

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

Date: \_\_\_\_\_



# YOUTH CAREER DEVELOPMENT PROGRAM

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

bg  
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 2026.*

### Packet Pick up Date:

June 12, 2026: If selected your Participant Packet will be picked up on Friday the 12th. (Packet must be completed by Orientation day). If you have questions staff will be on hand to assist you.

### Orientation Dates: June 16, 2026 to June 17, 2026; Times: 8:00 a.m. to 4:30 p.m.

June 16, 2026: Drug Testing, Paperwork, and Classes (Food Handlers License & CSP Certification)

June 17, 2026: Highway Safety Exercise (DUI Simulation and Distracted Driver)

### Kiowa Work Day: June 20, 2026

Kiowa Workday is Mandatory. Place Carnegie OK Pick up Anadarko 7:30 a.m. return 3:00 p.m.

### Summer Session will be from June 22, 2026 – July 30, 2026 (6-week duration)

### Employment Barriers: *(Please check all that apply)*

*(These barriers will count towards Approval status for the Youth Program)*

- |  |  |
|--|--|
| <input type="checkbox"/> Substance Abuse   | <input type="checkbox"/> <b>Homeless*</b>                              |
| <input type="checkbox"/> <b>High School Drop-Out/Lack GED*</b>   | <input type="checkbox"/> <b>Pregnant/Parenting Teen*</b>               |
| <input type="checkbox"/> <b>Public Assistance Recipient*</b>   | <input type="checkbox"/> Youth is a Single Parent                      |
| <input type="checkbox"/> <b>Reading skills Level below 8.9 Grade Level*</b>                                    | <input type="checkbox"/> Resides with Extended Family Member           |
| <input type="checkbox"/> <b>Math Skill Level below 8.9 Grade Level*</b>  | <input type="checkbox"/> Area Resident 30 Days or Less                 |
| <input type="checkbox"/> Dependent of Veteran  | <input type="checkbox"/> <b>Handicapped/Disabled Individual*</b>       |
| <input type="checkbox"/> Lack Marketable Skill to Retain Employment  | <input type="checkbox"/> Poor Work History                             |
| <input type="checkbox"/> No Household Income   | <input type="checkbox"/> Medical Problems                              |
| <input type="checkbox"/> <b>Criminal Offender* Juvenile or Adult</b>   | <input type="checkbox"/> Has never had a Job                           |
| <input type="checkbox"/> Has not entered employment full time student  | <input type="checkbox"/> Household Receives Commodities or Food Stamps |
| <input type="checkbox"/> No Employment Opportunity for which Client is trained within Participant's local area | <input type="checkbox"/> Other Limitation* _____                       |
| <input type="checkbox"/> Transportation/No Valid DL  |  |
| <input type="checkbox"/> Lacks Pre-Employment Skills to Find Employment  |  |
| <input type="checkbox"/> Lacks Significant Work History  |  |
| <input type="checkbox"/> Youth Resides in Single Parent Household  |  |
| <input type="checkbox"/> Long Term Unemployed  |  |

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

Date: \_\_\_\_\_



# YOUTH CAREER DEVELOPMENT PROGRAM

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

## School Information (Check one):

**In School Youth** \_\_\_\_\_

*Includes HS & College*

1. Name of School \_\_\_\_\_
2. Grade (2025 – 2026) \_\_\_\_\_
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 \_\_\_\_\_

## 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** (*Temporary Assistance for Needy Families*)

\_\_\_ **Food Stamps**

\_\_\_ **S.S.I.** (*Social Security Income*)

\_\_\_ **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. |
|------|-----------------------|------------------------|-----------|------------------------------------|--|
|      |                       |                        |           |                                    |  |
|      |                       |                        |           |                                    |  |
|      |                       |                        |           |                                    |  |
|      |                       |                        |           |                                    |  |
|      |                       |                        |           |                                    |  |

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

Date: \_\_\_\_\_



# YOUTH CAREER DEVELOPMENT PROGRAM

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

*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 to receive services. I have filled the above Pre-screening out truthfully to the best of my knowledge.*

**Applicant's Signature:** \_\_\_\_\_

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

**Parent/Guardian's Signature:** \_\_\_\_\_

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

*(If Under 18)*

## Eligibility Determination: DIRECTOR'S APPROVAL ONLY

**Eligible** \_\_\_\_\_ Reason \_\_\_\_\_

**Not Eligible** \_\_\_\_\_ Reason \_\_\_\_\_

*I hereby certify that as of this date and to 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:** \_\_\_\_\_