



THE COMANCHE NATION, 454 BINGO RD,
LAWTON, OK, 73507 (580) 492-3345

OFFICE USE ONLY-DATE INTAKE FORM
RECEIVED: _____

INTAKE RECORD REV 1/05/2018

Date of Intake: _____ Social Security: _____ Gender: Male Female

Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Age: _____ Phone Number: _____

Marital Status: Single Married Divorced Widowed Separated Common Law

Educational Status: In-School, H.S. or less In-School, Post H.S. Not Attending School-H.S. Graduate
 Not Attending School-H.S. Dropout Other

School Attendance: Full Time Part Time Not Attending School Last Grade Completed: _____

Type of School: Elementary Secondary Trade/Tech/Voc Jr./Community College Four Year University Not Applicable

PRESENT EMPLOYMENT STATUS: (CHECK ONE)

Employed Employed Full Time Employed Part Time Under Employed In Need of Services to be Self-Sufficient

Employed but Received Termination of Employment or Military Separation

Unemployed. Employment sought within the last 28 days? No Yes LAST DAY WORKED: _____

Street Address: _____ Zip Code: _____ City: _____ State: _____

MAILING ADDRESS IF DIFFERENT _____ CITY _____ STATE, _____ ZIP _____

US CITIZENSHIP: Citizen Eligible Non-Citizen Non-Eligible Non-Citizen

CULTURAL IDENTIFICATION: American Indian Alaska Native Native Hawaiian

TRIBAL MEMBERSHIP: YES-TRIBAL AFFILIATION (Tribe: _____) NO NOT KNOWN

VETERAN'S PREFERENCE: Less than or equal to 180 days Eligible Veteran Other Eligible Person Not a Veteran

SELECTIVE SERVICE REGISTRANT: Yes No Exempt Not Required to Register Beyond Registration age: unintentional

PUBLIC ASSISTANCE (CHECK ALL THAT APPLY): GA/BIA TANF SSI/SSA/SSDI Food Stamps Foster Child Payments
 TWEAP Food Commodities Veteran Benefits None

FAMILY INCOME LEVEL (CHECK ALL THAT APPLY): At or Below HHS At or below 70% of LLSIL Above HHS Above 70% of the LLSIL

BARRIERS TO EMPLOYMENT (CHECK ALL THAT APPLY): Basic Skills Deficient Low Income Unemployed 6+ Mo.

Offender/Criminal Justice Single Head of Household Pregnant/Parenting Teen Limited English Proficiency

Individual with Disability Poor Work History Homeless Displaced Homemaker School Dropout Runaway

Youth Additional Asst. Welfare Recipient Learning Disability Not Applicable

EMPLOYMENT HISTORY (26 WEEKS PRE-PROGRAM – CURRENT/LAST JOB FIRST) (Enter the Employer's name address zip code and telephone number):

_____ FROM (Mo/Day/Year) _____ TO: _____

JOB TITLE: _____ HOURLY WAGE _____ HRS/WEEK _____ REASON FOR LEAVING _____

_____ FROM (Mo/Day/Year) _____ TO: _____

JOB TITLE: _____ HOURLY WAGE _____ HRS/WEEK _____ REASON FOR LEAVING _____

DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? YES NO

NAME: _____ RELATIONSHIP _____

NAME: _____ RELATIONSHIP _____

PRIOR PROGRAM PARTICIPATION (CHECK ONE): NOT APPLICABLE PRIOR PARTICIPANT

PROGRAM YEAR OF THE MOST RECENT PARTICIPATION: _____ PROGRAM: _____

INTAKE RECORD CONTINUED:

FAMILY MEMBERS – List the name(s) of all the applicant’s family member(s) LIVING in the home and their relationship.

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

FAMILY INCOME: List the income from family...

NAME:	RELATIONSHIP:	Income Source:	Income Last 6 Months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL INCOME FOR THE LAST 6 MONTHS: \$ _____

TIMES 2 (X2) \$ _____

FAMILY SIZE IN THE LAST 6 MONTHS: ---- _____ TOTAL ANNUALIZED FAMILY INCOME \$ _____

Number in Household	POVERTY GUIDELINE
1	\$12,060.00
2	\$16,240.00
3	\$20,420.00
4	\$24,600.00
5	\$28,780.00
6	\$32,960.00
7	\$37,140.00
8	\$41,320.00

Complete if more than 8 people in your family.

Family Size	HHS Guidelines	70% LLSIL Non-Metro

CERTIFICATION STATEMENT

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and that I may have to provide documents to support this intake. It has been explained to and I understand that:

- (1) Information collected on the Intake Record will be entered and stored in the Comanche Nation Workforce Bear Tracks Data Collection system located at the Comanche Workforce Office at 454 Bingo Rd., Lawton Oklahoma. All or part of the information provided may be shared with the Department of Labor for program performance measurements. I also understand that the information recorded on the Intake Record will be protected in accordance with the Privacy Act.
- (2) Misstatements or misrepresentations on my part in these or other related forms may be cause for dismissal and possible actions for the collection of any payments received by me. Anyone who makes a false statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury.
- (3) Should I be deemed ineligible for workforce development by the official verification process, I agree to immediately relinquish Workforce Development funded employment training and I may be liable for all payments made to me and on my behalf while enrolled in the Workforce Development program.

I hereby authorize the sharing of this information with other CNW programs and their partner agencies if needed. I further understand that eligibility is not a guarantee of program services.

APPLICANT'S SIGNATURE:	DATE
PARENT/GUARDIAN SIGNATURE	DATE
INTERVIEWER SIGNATURE	DATE

OFFICE USE ONLY

CERTIFICATION OF PROGRAM ELIGIBILITY (check all that apply) 1. CNG 2. WIOA 3. NEW 4. SYSP 5. INELIGIBLE	DATE
CERTIFIER SIGNATURE	DATE
REVIEWER SIGNATURE	

OFFICE USE ONLY

Check All That Apply

ELIGIBLE FOR:

1. CNG
2. WIOA
3. NEW
4. SYSP
5. INELIGIBLE