_\_\_\_

What is your hourly wage? \_\_\_\_\_ Do you have reliable transportation? \_\_\_\_\_

Do you currently use alcohol?  Yes  No

Do you feel you have an addiction to alcohol?  Yes  No

Do you smoke or use tobacco?  Yes  No

Do you currently use illegal substances/drugs?  Yes  No

Do you feel you have an addiction to any drugs?  Yes  No

Do you want treatment for any addiction you may have?  Yes  No



**CLIENT INFORMATION CONTINUED**

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: \_\_\_\_\_

Are you on probation or parole?      Probation      Parole

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

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

Please list the monthly amount of any fines, fees, or cost 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?

\_\_\_\_\_

**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 availability of funds and final approval of the Kiowa Tribe Re-Entry Director.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Re-Entry Director

\_\_\_\_\_  
Date