



CLASSROOM TRAINING APPLICATION

CNG

Classroom Training Program provides financial assistance to clients who are enrolled in a short-term training course (up to 6 months) at a technology center or trade school, and assists with the costs of tuition, books, and supplies, if needed. Program participants may receive a stipend of \$10.00 per hour for seat time spent in a supervised classroom setting, at the discretion of the Classroom Training Coordinator. Supplementary funding available for assistance with obtaining a GED (up to 8 months), and for high school students who are required to attend summer school (up to 3 months) to maintain a scheduled course of graduation.

Required Documents:

- ⇒ Picture Identification (State ID or Driver's License)
- ⇒ Proof of Tribal Enrollment (CDIB Card or CDIB Letter)
- ⇒ Social Security Card
- ⇒ Signed Classroom Training Agreement

Completion of application does not guarantee acceptance into the CRT program.

PHONE: 580.492.3257

EMAIL: WORKFORCE@COMANCHENATION.COM

All documents are required before application is accepted. Incomplete applications are not accepted.

Revised: 1/31/2024



Comanche Nation Workforce (W.I.O.A.)
 Mailing Address: P.O. Box 908, Lawton, OK 73502
 Physical Address: 1608 SW 9th Street, Lawton, OK 73501
 Phone: (580) 492-3257 • Email: workforce@comanchenation.com
CNG INTAKE RECORD REV 4/25/2023



1 DATE & TIME OF INTAKE _____
 Staff Initial: _____

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

FIRST _____ MIDDLE _____

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 _____

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

(circle one)
1. American Indian
2. Alaskan Native
3. Native Hawaiian

(circle one)
1. Yes - Tribal Affiliation: _____
2. No
3. Not Known
Tribal Enrollment #: _____

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

18 VETERANS PREFERENCE (circle one) _____ **19** SELECTIVE SERVICE REGISTRATION (circle one) _____ **20** PUBLIC ASSISTANCE (circle ALL that apply) _____ **21** COVID-19 Information (circle one) _____ **22** BARRIERS TO EMPLOYMENT(circle all that apply) _____

1. Less than or equal to 180 days
2. Eligible Veteran
3. Other Eligible Person
4. Not a Veteran

1. Yes
2. No
3. Exempt
4. Not Required to Register (Under 18, Female, etc.)

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. 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

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

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 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

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24 PROGRAM PARTICIPATION (please check): New Applicant Returning Applicant
 Returning applicant, please provide service and year you applied: 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: _____ **APPLICANT SIGNATURE:** _____ **DATE:** _____

1. CNG
2. WIOA - Adult
3. WIOA - Youth
4. NEW
5. INELIGIBLE

CERTIFICATION OF PROGRAM ELIGIBILITY (OFFICE USE ONLY):
 1. WE 2. CRT 3. SS 4. EE 5. SYEP 6. OJT 7. INELIGIBLE
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: _____

PHONE: 580.492.3257

EMAIL: WORKFORCE@COMANCHENATION.COM

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CLASSROOM TRAINING AGREEMENT

This contract agreement is made between _____ and the Comanche Nation Workforce Classroom Training (CRT) Program. By signing below, I am accepting financial assistance for expenses associated with classroom training costs. Therefore, I am responsible and accountable for:

- Providing enrollment documents (title of training/class, schedule, tuition, etc.)
- Punctuality
- Attendance
- Passing grades
- Completing class(es)/course(s) must attend 10 hours or more bi-weekly to be eligible to receive a stipend.
- Communication with Instructors and Classroom Training Coordinator.
- Providing transcripts, attendance documentation, certifications, etc. to the CRT Program after completion of class(es).

Prior to the first scheduled day of class, if unforeseen circumstances arise, or I decide to withdraw from class(es), I will contact Quanah Karty, the Classroom Training Coordinator, immediately.

Name of Institution: _____

Name of Course: _____

Beginning Date: _____ Ending Date: _____

Class Hours: _____ (Example: Class Hours: 72)

M T W TH F

Class Time: _____ AM/PM

If I fail to execute the above agreement, I will be suspended from the CRT Program for one year.

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

CRT Client Signature: _____ Date: _____

WIOA Staff Signature: _____ Date: _____

WIOA Director Signature: _____ Date: _____

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