



## CAREER DEVELOPMENT PROGRAM

Kiowa Education Agency

208 Hardees Street West · Anadarko, Oklahoma · 73005

Ph: (405) 648-0446

### 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)	iv. Cancelled Checks
ii. Rent Receipt	v. Voter's Card
iii. Driver's License	vi. Postmarked Mail
- c. **DEGREE OF INDIAN BLOOD:**
  - i. Tribal Enrollment Card
  - ii. BIA Certification with Roll Number
- d. **SELECTIVE SERVICE REGISTRATION: (MALE APPLICANTS OVER 18 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	iii. State I.D.
ii. Driver's License	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.**



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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 16, 2025 to June 17, 2025**

June 16, 2025: Drug Testing, Paperwork, and Classes (Food Handlers License & CSP Certification)

June 17, 2025: Educational Class with 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\* \_\_\_\_\_



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



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## 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:** \_\_\_\_\_



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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: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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

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

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