



## CAREER DEVELOPMENT PROGRAM

Kiowa Education Agency

208 Hardees Street West · Anadarko, Oklahoma · 73005

Ph: (405) 648-0446

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### INTAKE FLOW CHART

#### ELIGIBILITY CRITERIA

1. **Reside in the Kiowa Tribe's WIOA Service Area: Caddo, Kiowa, Jackson, Harmon, Greer, and Tillman Counties of Oklahoma.**
2. **Be an enrolled member of a Federally Recognized Tribe.**
3. **Meet eligibility guidelines as defined by DOL.**
4. Review Application and make sure it is complete and has required signatures.
5. Application must be complete along with all **SUPPORTING DOCUMENTS** listed below.
6. Once the application is completed and determined eligible, the applicant is referred to the Job Developer for counseling and/or referrals.

#### INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!!

#### Faxes are not available and will not be Accepted!!

- a. **FAMILY INCOME:** Pay stubs from previous employer, Unemployment Insurance (U.I.) Documents, Grant Award Letters (BIA/Tribal Grant, Pell, etc.). Letter from employer on letterhead stating wages. All family income received in the past six (6) months prior to application date must be submitted!
- b. **RESIDENTIAL ADDRESS:**
  - i. Utility Bill (with address on the bill)
  - ii. Rent Receipt
  - iii. Driver's License
  - iv. Cancelled Checks
  - v. Voter's Card
  - vi. Postmarked Mail
- c. **DEGREE OF INDIAN BLOOD:**
  - i. Tribal Enrollment Card
  - ii. BIA Certification with Roll Number
- d. **SELECTIVE SERVICE REGISTRATION: (MALE APPLICANTS ONLY)** born on or after January 1, 1960, must provide a Registration Acknowledgement Letter from the Selective Service. If the letter is not immediately available, the applicant will be required to sign a Self-Certification (Draft Compliance) Statement. Before any applicant is provided services and the letter is not readily available, an online verification will be made to the Selective Service System Registration Information Office.
- e. **DATE OF BIRTH/AGE:**
  - i. Birth Certificate
  - ii. Driver's License
  - iii. State I.D.
  - iv. Work Permit.
- f. **CITIZENSHIP:** Voter's Registration Card, Social Security Card, or Birth Certificate.  
One form of I.D. or Documentation per Category must be provided.



**Kiowa Tribe**  
**Career Development Program**  
 208 Hardees W Street  
 Anadarko, OK 73005  
 Email: ebigeagle@kiowatribe.org  
 Office (405)648-0446  
**INTAKE RECORD**

REGISTRATION NUMBER	Initial Screen Received by:	Intake Received by:
DATE OF INTAKE		

<b>2 SOCIAL SECURITY NO.</b> - - - - -		<b>3 GENDER</b> (circle one) 1. Male 2. Female		<b>4 BIRTH DATE</b> / /		<b>5 AGE</b> /		<b>6 NAME</b> LAST FIRST MIDDLE MAIDEN				
<b>7 MARITAL STATUS</b> (circle one) 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Common Law		<b>8 EDUCATIONAL STATUS</b> (circle one) 1. In-School, H.S. or less 2. In-School, Post H.S. 3. Not attending school, High School Graduate 4. Not attending school, H.S. Dropout 5. Other		<b>9 SCHOOL ATTENDANCE</b> (circle one) 1. Full-Time 2. Part-Time 3. Not Attending School		<b>10 TYPE OF SCHOOL</b> (circle one) 1. Elementary 2. Secondary 3. Trade/Tech/Voc. 4. Jr/Community College 5. Four Year University 6. Not Applicable		<b>11 LAST GRADE COMPLETED</b> /		<b>12 EMPLOYMENT STATUS AT INTAKE</b> (circle one) 1. Employed 2. Employed but received notice of termination of employment or military separation 3. Not Employed: Was employment sought within the last 28 days? No Yes Last day worked? / /		
<b>15 RESIDENTIAL ADDRESS</b>				<b>16 ZIP CODE</b>		<b>20 U.S. CITIZENSHIP</b> (circle one) 1. Citizen 2. Eligible Non-Citizen 3. Non-Eligible, Non-Citizen		<b>13 TELEPHONE/MESSAGE NO.</b> ( )		<b>14 E-MAIL ADDRESS</b>		
<b>17 CITY</b>		<b>STATE</b>		<b>18 COUNTY</b>		<b>21 CULTURAL IDENTIFICATION</b> (circle one) 1. American Indian 2. Alaska Native 3. Native Hawaiian		<b>22 RESERVATION</b> (circle one) Resides within the Tribal Jurisdictional Area? 1. No 2. Yes				
<b>19 MAILING ADDRESS</b> (if different from street address)				CITY		STATE		ZIP CODE		<b>23 TRIBAL MEMBERSHIP</b> (circle one) 1. Not Known 2. No 3. Yes Tribal Affiliation: _____		
<b>24 VETERAN STATUS</b> (circle one) 1. Eligible Veteran, less than or equal to 180 days 2. Eligible Veteran 3. Eligible Spouse 4. Not an Eligible Veteran		<b>25 SELECTIVE SERVICE REGISTRANT</b> (circle one) 1. No 2. Yes 3. Exempt 4. Not Required to Register or Document Registration 5. Beyond Registration Age; Failure to Register Unintentional		<b>26 PUBLIC ASSISTANCE</b> (circle all that apply) 1. GA/BIA 2. TANF 3. SSI/SSA/SSDI 4. Food Stamps 5. Foster Child Payments 6. TWEP 7. Food Commodities 8. Veterans Benefits 9. None		<b>29 FAMILY INCOME LEVEL * WIOA Staff will complete</b> (circle all that apply) 1. At / Below HHS 2. At/Below 70% of the LLSIL 3. Above HHS 4. Above 70% of the LLSIL 5. Above 70% & Below 100% of the LLSIL				<b>31 BARRIERS TO EMPLOYMENT</b> (circle all that apply) 1. Basic Skills Deficient 2. Low Income 3. Long Term Unemployed 4. Offender / Criminal Justice 5. Single Head of Household 6. Pregnant / Parenting Teen 7. Limited English Proficiency 8. Individual with Disability 9. Poor Work History 10. Substance Abuse 11. Homeless 12. Displaced Homemaker 13. School Drop-out 14. Runaway Youth 15. Youth Additional Assistance 16. Learning Disability 17. Not Applicable		
<b>28 EMPLOYMENT HISTORY</b> (26 weeks Pre-Program Current/Last Job First) Enter the employer's name, address, zip code and telephone number.						From Mo/Day/Yr	To Mo/Day/Yr	Job Title	Hourly Wage	Hours Per Week	Reason for Leaving	
<b>33 FAVORITISM</b> Review the current branches of government list, and Staff list with the applicant. Is a member of the applicant's immediate family (identified in box 27) a signatory, delegate, alternate delegate or employed in an administrative capacity with Kiowa WIOA Program? 1. No 2. Yes If yes, list the name(s) and relationship to the applicant:  Name _____ Relationship _____ Name _____ Relationship _____												
<b>34</b> List all skills set you have and/or any certifications you have acquired.												

**27 FAMILY MEMBERS** - List the name(s) of the applicant's immediate family member(s) and their relationship.

Name	Relationship
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**28 FAMILY INCOME**

List family members in household.	Relationship	Income Source	Income Last 6 months	Family Size	2025 HHS Poverty Level Guidelines	70% LLSIL - 2016				
	SELF		\$	1	15,650	10,955				
			\$	2	21,150	14,805				
			\$	3	26,650	18,655				
			\$	4	32,150	22,355				
			\$	5	37,650	30,205				
			\$	6	43,150	34,055				
			\$	7	48,650	37,905				
			\$	8	54,150	41,755				
			\$	ADD	5,500	3,850				
Total Income for the Last 6 Months			\$	Complete if there are more than 8 in the family:						
Family Size In the Last 6 Months				X 2						
Total Annualized Family Income			\$	Family Size	HHS Guidelines	Non metro				

**35 PRIOR PROGRAM PARTICIPATION ON THE KTO-WIA:** 1. Not Applicable 2. Prior Participant- Program Year of the most recent participation: \_\_\_\_\_ Program: \_\_\_\_\_

**36 CERTIFICATION STATEMENT**

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this intake. It has been explained to me and I understand that:

- (1) Information collected on the Intake Record will be entered and stored in the KTO Data Collection system located at the WIOA Office at the Kiowa Health & Human Resource Building 208 Hardees W. St. Anadarko, Oklahoma. All or part of the information provided may be shared with the Department of Labor for program performance measurements. I also understand that the information recorded on the Intake Record will be protected in accordance with the Privacy Act;
- (2) Misstatements or misrepresentation on my part on this or other related forms may be cause for dismissal and possible actions for the collection of any payments received by me. Anyone who makes a false statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury;
- (3) Should I be deemed ineligible for the Workforce Innovation & Opportunity Act program by the official verification process, I agree to immediately cease Workforce Innovation & Opportunity Act funded employment training and I may be liable for all payments made to me and on my behalf while enrolled in the Workforce Innovation & Opportunity Act program.

I hereby authorize the sharing of this information with other Kiowa Tribal programs and their partner agencies, if needed. I further understand that eligibility is not a guarantee of program services.

**37 ELIGIBILITY DETERMINATION**  
The applicant is:  
(circle all that apply)  
**1. WIOA ELIGIBLE**  
**2. NEW**  
**3. INELIGIBLE**

**38 SIGNATURES:** The signature of the Client and the Parent/Guardian is acknowledgment of the Certification Statement above.

CLIENT	
PARENT/GUARDIAN	
INTERVIEWER	

**39 CERTIFICATION OF PROGRAM ELIGIBILITY** (circle all that apply)  
**1. DIRECT SERVICES**   **2. SUPPORTIVE SERVICES**   **3. AWE**   **4. OJT**   **5. TUITION**   **6. INELIGIBLE**

INTAKE SIGNATURE	DATE
<b>40 DIRECTORS SIGNATURE</b>	DATE



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## **AUTHORIZATION TO RELEASE INFORMATION**

**I HEREBY AUTHORIZE** the Kiowa Tribe's WIOA and SYS Programs and their staff to obtain all the necessary documents and information needed to determine or verify eligibility to participate on any of the WIOA and SYS Programs, such as Family Income, Previous Employment Records, Educational Records, Degree of Indian Blood, Citizenship, Selective Service Registration, Residency, Birth Records, Public Assistance Records, Unemployment Status, prior WIOA/SYSP participation, and Household Size.

**I FURTHER AUTHORIZE** the release of this information from my current and previous employers, Department of Human Services, Social Security Administration, Tribal Enrollment Offices, Bureau of Indian Affairs, State Employment Offices, Vocational Rehabilitation, verify the information I provided on the Multi-Application Form with the Kiowa Tribe's WIOA/SYS Programs.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

INTAKE/STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_