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). P**lease 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:____/_____

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

PERSONAL REFERENCES

1. Name:_____

   Phone: _____

2. Name:_____

   Phone: _____

3. Name:_____

   Phone: _____

DEPENDENTS ACCOMPANYING APPLICANT

(Dependents Must Be 18 Years or Younger)

Name	Date of Birth	SSN	Grade	Tribal Affiliation

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
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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)

   ___ Employment Search
   ___ Vocational Rehabilitation
   ___ Mental Health Treatment
   ___ Public Assistance (Food Stamps, TANF, LIHEAP, etc.)
   (Specify Type) _____
   ___ Other (Please specify) _____
   ___ Interview Techniques
   ___ Resume Preparation
   ____ Individual/Family Counseling

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

   ___ Medical Treatment
   ___ Substance Abuse Counseling/Treatment
   ___ Transportation
   ___ Criminal Background
   ___ Financial Need
   ___ Other (Please Specify) _____
   ___ Overcrowded Residence
   ___ Domestic Violence
   ___ Child Care
   ___ Fines
   ___ No H.S. Diploma/GED

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.

_____

_____

_____

_____

_____

_____

_____ _____
Applicant Signature **Date**

_____ _____
Job Placement & Training Staff 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**