

# Caddo Nation Education Department

P.O. Box 487 – Binger, OK 73009

405.656.2344 or 405.656.2447

Fax: 405.656.2904

• ***Dedicated To Your Success*** •

## Caddo Nation Job Placement and Training Program Guidelines

### Program Services

#### **1. Job Placement (Direct Employment Assistance):**

- Partial costs for expenses related to starting a new job

#### **2. Job Training (Adult Vocational Training):**

- Partial costs for tuition, books and fees that are not covered by other sources (i.e. Pell Grant, etc.)
- or • Bi-weekly subsistence allowance payments for transportation, utilities, childcare, etc. (Not all students qualify)

### Eligibility For Both Programs

- Must be an enrolled member of the Caddo Nation
- Must be 18 years of age or older
- Must reside within jurisdiction of the Anadarko Agency

### Additional Eligibility Criteria for Job Training

- Must make application for the FAFSA (contact the Financial Aid Office at your school)

### Required Documents:

To qualify for one or more of these program activities you must submit the following. A single asterisk (\*) indicates the form is included in the packet.:

1. \*Completed & Signed JP&T Application
2. \*Individual Self-Sufficiency/Development Plan
3. \*Financial Needs Analysis form
4. Copy of Caddo Nation membership card
5. Proof of residency (current utility bill in applicant's name),  
or \*Notarized Proof of Residency Affidavit
6. Selective Service status or DD-214 (males 18 years and older)
7. Proof of marriage or divorce, birth certificates/social security cards for yourself and all dependants (if claiming any)
8. **Job Placement:** Letter from supervisor/human resources department on company letterhead stating your job title, beginning wage, beginning date, date when first full paycheck will be issued, and expected duration of employment.  
**Job Training:** Letter of verification from training facility (on letterhead) that verifies enrollment, length of program/course, costs of tuition, books, and any additional supplies needed.
9. \*Student Background/Goals, Publicity Consent
10. \*Student Agreement
11. \*Release of Information
12. List of three (3) references, to consist of name, address, daytime telephone number, association. (Cannot be relatives)
13. Certification of completion
14. Only completed applications will be considered. **ANY INCOMPLETE FORMS WILL BE RETURNED!**
15. In accordance with the accountability required for the administration of the funds appropriated for this program, certain information is required of the applicant. The intent of the collection and maintenance of this data is for determining the eligibility of the applicant and to provide the means for producing certain statistical records required of this office.
16. **Failure on the part of the applicant to provide the required information will preclude the applicant from eligibility in obtaining job placement or job training assistance under this program. It is your responsibility to make sure that all documentation for your application is complete.**

### Repeat Services

An applicant can receive only one (1) repeat service.

# PRIVACY STATEMENT

THE FAMILY EDUCATIONAL RIGHTS  
AND PRIVACY ACT (FERPA)  
(20 U.S.C 1232G; 34 CFT PART 99)  
IS THE FEDERAL LAW THAT PROTECTS  
THE PRIVACY OF STUDENT EDUCATION RECORDS.

THE LAW APPLIES TO RECIPIENTS WHO  
RECEIVE FEDERAL FUNDING  
FOR EDUCATIONAL PURPOSES.

THESE RIGHTS TRANSFER TO THE STUDENT WHEN HE  
OR SHE REACHES THE AGE OF 18 OR ATTENDS  
A SCHOOL BEYOND THE HIGH SCHOOL LEVEL.

**WITH THIS STATED AND IN  
ACCORDANCE WITH THE FERPA,  
THE CADDO NATION  
EDUCATION DEPARTMENT  
WILL DISCUSS  
STUDENT INFORMATION  
WITH THE STUDENT  
APPLYING FOR ASSISTANCE ONLY.**

# Caddo Nation Job Placement and Training Application

APPLYING FOR:    JOB PLACEMENT ASSISTANCE       JOB TRAINING ASSISTANCE

**Applicant Information:** (PLEASE COMPLETE ALL BLANKS)

Name: \_\_\_\_\_  

Last
First
MI
(Maiden name)

Home Address: \_\_\_\_\_  

Street No./ Route/PO Box
City
State
Zip

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Caddo Membership No: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Employment site: \_\_\_\_\_  
Name

\_\_\_\_\_  

Address
City
State
Zip

Training site: \_\_\_\_\_  
Name

\_\_\_\_\_  

Address
City
State
Zip

**Personal Data Section:** (PLEASE COMPLETE ALL BLANKS)

Marital Status:    Single    Married    Divorced    Separated      Dependent # \_\_\_\_\_

Household Members (start with yourself, and list all household members if claiming as dependents)

NAME	RELATIONSHIP	BIRTHDATE	U.S. CITIZEN?	ENROLLED IN FEDERALLY RECOGNIZED TRIBE?	TRIBAL AFFILIATION
	SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Copies of birth certificates are needed for everyone listed.)

Veteran:    Yes    No      Do you have a Driver's License?    Yes    No

Do you have any health problems, physical handicaps, or previous work injuries that should be considered when it comes to job placement and/or training?    Yes    No      If yes, please explain: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (PLEASE COMPLETE ALL BLANKS)

CONTACT 1: \_\_\_\_\_  

Name
Telephone No.
Relationship to Applicant

CONTACT 2: \_\_\_\_\_  

Name
Telephone No.
Relationship to Applicant

**Academic Information:** (PLEASE COMPLETE ALL BLANKS)

Highest Grade Completed: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_ Received GED:    Yes    No   Year: \_\_\_\_\_

College:    Yes    No   Classification:    Freshman    Sophomore    Jr.    Sr.    Other   Accumulative Hrs. \_\_\_\_\_

Describe any other training or education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# STUDENT BACKGROUND/GOALS

Work Experience: (PLEASE LIST THE THREE LAST PERIODS OF EMPLOYMENT, BEGINNING WITH THE MOST RECENT)

Employer #1: \_\_\_\_\_  
Name

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone No: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
First Last

Employer #2: \_\_\_\_\_  
Name

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone No: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
First Last

Employer #3: \_\_\_\_\_  
Name

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone No: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
First Last

Have you ever been convicted of an offense other than a minor traffic offense including convictions by military court martial?  Yes  No If yes, how many times, nature of the offense(s), how recently these offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation (Use back of this page if space is needed):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding debts:  Yes  No If yes, please list all current debts (Use back of this page if space is needed):

\_\_\_\_\_

If you are applying for Job Training, do you have any background experience in the Vocational Area that you have chosen?  Yes  No If yes, please list any training you have had:

\_\_\_\_\_  
\_\_\_\_\_

If you are applying for Job Training, what are your goals after you complete your training? \_\_\_\_\_

\_\_\_\_\_

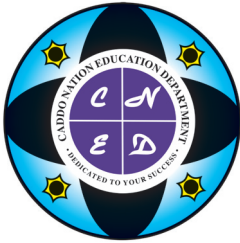
## Publicity Consent

I agree to allow my name and likeness to be used for positive promotion of the Caddo Nation Education Program. This usually includes carefully selected photos, but is not limited to photos. Photos may be selected to be used in the Caddo Nation Education Department's section of the tribal web page, newsletter, brochure, or recruitment videos. Sensitive information, such as social security numbers, will never be released to the public. All photos are carefully selected to portray students in a positive academic, cultural, or recreational setting.

BY SIGNING BELOW, I AGREE TO CONSENT, AND FULLY UNDERSTAND THE CONTENTS OF THIS STATEMENT.

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Date



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## **CADDO NATION JOB PLACEMENT & TRAINING PROGRAM STUDENT AGREEMENT**

I, \_\_\_\_\_, agree to abide by all of the Caddo Nation Job Placement & Training (JP&T) Program rules, regulations and policies.

I understand that it is my responsibility to attend work and/or training each day it is scheduled, and that JP&T Program staff may terminate my participation before completion of training due to failure to show progress, excessive absences, abandonment, or termination from my work or training. If removed from work or training, I may not be eligible for repeat services.

I understand that any prior indebtedness is my responsibility.

I understand that the training allowance/subsistence I may receive is calculated using a formula based on my needs and dependent(s), and is based on my attendance. I also understand that this subsistence allowance is for normal living expenses, not for personal items (i.e. car payments, loan payments, etc.)

In the event I withdraw from work/training, I will immediately notify the Caddo Nation Education Department in writing, and understand that I may be ineligible for repeat services from the Caddo Nation Higher JP&T Program by doing so.

I also understand that persons submitting or causing to be submitted any false information in connection with any application, report, or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as sections 287, 371, or 1001 of title 18, U.S. Code.

I declare the information I entered on my JP&T application is true, correct and complete to the best of my knowledge.

I consent to this information being shared by the Caddo Nation, my employer, or selected training institution and other necessary agencies to complete my application.

**I UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND ACCEPT ALL OF THE ABOVE CONDITIONS.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



# JP&T • FINANCIAL NEEDS ANALYSIS FORM • AVT

**Part 1 – To Be Completed by Student (PLEASE COMPLETE ALL BLANKS)**

(Print) Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
St. No./Route/POB City State Zip

Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_

Training site/school: \_\_\_\_\_  
Name Address City State Zip

**Authorization for Release of Information**

I authorize the above training site/school to release this Financial Needs Analysis Form, when completed, to the Caddo Nation Education Department.

\_\_\_\_\_  
Student Signature Date

**Student: Please do not make any marks below this point and submit to your school's Financial Aid Office when completed, signed and dated.**

**Part 2: To Be Completed by Financial Aid Administrator/Counselor (PLEASE COMPLETE ALL BLANKS)**

\_\_\_\_ Student applied for financial aid for the current academic year.

\_\_\_\_ Student has not applied for financial aid. Need cannot be determined.

\_\_\_\_ Student's application is incomplete and cannot be considered.

Applicant is: (Circle appropriate number) 1. Full-time 2. Part-time. Applicant is enrolled in how many hours? \_\_\_\_\_

BUDGET PERIOD: **CURRENT TERM ONLY, NOT FULL COURSE.** Start Date: \_\_\_\_\_

<u>Expenses</u>		<u>Resources/Awards/Scholarships</u>			
Tuition	\$ _____	Parental	\$ _____	Pell Grant	\$ _____
Fees	\$ _____	Student/Spouse	\$ _____	SEOG	\$ _____
Books/Supplies	\$ _____	Student Incentive Grant	\$ _____	Work Study	\$ _____
		Veteran's Asst.	\$ _____	Tuition Waiver	\$ _____
				Voc. Rehab.	\$ _____
				Other (i.e. EFC)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>			<b>TOTAL</b>	<b>\$ _____</b>

Student's unmet need is \$ \_\_\_\_\_ (Unmet Need = Expenses – Resources/Awards/Scholarships)

\_\_\_\_\_  
Signature of Financial Aid Officer Date Phone Number

\_\_\_\_\_  
College/University Address City/State/Zip

**Financial Aid Administrator:** Please return this completed form to the Caddo Nation Education Dept., P.O. Box 487, Binger, OK 73009. Thank you.



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## PROOF OF RESIDENCY AFFIDAVIT

(TO BE COMPLETED BY RESIDENCE OWNER/RENTER AND CADDO NATION ADULT EDUCATION PROGRAM APPLICANT)  
CURRENT UTILITY BILL IN THE RESIDENCE OWNER'S/RENTER'S NAME MUST ACCOMPANY THIS AFFIDAVIT.

*This form shall be completed for applicants who are living within the jurisdiction of the Anadarko Agency and who are not the primary residence owner/renter. Complete all fields of this affidavit, in ink, in the presence of a Notary Public.*

I, \_\_\_\_\_, certify that I am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein; and also certify that I am living in a shared housing situation with \_\_\_\_\_, the applicant for services through the Caddo Nation Job Placement & Training Program (JP&T), and that the physical address of the housing property is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand that persons submitting or causing to be submitted any false information in connection with any application, report or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as Sections 287, 371, or 1001 of Title 18, U.S. Code.

This Proof of Residency Affidavit is valid for the current application being submitted ONLY.

I solemnly affirm under the penalties listed above that the content of this affidavit are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Printed Name of Residence Owner/Renter

\_\_\_\_\_  
Signature of Homeowner/Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of JP&T Applicant

\_\_\_\_\_  
Signature of JP&T Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_



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## INDIVIDUAL SELF-SUFFICIENCY PLAN

Today's Date: \_\_\_\_\_

- Adult Vocational Training  
 Direct Employment Assistance

Applicant's Name: \_\_\_\_\_

Are you a high school graduate?  Yes  No  
If not a high school graduate, do you have a GED?  Yes  No

Have you attended college?  Yes  No

Do you have a post-secondary degree/certificate?  Yes  No  
If yes, what is your degree/certificate? \_\_\_\_\_

Have you defaulted on a student loan?  Yes  No

Have you received any vocational training?  Yes  No  
If yes, what kind of training? \_\_\_\_\_

Have you received previous Job Placement and Training Services?  Yes  No  
If yes, what type?  AVT  DEA For how long? \_\_\_\_\_

Are you currently employed?  Yes  No  
If yes, where? \_\_\_\_\_

How long employed there? \_\_\_\_\_

What kind of work? \_\_\_\_\_

Number of hours worked per week? \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_

Monthly income \$ \_\_\_\_\_

Are you receiving:

TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Care Assistance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSI/SSDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(please specify): \_\_\_\_\_

Describe the type of work you would like to do:

What do you need in order to obtain job skills to do this type of work?

- |   |  |
|---|--|
| <input type="checkbox"/> Education/Training           | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> GED                          | <input type="checkbox"/> Medical                   |
| <input type="checkbox"/> Family/Individual Counseling | <input type="checkbox"/> Mental Health             |
| <input type="checkbox"/> Other (please specify) _____ |  |

Do you have any special circumstances that could keep you from training or education?

- |  |   |
|--|---|
| <input type="checkbox"/> Substance Abuse               | <input type="checkbox"/> Financial Need |
| <input type="checkbox"/> Transportation                | <input type="checkbox"/> Child Care     |
| <input type="checkbox"/> Health (please specify) _____ | <input type="checkbox"/> Housing        |

If this career is not possible, do you have other choices?

**DO NOT WRITE BELOW THIS LINE.**

What is the Case Plan for the student/applicant:

<b>INDIVIDUAL DEVELOPMENT PLAN</b>			
Reasons for preparing IDP (please explain):			
Type of Service Needed:		Training Program:	
Training Source:		(Estimated) Cost:	
Target Date (Start):	Target Date (Completion):	Actual Date (Start):	Actual Date (Completion):
REMARKS:			

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caddo Nation JP&T Staff Signature

\_\_\_\_\_  
Date