



Kiowa Re-Entry Program Application

Address: P.O. Box 369, 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): _____

Military Services

Are you a Military Veteran? Yes No

If so, what branch of service? _____

Do you have your DD-214? Yes No

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

Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____



Kiowa Re-Entry Program Application

Address: P.O. Box 369, Carnegie, Oklahoma 73015

Type of Assistance Needed: (Check all that apply)

Housing/Rent/Deposit Assistance _____ Clothing _____ Job Placement _____

Utilities _____ Treatment/Counseling Referral _____ Other _____

Vendor Information: _____

Address: _____

Account Number: _____

Employment and Education

What type of work experience do you have?

Copy of Resume Attached? Yes No

Copy of Vocational/ Training Records Attached? Yes No

Are you currently employed? Yes No If YES, who is your employer? _____.

Do you know where you will work, have any job lead ideas, and/or offers? Yes No

What is your hourly wage? \$ _____.

Facility, Treatment Center, Probation, Parole and Fine/Fee Costs

Facility/Treatment Center you were released/discharged from: _____

Length of incarceration: _____. Release date or projected release date: _____

Do you have any pending court dates? Yes No Next Court Date: _____

Are you on probation or parole? (Circle One) Probation Parole

Probation/Parole Officer: _____ Phone#: _____

Please list the monthly amount of any fines, fees, or cost associated with your offense(s): Probation:

DA Supervision: \$ _____ Court Fines/Costs: \$ _____

Do you have a valid driver's license? Yes, No



Kiowa Re-Entry Program Application

Address: P.O. Box 369, Carnegie, Oklahoma 73015

Confidentiality Agreement

The Kiowa Re-Entry program values our client’s information therefore we cannot disclose any information. A confidentiality agreement form is set in motion to protect the client and staff in the Re-Entry program to understand that we agree to not disclosing any information. By signing this agreement form we acknowledge that under the Kiowa Tribe policies and procedures we are not allowed to disclose any valid information.

_____ **Client Initial**

Authorization to Release Information

I HEREBY AUTHORIZE the Kiowa Re-Entry Program and their staff to obtain all the necessary documents and information needed to determine or verify eligibility to participate in any of the Re-Entry Program.

I FURTHER AUTHORIZE the release of this information from my current and previous employers, Department of Human Services, Social Security Administration, Tribal Enrollment Office(s), Bureau of Indian Affairs, State Employment Office(s) Vocational Rehabilitation, Selective Service System, and/or any other agencies which have access to any records to verify the information provided on the application with the Kiowa Re-Entry Program.

_____ **Client Initial**

****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