



Comanche Nation Workforce (W.I.O.A.)

CLASSROOM TRAINING APPLICATION

G.E.D. Application

CNG

Classroom Training Program provides assistance and/or financial assistance to clients who want to pursue or obtain a GED/High School Diploma Equivalency (8 months or less; depending). Program participants may receive a stipend of \$12.00 per hour for seat time spent in a supervised classroom setting, if unemployed, and at the discretion of the Client Development Coordinator. Service provided once per year unless funding is available for clients who successfully completed CRT courses, so that further CRT courses can be provided.

Please Understand: All of these Supporting Documents below are required before your application will be accepted. **We will not hold incomplete applications.** A Comanche Nation Higher Education GED Application is required and must be submitted to their department after completion of this application.

- ⇒ Picture Identification (preferably State ID or Driver's License)
- ⇒ Proof of Tribal Enrollment (preferably CDIB Card or CDIB Letter)
- ⇒ Social Security Card (SS# on CDIB Letters or CDIB Cards will not be accepted)
- ⇒ Completed and submitted CN Higher Education GED Application
- ⇒ Additional CRT forms will be provided AFTER Intake Process



Revised: 5/7/2022



Comanche Nation Workforce (W.I.O.A.)
 Mailing: P. O. Box 908/Physical: 1608 SW 9th St.
 LAWTON, OK 73502 LAWTON, OK 73501
 Office: (580) 492-3257 Fax: (580) 492-3770

CNG INTAKE RECORD

REV4/6/2021

1 DATE & TIME OF INTAKE

| | | | | | |
|--|--|--|---|--|--|
| 2 SOCIAL SECURITY NO. _____ | 3 GENDER (Circle One) MALE FEMALE | 4 BIRTHDAY _____ | 5 AGE _____ | 6 LAST NAME _____ | 7 TELEPHONE NO. _____ |
| 8 MARITAL STATUS (circle one) 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Common Law | 9 EDUCATIONAL STATUS (circle one) 1. In School, H.S. or less 2. In-School, Post H.S. 3. Not attending school, H.S. Graduate 4. Not attending school, H.S. Dropout 5. Other | 10 SCHOOL ATTENDANCE (circle one) 1. Full-Time 2. Part-Time 3. Not Attending school | 11 TYPE OF SCHOOL (circle one) 1. Elementary 2. Secondary 3. Trade/Tech/Voc. 4. Jr./Community College 5. Four Year University 6. Not Applicable | 12 Last Grade Completed | 13 PRESENT EMPLOYMENT STATUS (CIRCLE ONE) 1. Employed A. Full-Time B. Part-Time C. Underemployed D. In need of services to be Self-Sufficient 2. Employed, but received termination of employment or military separation 3. Not employed, was employment sought within the last 28 days? [No] [Yes] LAST DAY WORKED _____/_____/_____ |
| 14 STREET ADDRESS (Residence) _____ | ZIP CODE _____ | 15 U.S. CITIZENSHIP (circle one) 1. Citizen 2. Eligible Non-Citizen 3. Non-Eligible Non-citizen | 16 CULTURAL IDENTIFICATION (circle one) 1. American Indian 2. Alaskan Native 3. Native Hawaiian | 17 TRIBAL MEMBERSHIP (circle one) 1. Yes - Tribal Affiliation: _____ Tribal Enrollment #: _____ 2. No 3. Not known | 18 BARRIERS TO EMPLOYMENT (circle all that apply) 10. Underemployed 11. Homeless 12. Displaced Homemaker 13. School Drop-Out 14. Runaway 15. Youth Additional Asst. 16. Welfare Recipient 17. Learning Disability 18. Not Applicable |
| 18 VETERANS PREFERENCE (circle one) 1. Less than or equal to 180 days 2. Eligible Veteran 3. Other Eligible Person 4. Not a Veteran | 19 SELECTIVE SERVICE REGISTRATION (circle one) 1. Yes 2. No 3. Exempt 4. Not Required to Register (Under 18, Female, etc.) | 20 PUBLIC ASSISTANCE (circle ALL that apply) 1. GA/BIA 2. TANF 3. SSI/SSA/SSDI 4. Food Stamps 5. Foster Child Payments 6. TWEP 7. Food Commodities 8. Veteran Benefits 9. None | 21 COVID-19 Information (circle one) 1. Semi-Vaccinated at time of Intake 2. Fully Vaccinated at time of Intake 3. Positive in the past 90 Days; Not Vaccinated 4. Refuse to Vaccinate | 22 BARRIERS TO EMPLOYMENT (circle all that apply) 1. Basic Skills Deficient 2. Low Income 3. Unemployed 6+ Mo. 4. Offender/Criminal/Felon 5. Single Head Of Household 6. Pregnant/Parenting Teen 7. Limited English Proficiency 8. Individual with Disability 9. Poor Work History | 23 DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? IF SO, PLEASE INDICATE: No Family Members Employed: _____ |
| NAME: _____ RELATIONSHIP: () Mother () Father () Sister () Brother () Son () Daughter () Spouse | | | | | |
| NAME: _____ RELATIONSHIP: () Mother () Father () Sister () Brother () Son () Daughter () Spouse | | | | | |
| 24 PROGRAM PARTICIPATION (please check): () New Applicant () Returning Applicant If returning applicant, what service was provided and what year did you apply? () WE () CRT () SS () EE () SYEP () OJT Year: _____ Are you a former Comanche Nation Tribal Employee? () Yes () No If yes, please provide date of separation: _____ | | | | | |
| (OFFICE USE ONLY) ELIGIBLE FUNDING: 1. CNG 2. WIOA - Adult 3. WIOA - Youth 4. NEW 5. INELIGIBLE | | | APPLICANT SIGNATURE: _____ DATE: _____ INTERVIEWER SIGNATURE: _____ DATE: _____ | | |
| CERTIFICATION OF PROGRAM ELIGIBILITY (OFFICE USE ONLY): 1. WE 2. CRT 3. SS 4. EE 5. SYEP 6. OJT 7. INELIGIBLE | | | CERTIFIER SIGNATURE: _____ DATE: _____ REVIEWER SIGNATURE: _____ DATE: _____ | | |



AUTHORIZATION TO RELEASE INFORMATION

I, _____, **authorize** the release of my personal and/or business-related information for employment verification purposes and/or program assistance to the named department/program listed below:

Name: Comanche Nation Workforce
Address: P.O. Box 908
City: Lawton State: OK Zip Code: 73502
Fax: 580-492-3770

This request and authorization also apply to and/or release of: (check all that apply)

- Tribal Related Records
- Employment Records
- Copies of Personal Information
- Education Records
- Financial Records
- Public Assistance Information

- Other: (Please list any other items not specified above)

I, _____, **do not authorize** the release of my personal and/or business-related information to any department, program, organization, and/or business of any kind.

Applicant Signature: _____ Date Signed: _____





CLASSROOM TRAINING AGREEMENT

This contract agreement is made between _____ and the Comanche
Print Full Name

Nation Workforce Classroom Training (CRT) Program. I am accepting financial assistance from the Comanche Nation Workforce CRT Program for expenses with classroom training costs. The Comanche Nation Workforce CRT Program will be investing into my future. Therefore, I will be responsible and accountable for:

- Providing enrollment documents (title of training/class, schedule, tuition, etc.)
- Punctuality
- Attendance
- Passing grades
- Completing training/class(es)/course(s)
- Communication with Instructors and the CRT Program
- Provide documented transcripts, attendance, certifications, etc. to the CRT Program after completion of training/class(es).

Prior to the first scheduled day of training/class if unforeseen circumstances arise or I decide to withdraw from training/class(es)/course(s), I will contact the Client Development Coordinator immediately.

In accordance with the Comanche Nation jurisdiction, I may be required to reimburse the CRT program of all expenses of classroom training costs, if I fail to execute the above agreement. Thus, I will be terminated from the CRT Program one or more years for violating the terms of this contract.

I acknowledge, read, understand, and agree with all of the above.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Workforce Director: _____ Date: _____

COMANCHE NATION WORKFORCE
P.O. BOX 908 / LAWTON, OK 73502
PHONE: 580-492-3257 FAX: 580-492-3770