



## KIOWA EDUCATION AGENCY

### **DIRECT EMPLOYMENT ASSISTANCE APPLICATION**

208 Hardees Street West, Anadarko, OK 73005

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Main Line: (580) 919-8836 | Office: (405) 648-0931

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

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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 \$250.00. According to BIA Guidelines, 25 CFR part 26.6, 26.7 and 26.15, applicants are only able to apply through 1 funding source. Applicant will be denied if assistance was granted through another program, i.e. WIOA, therefore need would have already been met.

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### **ELIGIBILITY REQUIREMENTS:**

#### **Client**

- 18 years or older
- Enrolled Kiowa
- Live within 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 References (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.

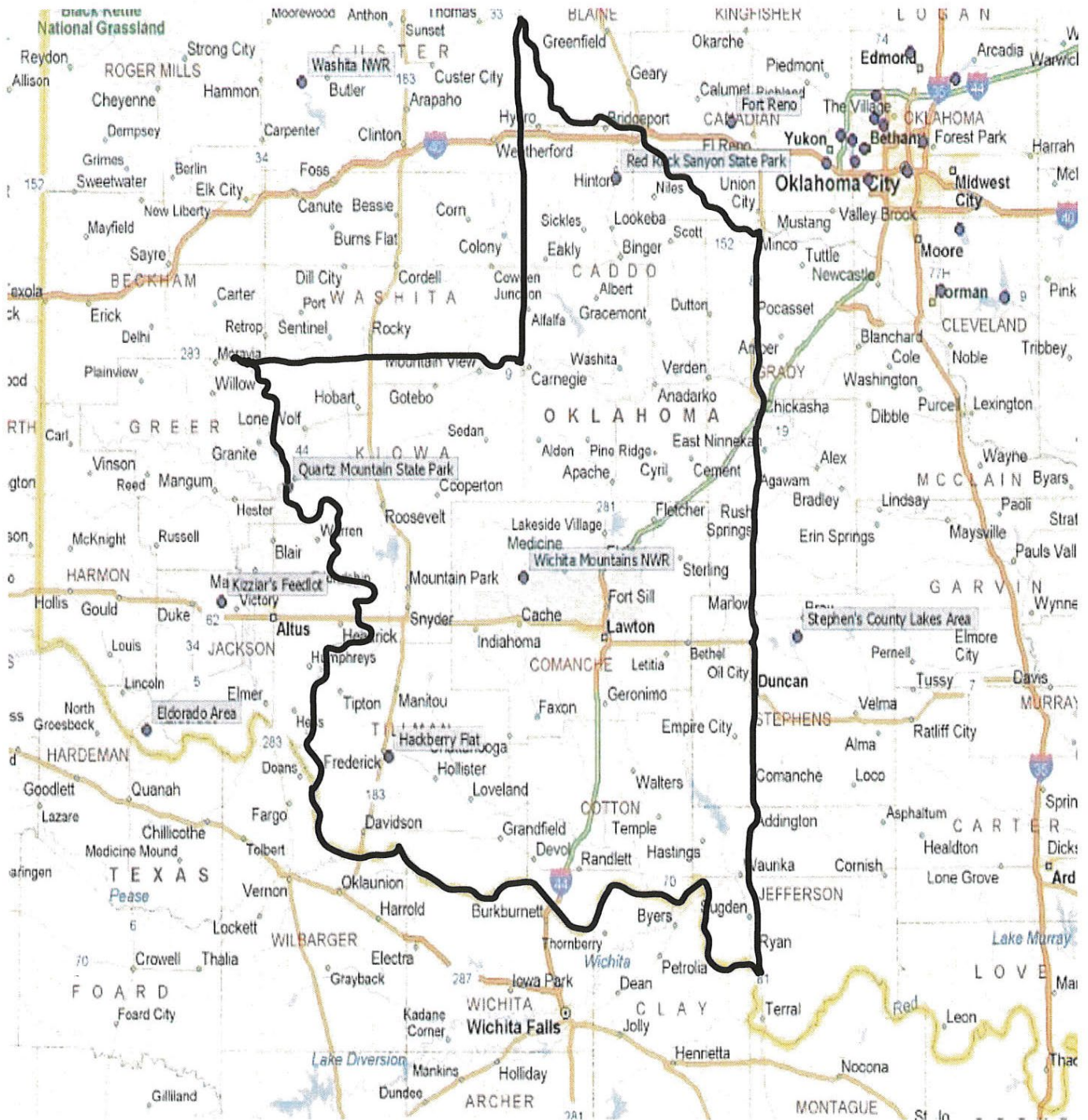
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**It is the client's responsibility to make sure ALL documentation for their application is complete.**

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.**

# KEA Job Placement & Training Jurisdictional Boundary



**DEA APPLICATION**

First Time Applicant  Repeat Applicant (check one)

\*Month/Year Services were received (repeat applicants only): \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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

Veteran:  Yes  No Marital Status:  Single  Married  Widow

Divorced  Separated

Number of Dependents (18 years or younger): \_\_\_\_\_

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**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**

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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 Staff Signature**

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

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**FOR PROGRAM USE:**

I certify that \_\_\_\_\_  
\_\_\_Has \_\_\_ Has Not (Check one) met the requirements for Direct Employment Assistance and therefore \_\_\_ Is \_\_\_Is Not (Check one) eligible to receive benefits.

Recommended by: \_\_\_\_\_  
Program Staff Title Date

Approved by: \_\_\_\_\_  
Program Director Date

**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**

<b>JPT STAFF:</b> ( ) RECOMMENDED ( ) DENIED AMOUNT RECOMMENDED FOR ASSISTANCE: \$ _____ *SEE ATTACHED COPY OF MEMO WITH JUSTIFICATION OF RECEIPT OF SERVICES	
_____	_____
<b>JPT STAFF SIGNATURE</b>	<b>DATE</b>
<b>HED DIRECTOR:</b> ( ) APPROVED ( ) DENIED   COMMENTS: _____	
_____	_____
<b>HED DIRECTOR SIGNATURE</b>	<b>DATE</b>

# 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.

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**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**KIOWA TRIBE JPT PROGRAM:  
INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)**

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

Have you received previous Job Placement and Training Services? \_\_\_Yes \_\_\_No

If yes, 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
- \_\_\_ Vocational Rehabilitation
- \_\_\_ Mental Health Treatment Counseling
- \_\_\_ Public Assistance (Food Stamps, TANF, LIHEAP, etc.) (Specify Type) \_\_\_\_\_
- \_\_\_ Other (Please specify) \_\_\_\_\_
- \_\_\_ Interview Techniques
- \_\_\_ Resume Preparation
- \_\_\_ Individual/Family

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

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

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**



# KIOWA EDUCATION AGENCY

## DIRECT EMPLOYMENT ASSISTANCE APPLICATION

208 Hardee Street West, Anadarko, OK · 73005

Phone: (405) 638-3044 – Office: (405) 648-0931



### Employment Verification -to be filled out by employer-

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of First **FULL** Paycheck: \_\_\_\_\_

Hourly Wage/Salary: \$ \_\_\_\_\_

**(circle one):** hourly weekly bi-weekly monthly yearly other: \_\_\_\_\_

Average # of hours per week: \_\_\_\_\_

**(circle one):** full time part-time **(circle one):** permanent temporary seasonal

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax# E-Mail

\_\_\_\_\_  
Additional Comments:

**NOTE: The Job Placement and Training (JPT) Program within the Kiowa Tribe Higher Education Department is requesting verification of employment for Direct Employment Assistance (DEA) client. Any information obtained is used solely for JPT Program use and remains confidential. The above information is required to determine the client's eligibility for the program.**

Information Verified by: \_\_\_\_\_  
JPT Staff Name Title Date