



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 Kiowa 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:

Kiowa Tribe Roll#: DOB: Age: Gender:

SSN:

Current Mailing Address:

Current Physical Address:

Phone Number: Secondary Contact Phone Number:

Email Address:

Family Demographics

Marital Status (Please Check One): Single Married Divorced Widowed

Spouse's name (if married):

Do you have children? Yes No

Please list first name and age of all

Tribal Affiliation of children (if applicable)



Military Services

Are you a Military Veteran? Yes No

If so, what branch of service?

Do you have your DD-214? Yes No

Referral Information for Veterans Organizations/Services; Date Services Provided:

Name:

Phone Number:

Address:

City/State/Zip:

Type of Assistance Needed:(Check all that apply)

Housing/Rent/Deposit Assistance

Utilities

Clothing

Basic Necessities

Counseling/Therapy

Job Placement

Treatment

Vendor Information:

Address:

Account Number:

Employment and Education

What type of work experience do you have?

What type of work do you hope to do?

Completed Practice Job Interview? Yes No

Date Completed:

Copy of Resume Attached? Yes No

Copy of Vocational/ Training Records Attached? Yes No

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

Do you know where you will work, have any job lead ideas, and/or offers? Yes No

What is your hourly wage? \$



Facility, Treatment Center, Probation, Parole and Fine/Fee Costs

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):

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? (Circle One) 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 such as; child support, civil judgments, tickets, and loans, etc): \$

Do you have a valid driver's license? Yes, No If not, what is the status of your driver's license?

****Please note that within ninety days of this application is signed and catch a new charge in county jail. The Kiowa Re-Entry Program will have to close your application. You will need to re-apply to receive any further assistance. By signing below you agree to the terms and requirements of the Kiowa Re-Entry Program.

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