

Workforce & Social Service Application

Additional Documents will always be required:



NAME: LAST FIRST MIDDLE INITIAL MAIDEN

Also Known As:



Services Provided for the following Counties. Check What County You Reside In.

Pottawatomie Lincoln Payne

Cleveland Eastern Part of Oklahoma County (SE 89th & Post Road)

ANY OTHER County or State For CPN Tribal Members Seeking Education



Services Requesting: Employment Education JOM Youth

 Diversionary Re-Entry CSBG Social Service



PLEASE WRITE A SHORT NOTE REGARDING WHAT ASSISTANCE YOU ARE SEEKING:



PHYSICAL Residence ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

MAILING ADDRESS if different than Physical _____ **CITY** _____ **STATE** _____ **ZIP** _____

If P.O. Box or Rural Route is used for mailing address, give directions to your location with major cross streets.



TRIBAL JURISDICTIONAL AREA(s) PLEASE checkmark the appropriate information.
 If reside in one of the Oklahoma Counties of: Pottawatomie, Cleveland, Lincoln, Payne, or Oklahoma

CPN Former Reservation S&F Former Reservation KICKAPOO Former Reservation

IOWA Former Reservation Cleveland County ANY OTHER County or State

FOR CITY OF SHAWNEE RESIDENTS ONLY: East of Kickapoo St West of Kickapoo St



SOCIAL SECURITY # _____ **Gender** _____ **BIRTH DATE** _____ **AGE** _____

_____ Male Female _____



PHONE NUMBER(s)
 Home: _____ Alternate #:: _____ Other #: _____



Email:



YOUR MARITAL STATUS

Single Married Divorced Separated Widowed



TRIBAL MEMBERSHIP OR AFFILIATION (Identification Required)

Federally recognized tribe(s): _____ **U. S. CITIZEN?** Yes No



VETERAN / Military Service: _____ **SELECTIVE SERVICE REQUIRED IF** born after 1960 _____

(Include Active, Inactive, or Reserves) Any male born after 1960

Yes No Yes No Not Applicable



NEPOTISM Does any member of your immediate family work for the Citizen Potawatomi Nation?

€ NO € Yes - Indicate Name & Relationship. _____

CPN Dept that Relation Works In (if known): _____



EDUCATIONAL LEVEL *School Name* _____ *Last Grade Level Completed* _____

Drop Out Student (Pre-K to 12th) GED H.S. Diploma Post H.S.

Circle # Years Add'l Education 1 2 3 4 5+ Certificate Vo-Tech Assoc. BA/BS Masters Other:



BARRIERS: Checkmark indicates: YES this applies to your situation.

<input type="checkbox"/> Lacks Transportation?	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> No Driver's License	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Lack Child Care ?	<input type="checkbox"/> Current Legal Issues/Warrants?
<input type="checkbox"/> Basic Skills Deficiency	<input type="checkbox"/> Offender
<input type="checkbox"/> Lack Significant Work History?	<input type="checkbox"/> Felony Offense, - Specify _____
<input type="checkbox"/> School Dropout?	Release Date: _____
<input type="checkbox"/> Parenting Youth (minor parenting a child)	<input type="checkbox"/> Below Grade Level?
<input type="checkbox"/> Low Income	<input type="checkbox"/> Low Reading Skill Level
<input type="checkbox"/> Homeless	<input type="checkbox"/> Low Math Skill Level
<input type="checkbox"/> Single Head of Household w/dependents under 18	
<input type="checkbox"/> Limited English	
<input type="checkbox"/> Disability	
<input type="checkbox"/> Medical Problems? Specify _____	

Household Data: List Names of Household Members, Relationship, Age, and CHECKMARK Priority for Assistance Status if applicable:



Name	Tribal Membership (Affiliation)	Relationship to Applicant	AGE	Elder-Age 55 & Up	Disabled	Minor Child	Veteran
1. Self		Self					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Household Income: List All employment for 6-months prior to date of this application for All household members.

(Household is defined as family unit as identified for IRS tax purposes.)

IF YOU HAVE HAD NO INCOME CHECK



<u>Name of Household Member</u>	<u>Employer</u>	<u>Start Date (Estimate if Unknown)</u>	<u>End Date (estimate if unknown)</u>	<u>City, State</u>	<u>Gross Pay (before Taxes)</u>
<u>Self:</u>					
<u>Spouse/Parent:</u>					
<u>Other:</u>					
<u>Other:</u>					
<u>Other:</u>					
<u>Other:</u>					

List All Other Sources of Income or Financial Support:

IF YOU DO NOT RECEIVE ANY OF THE FOLLOWING CHECK



SOURCE	Name of household member	Start date (estimate if unknown)	End date (estimate if unknown)	\$\$ amount per month or payment period	Total
Unemployment					
DHS/TANF					
SNAP (food stamps commodities or WIC)					
Social security					
Disability retirement or pension					
Child support / alimony					
Veteran's assistance					
Educational grants					
Money from relatives					
Other (explain)					

All adult's in the household must complete an employment history page:

EMPLOYMENT HISTORY--

Check HERE if NEVER WORKED

Check HERE if Retired List

Current or Most Recent Job First. Include Verifiable Volunteer Work.

Name: _____

1st Employer	Address	City	State	Zip
Phone #	Supervisor	Your Position/Job Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temporary or Seasonal	
Start – Month/Day/Year	End - Month/Day/Year	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING _____				

2nd Employer	Address	City	State	Zip
Phone #	Supervisor	Your Position/Job Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temporary or Seasonal	
Start – Month/Day/Year	End – Month/Day/Year	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING _____				

3rd Employer	Address	City	State	Zip
Phone #	Supervisor	Your Position/Job Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temporary or Seasonal	
Start – Month/Day/Year	End – Month/Day/Year	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING _____				

UNIFORM GRIEVANCE & APPEALS PROCEDURE:

The Tribe has established a uniform grievance and appeals procedure applicable to all participants and tribal staff within this 477 program engaged in any type of activity included under the 477 Plan. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal is to a committee including the Department Director and two other senior level tribal administrative staff. Appeals to final tribal level must be in writing and submitted within ten business days of the action being appealed. Participant will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). The levels are as follows:

- Step 1: Informal / Verbal Complaint -Resolve informally at staff level.
- Step 2: Written Complaint: Time and Date received noted, staff relays to Department Director (or Assistant Director). Participant is contacted directly. Director or Assistant Director investigates / reviews complaint. Once determination is made the participant is advised.
- Step 3: Final Formal Complaint: If unable to resolve or participant is not satisfied with Director's determination, a written request for Final tribal review may be made by the participant. Department Director will relay all pertinent written documentation to senior level tribal administrative staff that includes one or more of the following as applicable: Human Resource Director, Vice-Chairman, or Tribal Chairman.
- Step 4: Any grievance which involves an elected official will be reviewed in accordance with the Tribal Constitution. Step 4 applies only when the grievance specifically involves an elected official.

If after using this procedure, the participant is not satisfied, they have the right to file a documented grievance to: Attention: Division Chief. Division of Workforce Development, Room 20 M.S.-20 SIB, 1951 constitution Ave. N.W., Washington DC 20245.

Questions or complaints alleging a violation of the nondiscrimination provisions of WIA Section 188, may be directed or mailed directly to the Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Ave, NW, Washington, DC 20210 for processing.

AUTHORIZATION TO RELEASE OR RECEIVE INFORMATION

I certify the information given in this application is correct and true to the best of my knowledge and subject to verification. Falsification of facts is grounds for immediate termination and may result in prosecution under law. *I also hereby authorize E&T staff to obtain or release information included in this application and my participant file as it pertains to my eligibility for services, assistance sought on my behalf from other social services programs, for verification of information that I have provided, and/or for reporting purposes. I also authorize my Education Institution to release my grades, transcripts, financial needs summary, account summary, or any other information needed on my behalf to the Employment & Training Department of the Citizen Potawatomi Nation.*

Name: _____ Relationship: _____

Contact Number: _____

INDIVIDUALIZED PLAN OF SERVICE: I further understand that a DETERMINATION OF ELIGIBILITY does not guarantee services and that not all services will be financial in nature. I also understand that I am required to complete a formal ASSESSMENT to finalize the application process. I agree to work together with my assigned counselor to develop and prepare an EMPLOYABILITY DEVELOPMENT PLAN which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received services. By my signature below, I indicate my agreement to abide by the policies and procedures set forth, and release of information as necessary to verify information, provide, and/or obtain services on my behalf.

Applicant Signature _____ Print Name _____ Date _____

Parent or Legal Guardian Signature IF Applicant is Under 18 _____ Date _____

In Case of Emergency:

CONTACT NAME _____ **RELATIONSHIP** _____

Contact Number: _____



JOHNSON O’MALLEY NEEDS ASSESSMENT SURVEY ACADEMIC YEAR 2017-2018

A parental survey is a federal requirement of the JOM PROGRAM. The information gathered is needed to determine the educational and culturally relevant needs of the Native American students. The CITIZEN POTAWATOMI NATION JOM provides DIRECT services to the following eight schools: **Please place a checkmark next the applicable school**

- ASHER EARLSBORO SOUTH ROCK CREEK LITTLE AXE
- BETHEL MACOMB TECUMSEH CHOCTAW
- DALE MAUD WANETTE HARRAH

This survey is confidential and anonymous. . Complete one survey per child. You do not have to put your name anywhere on this questionnaire! Please check the category that best describes you.

- () Parent or Guardian () Student () School Faculty () Other

What do you feel are the main needs of the Native American Students in your public school system? (Please indicate your response by placing a check mark next to any you feel is needed.)

- Academic Enhancement (tutoring, summer school, special classes).
- Incentive Program (awards, gift certificates, senior costs)
- Educational Support (dues, fees, school supplies / materials, equipment related to school activities or classroom and is needed for student to participate)
- Native American Awareness by providing cultural events & activities
- Drug & Alcohol Abuse Awareness
- Absenteeism And Drop Out Rates Reduction Activities
- Gang Violence Awareness activities
- Personal Health & Hygiene activities
- Career / Job information
- Special Recognition of Achievement Events
- Other Needs Such As _____

How do you think JOM funds could be used to meet the needs listed above? _____

Comments or suggestions about the JOM program _____



Mailing address:
Citizen Potawatomi Nation
Employment & Training
1601 S Gordon Cooper Drive
Tecumseh, OK 74873

PH: (405) 878-3854
Or (800) 880-9880
Fax: (405) 273-1752 or 273-1754
Physical Address:
1549 Workforce Drive
Shawnee, OK

Proof of School Enrollment

Citizen Potawatomi Nation Johnson O'Malley Program

Must complete and have school official signature (or stamp) to be eligible. Please print clearly or use black/blue ink.

Student's Name: _____

Address _____

City, State, Zip _____

Social Security# _____ **Birth Date:** _____

Grade Currently Enrolled in _____ **Teacher's Name:** _____

The following must be completed by school official.

YES, the student indicated above is enrolled for the School Year 2017-2018.

NO, the student indicated above is NOT enrolled for the School Year 2017-2018.

School Name _____ **City** _____

School Official Signature _____ **Position / Title** _____ **Date** _____

**COMPLETED Forms may be faxed to ATTN: E&T ADMISSIONS 405-273-1752.
Hand delivered to 1549 Workforce Drive Shawnee, or mailed to the address provided at the top of this form.**