



# PRISONER RE-ENTRY PROGRAM

100 Kiowa Way, Carnegie, OK 73015  
 P.O. Box 369, Carnegie, OK 73015  
[kewis@kiowatribe.org](mailto:kewis@kiowatribe.org)  
 (405)480-2764

The Prisoner Re-Entry Program is committed to supporting Kiowa citizens as they reintegrate into society after incarceration for a **felony** offense. This comprehensive support system is designed to empower individuals towards achieving financial stability, reducing recidivism, and fostering successful reintegration.

To support these efforts the Kiowa Tribe offers a \$1,500 assistance fund helping cover essential needs such as; health, hygiene, clothing, communication, rental and utility assistance, the reinstatement of driver's licenses, and three months of parole and probation fees.

## Column A: CLIENT INFORMATION

First Name		Middle Name	
Last Name		Suffix:	
Date of birth	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Kiowa Roll Number		Inmate Number	
Are you currently incarcerated? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, skip to Column C If no, move to Column B	

## Column B: CONTACT INFORMATION

Phone Number		Secondary Contact Number	
E-mail Address			
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code

## Column C: CURRENT FACILITY INFORMATION

Facility Name		Federal <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/>	
Mailing Address	City	State	Zip Code
Case Manager	Case Manager Contact Number	Case Manager E-mail Address	

## Column D: OFFENSE AND INCARCERATION

You are required to provide information on your most recent felony conviction.

Case Number	Court	Offense		
Conviction Date	Term	Term Code	Start Date	Discharge Date
Facility you were discharged from				
Probation <input type="checkbox"/> Parole <input type="checkbox"/>	Sex Offender <input type="checkbox"/>	Violent Offender <input type="checkbox"/>	Drug/Alcohol Offense <input type="checkbox"/>	

## Column E. DEMOGRAPHICS

Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you graduate from high school or obtain a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you like information regarding our Higher Education Services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would like information regarding employment and supplemental services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever struggled with substance abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you like information regarding our substance abuse services? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Column F. SERVICES REQUESTED

**Office use only**

<p style="text-align: center;"><b>Clothing Assistance</b></p> <p>One time assistance, amount requested cannot exceed \$250.00. Payment will be made payable to the applicant.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____
<p style="text-align: center;"><b>Communication Assistance</b></p> <p>One time assistance to help with the purchase of a cell phone and/or minutes, amount requested cannot exceed \$150.00. Payment will be made payable to the applicant.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____
<p style="text-align: center;"><b>Health and Hygiene Assistance</b></p> <p>One time assistance, amount requested cannot exceed \$200.00. Payment will be made payable to the applicant.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____
<p style="text-align: center;"><b>Housing Assistance</b></p> <p>This assistance can be used for multiple months for rental, lease, and/or program fees. Applicant must provide the landlords w-9, along with the rental/lease agreement. Payment will be made payable to the vendor.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____
<p style="text-align: center;"><b>Utility Assistance</b></p> <p>This assistance can be used for multiple months, for multiple vendors. Applicant must provide a current bill and the address listed on their state ID must be the same as the service address on the bill. Payment will be made payable to the vendor.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____
<p style="text-align: center;"><b>Driver's License Assessment Assistance</b></p> <p>One time assistance. Applicant must provide an invoice, along with instructions for payment. Payment will be payable to the vendor.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____
<p style="text-align: center;"><b>Driver's License Reinstatement Assistance</b></p> <p>One time assistance. Applicant must provide an invoice from their state, along with instructions for payment. Payment will be payable to the vendor.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____
<p style="text-align: center;"><b>3 month Probation/Parole Fee Assistance</b></p> <p>One time assistance. Applicant must provide an invoice from the Department of Corrections, along with the envelope provided by their probation/parole officer. Payment will be payable to the vendor.</p>	Amount Requested \$ _____	Amount Approved \$ _____ Initials _____ Date _____

## Column G. INCOMPLETE APPLICATION NOTICE

Please ensure all necessary documentation is provided to avoid delays in processing your application.

**This application will not be considered complete until all required documents are submitted.**

Required documents include:

- Completed Application
- Tribal Identification Card
- Discharge Papers from BOP, DOC, or County Facility
- Any required document listed in Column F

I understand I will not receive services if my application and supporting documentation is not received.

Signature of Applicant

Date

## Column H. APPLICANT AFFIRMATION

By signature, I affirm that the information in the application is correct and complete to the best of my knowledge and belief. I understand that all services and funding are subject to the availability of funds and final approval of the Kiowa Tribe Prisoner Re-Entry Program Director.

Signature of Applicant

Date