



Comanche Nation Workforce

Workforce Innovation & Opportunity Act (W.I.O.A.) Application

Federal

The Comanche Nation WIOA Program is grant funding supplemented on the federal level and made available to clients who are 18 years of age or older (Adult) and/or between the ages of 14 to 24 years of age (Youth), and who are members of a federally recognized tribe. Clients must reside within Comanche and Cotton counties only, inside the state of Oklahoma. Services will be provided to clients who are Unemployed, Underemployed, Low-Income, Recipient of a Bona Fide Layoff Notice, or Employed. Also, clients must meet the required Department of Labor Poverty Guidelines to receive services. Services provided once (1) per year.

Please Understand: All of these Documents are required before your application will be accepted. We will not hold incomplete applications.

- ⇒ Picture Identification
- ⇒ CDIB Card/Letter
- ⇒ Social Security Card (or a federally recognized tribal seal certified letter or card w/ SS# on it)
- ⇒ Proof of Income (for ALL household family members working)
- ⇒ Proof of Residency (personal mail, utility bill, rent receipt, etc.)
- ⇒ Proof of Public Assistance (TANF, Food Stamps, etc.), if applicable
- ⇒ Proof of High School Diploma, GED or College Transcript (if applicable)



**COMANCHE NATION
WORKFORCE**
"WHERE BUSINESS AND OPPORTUNITIES MEET."

Revised: 1/24/20



COVID-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC, WHO, and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the Comanche Nation Tribe, Tribal Headquarters, Tribal Entities, Tribal Departments, and Tribal Programs have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Comanche Nation Tribe cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, tribal employees, and other tribal clients and their families.

I voluntarily seek services provided by the Comanche Nation Tribe and the Comanche Nation Workforce Department and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures and guidelines to reduce the spread while completing my employability training at various worksites.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- * I am following all CDC & WHO recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.



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

W.I.O.A. INTAKE RECORD REV 1/25/2022

1 DATE & TIME OF INTAKE

2 SOCIAL SECURITY NO. **3** GENDER (Circle One) **4** BIRTHDAY **5** AGE **6** LAST NAME **7** TELEPHONE NO.

MALE FEMALE

8 MARITAL STATUS (circle one) **9** EDUCATIONAL STATUS (circle one) **10** SCHOOL ATTENDANCE (circle one) **11** TYPE OF SCHOOL (circle one) **12** Last Grade Completed **13** PRESENT EMPLOYMENT STATUS (CIRCLE ONE)

- 1. Single
 - 2. Married
 - 3. Divorced
 - 4. Widowed
 - 5. Separated
 - 6. Common law
- 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
- 1. Full-Time
 - 2. Part-Time
 - 3. Not Attending school
- 1. Elementary
 - 2. Secondary
 - 3. Trade/Tech/Voc.
 - 4. Jr./Community College
 - 5. Four Year University
 - 6. Not Applicable

- 1. Employed
- 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) **15** U.S. CITIZENSHIP (circle one) **16** CULTURAL IDENTIFICATION (circle one) **17** TRIBAL MEMBERSHIP (circle one)

CITY STATE ZIP CODE CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) CITY STATE ZIP CODE

1. Citizen
 2. Eligible Non-Citizen
 3. Non-Eligible Non-citizen

1. American Indian
 2. Alaskan Native
 3. Native Hawaiian

1. Yes - Tribal Affiliation:
 Tribal Enrollment #: _____
 2. No
 3. Not Known

E-mail Address: _____ @ _____

20 PUBLIC ASSISTANCE (circle ALL that apply) **21** Family Income Level (circle all that apply) **22** BARRIERS TO EMPLOYMENT (circle all that apply)

- 1. GA/BIA
 - 2. TANF
 - 3. SS/SSA/SSDI
 - 4. Food Stamps
 - 5. Foster Child Payments
 - 6. TWP
 - 7. Food Commodities
 - 8. Veteran Benefits
 - 9. None
- 1. At or below HHS
 - 2. At or below 70% of LLSIL
 - 3. Above HHS
 - 4. Above 70% of LLSIL
- 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

23 EMPLOYMENT HISTORY (Last 6 Months or Over - Current/Last Job First) (Enter the employer's name, address, zip code and telephone number)

FROM	TO	JOB TITLE	HOURLY WAGE	HOURS PER WEEK	REASON FOR LEAVING
Mo/Day/Yr	Mo/Day/Yr				

24 DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? IF SO, PLEASE INDICATE: No Family Members Employed: _____

NAME: _____ RELATIONSHIP: () Mother () Father () Sister () Son () Daughter () Spouse

NAME: _____ RELATIONSHIP: () Mother () Father () Sister () Brother () Son () Daughter () Spouse

25 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: _____

26 FAMILY MEMBERS – List the name(s) of all the applicant's family member(s) LIVING in the home and their relationship.		27 FAMILY INCOME: LIST THE FAMILY		INCOME LAST 6 MONTHS		28 Family Size		Poverty Guidelines	
NAME	RELATIONSHIP	RELATIONSHIP	INCOME SOURCE	INCOME LAST 6 MONTHS	Family Size	HHS Guidelines	70%LLSIL		
1. SELF	SELF	SELF			1			\$13,590	
2.					2			\$18,310	
3.					3			\$23,030	
4.					4			\$27,750	
5.					5			\$32,470	
6.					6			\$37,190	
7.					7			\$41,910	
TOTAL INCOME FOR THE LAST 6 MONTHS					8			\$46,630	
FAMILY SIZE IN THE LAST 6 MONTHS		TOTAL ANNUALIZED FAMILY INCOME		X2		Complete if more than 8 people in family.			
[]		[]		[]		Family Size		HHS Guidelines	
						70%LLSIL		Non-Metro	

29 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 verification and that I may have to provide documents to support this intake. It has been explained to me and I understand that:

- Information collected on the Intake Record will be entered and stored in the Comanche Nation Workforce Grant Performance Management System located at the CN Workforce Office at 1608 SW 9th St., 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.
- 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.
- 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.

30 ELIGIBLE FUNDING (circle ALL THAT APPLY) 1. CNG 2. W/OA - Adult 3. W/OA - Youth 4. NEW 5. INELIGIBLE	31 APPLICANT SIGNATURE:	DATE:	32 CERTIFICATION OF PROGRAM ELIGIBILITY (circle all that apply) 1. WE 2. CRT 3. SS 4. EE 5. SYEP 6. OJT 7. INELIGIBLE	DATE:
	PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18):	DATE:	CERTIFIER SIGNATURE:	DATE:
	INTERVIEWER 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: _____



Name: _____
(First & Last Name)

Date: _____
(Today's Date)

Individual Employment Plan



Circle Service Requested: (circle one)

Work Experience / Classroom Training / Supportive Service / Employability Enhancement

Employment Goals: (What are your goals? How can we help you accomplish them?)

Assets and Barriers:

Job Skills and Experience: (List as many as possible.)

Education and Training Background: (List below.)

Work Behaviors: (Describe your work habits)

Physical considerations: (Do you have any disabilities or physical limitations?)

Supportive Service Needs: (What can WIOA help you with?)

Barriers:

(Office Use Only. Obstacles preventing client.)

Barrier Removal Plan:

(Office Use Only. Solutions for the client.)

Specific Program Participation

(Office Use Only)

Funding Source (Office Use Only/Circle One)

WIOA Adult WIOA Youth

I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject for review and verification, and I may have to provide documents to support this application. I am aware that I am subject to immediate termination, if I am found ineligible after enrollment and may be prosecuted for fraud and/or injury. I allow the release of this information for verification purposes, and I understand that it will be used to determine eligibility. Data will also be used for reporting purposes and will be shared with the United States Department of Labor and the United States Department of Health and Human Services.

Participant Signature

Date Signed

WIOA Staff Signature (ACKNOWLEDGMENT)

Date Signed

WIOA Director Signature (APPROVAL)

Date Signed