



WICHITA AND AFFILIATED TRIBES
EDUCATION SERVICES DEPARTMENT
JOB PLACEMENT AND TRAINING PROGRAM
DIRECT EMPLOYMENT ASSISTANCE

P.O. Box 729, Anadarko, OK 73005
Phone: (405) 247-8612 - Fax: (405) 247-2430
www.wichitatribe.com

You must complete the application as thorough as possible and submit all required documents as listed below before your application will be considered for funding. Failure to provide required documentation **before your first full paycheck** will disqualify you, the applicant, from eligibility for assistance. Inactive files will be closed and discarded after 30 days. **It is your responsibility to make sure ALL documentation for your application is complete.**

DEA Checklist

Please read over the checklist provided to see if you meet the qualifications for assistance.

- I have thoroughly completed the application (Pages: 1-5).
- I have a proof of address. (Mail, Bill, Lease, Mortgage, etc.) **Please bring in documentation.**
- I have my HS Diploma or GED/TABE Certificate. **Please provide copy.**
- Copy of Marriage License/Divorce Decree/Name Change/Adoption paperwork if names on ID's are not the same. **Please provide copy.**
- I am at least 18 years old, have a 1) current photo ID, 2) social security card and 3) birth certificate. **Please provide copies of each.**
- Selective Service Verification (males only). Go to <https://www.sss.gov/verify/> to print this verification. If you do not have access to a printer, we can print from our office.
- I am an enrolled member of the Wichita and Affiliated Tribes and have Verification of Wichita Tribal Enrollment (Identification card or letter). **Please provide copy.**
- My employment is **full-time and permanent**. Full-time employment means that you work a minimum of 30 hours a week. Permanent employment means a year-round job or one that re-occurs seasonally, lasting at least 90 days per work season. Provide verification of employment (Page: 6).
- I have not received my first full paycheck (*Note: A partial paycheck may have been received*)

***The Education Services Department will process application within 5 days from receipt of completed application**

Explanation of forms are on the next page. If further explanation is needed, please contact the Education Department @Phone #: (405) 247-8612 or email: educationservices@wichitatribe.com

Explanation of DEA application forms by page number:

- 1. Application:** Indicate if this your first time applying for DEA, if it is not, please fill in the years you received assistance. Fill out the application as thorough as possible. **Do not leave blank spaces.**
- 2. Privacy Act and Paperwork Reduction Act Statement:** Important information about the disclosure of DEA information obtained and fraudulent misrepresentation of information. **Please sign, date and return with application.**
- 3. Personal References/Dependent Information:** We need three personal references, including their names and phone numbers. A list of dependents who are under the age of 18, including their name, date of birth, social security number, tribal affiliation and current school grade.
- 4. Consent for Release of Information:** **PART I** is intended for staff use. **PART II** will be filled out by you and notarized by a Notary Public. This form allows the JPT Program to obtain information from your employer.
- 5. Individual Self Sufficiency Plan (ISP):** Read carefully and answer questions as thorough as possible. This form is required to determine your plan to obtain independence and ensure you have all assistance available to overcome any obstacles you are facing. Must be filled out completely, signed and dated.
- 6. Letter of Employment:** Must be completed by employer and emailed to: educationservices@wichitatribe.com, faxed to: **405-247-2430**, or mailed to: **P.O. Box 729, Anadarko, OK 73005**. Employer may also send a typed letter, on their company letterhead with the following information:
 1. Job Title (with indication that the job is full time and permanent)
 2. Job Start Date
 3. Salary
 4. Date of First Full Paycheck
 5. Expected duration of the job

JOB PLACEMENT AND TRAINING JURISDICTION MAP





Job Placement and Training Program

Direct Employment Assistance

CLIENT INFORMATION

Application #: _____

First Name: _____ Middle Initial: _____ Last Name: _____
 Date of Birth: ____/____/____ Contact# : (____) ____ - ____ Email: _____
 Marital Status: ___ Single ___ Married ___ Divorced ___ Separated Gender: _____
 Number of Dependents: _____ How many children are in school? _____
 Mailing Address: _____ Town: _____ State: _____ Zip Code: _____
 Emergency Contact Name: _____ Contact#: (____) ____ - ____

*Veteran (Check one): Y N Do you have a disability of 10% or more? (Check one): Y N
**If you are a Veteran, please provide copy of DD214/Military Verification and VA Benefit Summary Letter*

EDUCATION INFORMATION

Highest Grade Completed (Check one): HS Vocational Training AA/AS BA/BS MA/MS PHD/MD/JD

Name of High School: _____ Year Graduated: _____ Degree Received: _____
 Name of College/University: _____ Year Graduated: _____ Degree Received: _____
 Name of College/University: _____ Year Graduated: _____ Degree Received: _____

Type of Training you are interested in: _____
 Do you have physical limitations that would interfere with your training or employment? (Check one): Y N
 If yes, please explain condition: _____
 Name of Training Facility or Employer: _____
 For Training
 Course Title: _____ Length of Course: _____

Do you have income from any source? (Check one): Y N If yes, please list your sources: _____

EMPLOYMENT RECORD

List your three most important periods of employment:

1) Job Title: _____ Employer Name: _____
 Employer Address: _____ Period of Employment: _____ to _____
 Reason for leaving: _____
 Job Duties: _____

2) Job Title: _____ Employer Name: _____
 Employer Address: _____ Period of Employment: _____ to _____
 Reason for leaving: _____
 Job Duties: _____

3) Job Title: _____ Employer Name: _____
 Employer Address: _____ Period of Employment: _____ to _____
 Reason for leaving: _____
 Job Duties: _____

____ First Time Applicant ____ Repeat Applicant Month/Year Services were received: ____/____



Wichita and Affiliated Tribes
Education Services Department
Job Placement & Training Program
Direct Employment Assistance

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

1. The authority for solicitation of the information on this form is 25 U.S.C. 13(42 Stat.208) and P.L. 84-959(70 Stat.986) as amended by P.L. 88-230(77 Stat.471, 25 U.S.C.309).
2. Disclosure of the requested information by the applicants is voluntary, but required to obtain benefit.
3. The purpose of collecting this information is to determine your eligibility for services.
4. The routine use of this information is by the Wichita and Affiliated Tribes Education Services Department's Job Placement & Training Program to evaluate your request for assistance. Parts or all of the information in your application will be provided to employers who are considering you for employment.
5. Failure to provide the requested information may result in a delay or denial in receiving program assistance.

I have read the above statement. I hereby provide the requested information and authorize the use of such information to the extent of the uses specified in the statement. I also agree that all the information is true to the best of my knowledge and any misrepresentation of information given in this application could be construed as fraudulent and may affect my assistance.

Applicant Signature

Date

Program Staff Signature

Date

FOR PROGRAM USE:

I certify that _____ Has ___ Has Not (Check one) met the requirements for Direct Employment Assistance and therefore ___ Is ___ Is Not (Check one) eligible to receive benefits.

Recommended By: _____
JPT Program Staff Title Date

Approved By: _____
Education Programs Director Date



Wichita and Affiliated Tribes
Education Services Department
Job Placement & Training Program
Direct Employment Assistance

CONSENT FOR RELEASE OF INFORMATION

Part 1 for DEA Program use:

DATE: _____

TO: _____

ADDRESS: _____

REASON FOR REQUEST: _____

Part 2 to be completed by client and Notary Public:

I hereby give my permission to release information to:

WICHITA AND AFFILIATED TRIBES
EDUCATION SERVICES DEPARTMENT
JOB PLACEMENT & TRAINING PROGRAM
P.O. BOX 729
ANADARKO, OK 73005

APPLICANT'S FULL NAME (Please Print)

DATE OF BIRTH

APPLICANT'S SIGNATURE OR SIGNATURE OF
PARENT/LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE

ATTENTION: According to Family Education Rights and Privacy Act of 1974
(P.L. 93-380), the parent, guardian of 18 years old, has the right to
make a written request to view any records released.

Subscribed and sworn before me on this _____ day _____ 20 _____

My Commission Expires _____

Notary Public



Wichita and Affiliated Tribes
Education Services Department
Job Placement & Training Program
Direct Employment Assistance (DEA)

INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Applicant Name: _____

Have you received previous Job Placement and Training Services? ___ Yes ___ No

If so, what type of services and for how long? _____

Applicant Case Plan

1) What do you need to obtain job skills? (Check all that apply)

- Education
- Vocational Training
- On the Job Training
- Certification
- Other (Please Specify) _____

2) What support services do you need to find and/or keep your current job? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Employment Search | <input type="checkbox"/> Interview Techniques |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Resume Preparation |
| <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Individual/Family Counseling |
| <input type="checkbox"/> Public Assistance (Food Stamps, TANF, LIHEAP, etc.) | |
| (Specify Type) _____ | |
| <input type="checkbox"/> Other (Please specify) _____ | |

3) What obstacles exist that prevent you from seeking training or keeping permanent employment?
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Overcrowded Residence |
| <input type="checkbox"/> Substance Abuse Counseling/Treatment | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Criminal Background | <input type="checkbox"/> Fines |
| <input type="checkbox"/> Financial Need | <input type="checkbox"/> No H.S. Diploma/GED |
| <input type="checkbox"/> Other (Please Specify) _____ | |

4) Job Readiness

Please list all of your work experience to include the year:

Job: _____ Year: _____

Job: _____ Year: _____

Job: _____ Year: _____

Job: _____ Year: _____

5) Job Training

Please list any training you have received to include the year (i.e. CPR, Forklift, Suicide Prevention, etc.)

Training: _____ Year: _____

Training: _____ Year: _____

Training: _____ Year: _____

Training: _____ Year: _____

6) **Applicant:** Create a plan of action that you will carry out to maintain permanent employment:

Example: I will identify my barriers to employment and seek to find resources that will assist me in eliminating those barriers. I will demonstrate increasing responsibility and take the initiative to get things done. I will make more positive choices and address problem behaviors. The first plan of action I will commit to is setting up an appointment with childcare to obtain childcare services for my child.

7) **JPT Staff:** Describe the applicant's circumstances that resulted in needing services from the JPT program. Include a description of the services provided and offered to assist applicant in developing and maintaining self-sufficiency.

Job Placement & Training Staff Signature

Date

Applicant Signature

Date



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Employment Verification

Employee Name: _____

Job Title: _____

Start Date: ___/___/___ Date of First **FULL** Paycheck: ___/___/___ Wages/Salary: \$_____

(Check one) hourly weekly bi-weekly monthly yearly other: _____ Average # of hours per week: _____

(Check one) full-time part-time **(Check one)** permanent temporary seasonal

_____ /_____/_____
Employer's Signature

Employer's Printed Name

_____/_____/_____
Date

Employer [Company] Name

Address

(____)____ - _____
Contact#

(____)____ - _____
Fax#

E-Mail

Additional Comments: _____

NOTE: The Job Placement and Training (JPT) Program within the Education Services Department is requesting verification of employment for a Direct Employment Assistance (DEA) client. Any information obtained is used solely for the JPT Program use and remains confidential. The above information is required to determine the client's eligibility for the program.

Information Verified By: _____
JPT Staff Signature

Title

Date