



# **Kiowa Tribe of Oklahoma**

## **Supplemental Youth Services Program (SYSP)**

Postal Box 363 \* Carnegie, OK 73015 \*  
Phone # (580) 654-2953 direct line or 580-654-2300 Ext. 6418

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First M.I.*

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Family Status: (Circle one of the following) Single, Married, or Divorced

*Workers will have (1) one session from mid-June through July, the session will be will be  
(6) six weeks for the summer of 2023.*

- Summer Session will be from June 19 – July 28, 2023 (6 week duration)

### ▪ **School Information** *(Check one):*

***In School Youth*** \_\_\_\_\_

***Includes HS & College***

1. Name of School \_\_\_\_\_
2. Grade (2022-2023) \_\_\_\_\_
3. School Counselor \_\_\_\_\_

***Out of School Youth*** \_\_\_\_\_

1. Year of Received Diploma \_\_\_\_\_
2. Year GED was obtained \_\_\_\_\_
3. If Dropped Out, Please List the Last Grade Completed \_\_\_\_\_

### **Barriers** *(Check All That Apply):*

- \_\_\_ Substance Abuse
- \_\_\_ **High School Drop-Out/Lack GED\***
- \_\_\_ **Public Assistance Recipient\***
- \_\_\_ **Reading Skill Level below 8.9 Grade Level\***
- \_\_\_ **Math Skill Level below 8.9 Grade Level\***
- \_\_\_ Veteran or Dependent or Veteran
- \_\_\_ Lack Marketable Skill to Retain Employment
- \_\_\_ No Household Income
- \_\_\_ **Offender\***
- \_\_\_ **Homeless\***
- \_\_\_ **Pregnant/Parenting Teen\***
- \_\_\_ Youth is a Single Parent
- \_\_\_ Resides with Extended Family Member
- \_\_\_ Area Resident 30 Days or Less

#### \_\_\_ **Handicapped/Disabled Individual\***

- \_\_\_ Poor Work History
- \_\_\_ Medical Problems
- \_\_\_ Has never had a job
- \_\_\_ Has not entered employment full time student
- \_\_\_ No Employment opportunity for which Client is trained within Participant's local area.
- \_\_\_ Transportation/No Valid DL
- \_\_\_ Lacks Pre-Employment Skills to Find Employment
- \_\_\_ Lacks Significant Work History
- \_\_\_ Youth Resides in Single Parent Household
- \_\_\_ Long Term Unemployed
- \_\_\_ Household Receives Commodities or Food Stamps
- \_\_\_ **Other Limitations** \_\_\_\_\_

▪ **Labor Status** (*Check one*):

1. \_\_\_ Not in the workforce-**STUDENT**
2. \_\_\_ Long Term Unemployed (**Out of School Youth**  
been out of workforce 6 months or more.)
3. \_\_\_ Unemployed (must list date) \_\_\_/\_\_\_/\_\_\_
4. \_\_\_ Employed Fulltime \_\_\_ or Part-time \_\_\_

**Staff Use Only**

Entered into BearTracks: \_\_\_/\_\_\_/\_\_\_

Staff Initials: \_\_\_\_\_

▪ **ALL Household Income:**

Do you or a family member in your household receive any of the following public assistance? **CHECK ALL THAT APPLY**

\_\_\_ TANF\*\*

\_\_\_ Commodities

\_\_\_ Food Stamps

\_\_\_ Vocational Rehabilitation

\_\_\_ S.S.I

\_\_\_ Educational Grant

\_\_\_ General Assistance or  
BIA/Tribal Assistance

\*\*Have you been receiving TANF for 2 years or more?

**Yes** \_\_\_ or **No** \_\_\_ When did Benefits start? \_\_\_\_\_

✓ **List ALL Members in Household**

Name	Relation to Applicant	Place(s) of Employment	Wage Rate	Paid Weekly, Bi-Weekly or Monthly?	Amount (if any) of Public Assistance Received per month.

*I understand that this document is not the actual application required for successful completion of the intake process. Filling this pre-screening document out to its entirety does not necessarily mean I will be automatically determined eligible for Supplemental Youth Services through the Kiowa Tribe SYS program. In the event of being determined eligible, I will have to supply the required documents in order to receive services. I have filled the above pre-screening out truthfully to the best of my knowledge.*

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

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

(If Under 18) **Parent/Guardian's Signature:** \_\_\_\_\_

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

**Eligibility Determination: DIRECTOR'S APPROVAL ONLY**

**Eligible**\_\_\_\_\_

Reason\_\_\_\_\_

**Not Eligible**\_\_\_\_\_

Reason\_\_\_\_\_

*I hereby certify that as of this date and to the best of knowledge concerning the criteria and based on the information above, the applicant does\_\_\_/ does **not**\_\_\_ meet the eligibility requirements.*

**DIRECTOR'S SIGNATURE:**\_\_\_\_\_ **Date:**\_\_\_\_\_