



THE COMANCHE NATION, 1608 SW 9<sup>th</sup> St,  
LAWTON, OK, 73502 Phone (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  
 TWEP  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	\$12,140.00
2	\$16,460.00
3	\$20,780.00
4	\$25,100.00
5	\$29,420.00
6	\$33,740.00
7	\$38,060.00
8	\$42,380.00

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 1608 SW 9<sup>th</sup> 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.
- (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 maybe committing a crime punishable by law and maybe 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.**

<b>APPLICANT'S SIGNATURE:</b>	<b>DATE</b>
<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
<b>INTERVIEWER SIGNATURE</b>	<b>DATE</b>

### OFFICE USE ONLY

<b>CERTIFICATION OF PROGRAM ELIGIBILITY</b> (check all that apply) ___1.CNG ___2. WIOA ___3. NEW ___4. SYSP ___5. INELIGIBLE	<b>DATE</b>
<b>CERTIFIER SIGNATURE</b>	<b>DATE</b>
<b>REVIEWER SIGNATURE</b>	<b>DATE</b>

### OFFICE USE ONLY

#### Check All That Apply

ELIGIBLE FOR:

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