



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 Circle): Single Married Divorced Widowed

Spouse's name (if married): _____

Do you have children? ☐ Y ☐ N

Please list first name and age of all

Tribal Affiliation of children (if applicable): _____



Military Services

Are you a Military Veteran? ☐ Y ☐ N

If so, what branch of service? _____

Do you have your DD-214? ☐ Y ☐ N

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

Name: _____ Phone Number: _____

Address: _____

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? ☐ Y ☐ N Date Completed: _____.

Copy of Resume Attached? ☐ Y ☐ N

Copy of Vocational/ Training Records Attached? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N If YES, who is your employer? _____.

Do you know where you will work, have any job lead ideas, and/or offers? ☐ Y ☐ N

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:

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? ☐ Y ☐ N 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 such as; child support, civil judgments, tickets, and loans, etc): \$ _____ .

Do you have a valid driver's license? Y ☐ N 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