



CAREER DEVELOPMENT PROGRAM

Kiowa Education Agency
208 Hardee Street West, Anadarko, OK 73005
Phone # (405) 648-0446

Name: _____ Age: _____ Birthdate: ____/____/____
Last First M.I.

Gender: _____ Current Address: _____ City: _____

County: _____ Zip Code: _____ Mailing Address: _____

Cell Phone Number: _____ Home 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 mid-June through July, the session will be (6) six weeks for the summer of 2025.

Orientation Dates: June 11, 2025 to June 12, 2025 (8:00 a.m. to 4:30 p.m.)

Please bring a Photo ID with you as it will be required at Drug Testing

June 11, 2025: Drug Testing, Paperwork, and Classes (Food Handler's License & CPR Certification)

June 12, 2025: Educational Speakers: Kiowa Tribal Judicial and Police Department.

Summer Session will be from June 23, 2025 – August 1, 2025 (6-week duration)

School Information (Check one):

In School Youth _____

Includes HS & College

1. Name of School _____
2. Grade (2024 – 2025) _____
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 skills 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***
- ___ 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

- ___ **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
- ___ Youth Resides in Single Parent Household
- ___ Long Term Unemployed
- ___ Household Receives Commodities or Food Stamps
- ___ Other Limitation* _____



CAREER DEVELOPMENT PROGRAM

Kiowa Education Agency
208 Hardee Street West, Anadarko, OK 73005
Phone # (405) 648-0446

Labor Status (Check one):

1. ___ Not in the workforce-**STUDENT**
2. ___ Long Term Unemployed (Out of School Youth been of out the workforce 6 months or more.)
3. ___ Unemployed (must list date) ___/___/___
4. ___ Employed Fulltime _____ or Part-time _____

Staff Use Only

Entered into Dinap/GPMS: ___/___/___
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****

___ **Food Stamps**

___ **S.S.I.**

___ **General Assistance or BIA/Tribal Assistance**

___ **Commodities**

___ **Vocation Rehabilitation**

___ **Educational Grant**

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: _____