



# Kiowa Re-Entry Program Application

Address: 100 Kiowa Way, Carnegie, Oklahoma 73015

Phone Number: (580) 654-2300

Email: nsimpson@kiowatribe.org

Applicants must meet all eligibility requirements and provide Kiowa Tribal enrollment card, State I.D. if available, Social Security Card, and Release Documents from County or Department of Corrections. W-9 is needed for housing/rent.

## CLIENT INFORMATION

Full Name: \_\_\_\_\_

Kiowa Tribe Roll#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Family Demographics

Marital Status (Please Circle): Single Married Divorced Widowed

Spouse's name (if married): \_\_\_\_\_

Do you have children?  Yes  No

Please list first name and age of all

\_\_\_\_\_

Tribal Affiliation of children (if applicable): \_\_\_\_\_



**Military Services**

Are you a Military Veteran?  Yes  No

If so, what branch of service? \_\_\_\_\_

Do you have your DD-214?  Yes  No

Referral Information for Veterans Organizations/Services; Date Services Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Type of Assistance Needed:(Check all that apply)**

Housing/Rent/Deposit Assistance \_\_\_ Utilities \_\_\_ Clothing \_\_\_ Basic Necessities \_\_\_

Counseling/Therapy Referral \_\_\_ Treatment Referral \_\_\_ Job Placement \_\_\_

Vendor Information: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Employment and Education**

What type of work experience do you have?  
\_\_\_\_\_

What type of work do you hope to do?  
\_\_\_\_\_

Completed Practice Job Interview?  Yes  No Date Completed: \_\_\_\_\_.

Copy of Resume Attached?  Yes  No

Copy of Vocational/ Training Records Attached?  Yes  No

Are you currently employed?  Yes  No If YES, who is your employer? \_\_\_\_\_.

Do you know where you will work, have any job lead ideas, and/or offers?  Yes  No

What is your hourly wage? \$\_\_\_\_\_.



**Facility, Treatment Center, Probation, Parole and Fine/Fee Costs**

Facility/Treatment Center where you are currently incarcerated or receiving treatment;

\_\_\_\_\_

Facility/Treatment Center you were released/discharged from: \_\_\_\_\_

Length of incarceration/treatment: \_\_\_\_\_.

Release date or projected release date (if not released): \_\_\_\_\_

City, County, and State of Conviction (most recent): \_\_\_\_\_

Do you have any pending court dates?  Yes  No Next Court Date: \_\_\_\_\_

Are you on probation or parole? (Circle One) Probation Parole

Probation/Parole Officer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please tell us your offense; what led to your recent incarceration/  
treatment: \_\_\_\_\_

Please list the monthly amount of any fines, fees, or cost associated with your offense(s): Probation:

DA Supervision: \$ \_\_\_\_\_ Restitution: \$ \_\_\_\_\_ Court Fines/Costs: \$ \_\_\_\_\_  
Other (please specify such as; child support, civil judgments, tickets, and loans, etc): \$ \_\_\_\_\_.

Do you have a valid driver's license?  Yes,  No If not, what is the status of your driver's license?

\_\_\_\_\_

**\*\*\*\*Please note that within ninety days of this application is signed and catch a new charge in county jail. The Kiowa Re-Entry Program will have to close your application. You will need to re-apply to receive any further assistance. By signing below you agree to the terms and requirements of the Kiowa Re-Entry Program.**

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all services and funding are subject to availability of funds and final approval of the Kiowa Tribe Re-Entry Director.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Re-Entry Director

\_\_\_\_\_  
Date