

Kiowa Tribe of Oklahoma

Supplemental Youth Services Program (SYSP)

208 Hardess W. St. * Anadarko, OK 73005 *
Phone # (405) 648-0446 or 405-648-0876

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 late-June through July, the session will be will be (6) six weeks for the summer of 2024.

- **Summer Session will be from June 24, 2024 – August 2, 2024 (6-week duration)**

▪ **School Information** (Check one):

In School Youth _____

Includes HS & College

1. Name of School _____
2. Grade (2023-2024) _____
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:**_____

