

*Department
of
Labor*



*DREAMS Program
Anne Pedro, Director
1.800.247.4612. x.27662
Office (405) 422-7662
dreamsgroup@cheyenneandarapaho.nsn.gov
www.cheyenneandarapaho.nsn.gov*

**DREAMS PROGRAM
SUMMER YOUTH EMPLOYMENT PROGRAM
2026 APPLICATION**

Dear Youth Applicant and Parent/Guardian,

Thank you for your interest in the **Summer Youth Employment Program**, held from June through July.

Please note that the application process takes time as we verify all required information. The **deadline to submit your application and supporting documentation is March 31, 2026.**

An **email address and active phone number is required** to complete this form. If you or your parent/guardian do not have an email address, you will need to create a free account through Google or Yahoo. We will use this email to send status updates regarding your application. Please check your email regularly. **To help us avoid delays, please make sure your writing is clear and legible.**

Applications may be submitted in person at one of our three locations in Concho, Clinton or Watonga, by mail at P.O. Box 67, Concho, OK 73022, by fax at 405-422-8243, or by email at dreamsgroup@cheyenneandarapaho.nsn.gov. After submitting your application, you will receive a **confirmation email** from the DREAMS Program. If you do **not** receive this confirmation, please contact us at dreamsgroup@cheyenneandarapaho.nsn.gov or call **405-422-7662**.

Your application will remain **incomplete** until you receive a **Letter of Completion** with further instructions from the DREAMS Director. Please note that **the confirmation email and the Letter of Completion DOES NOT guarantee selection** for the program. The Letter of Completion will provide the expected timeframe for the selection process and when notifications will be sent. After the **selection process a Letter of Service Determination** will be emailed.

Additional documents may be requested after you submit your application and receive your letter of completion. An interview with both the youth and a parent/guardian may be required before or after **March 31, 2026**.

If you have any questions or concerns, please contact us at dreamsgroup@cheyenneandarapaho.nsn.gov or call **405-422-7662**.

Thank you,


Anne Pedro, DREAMS Director

Developing Responsible Employee Aptitude and Marketing Success



SUMMER YOUTH EMPLOYMENT PROGRAM

Our mission statement is *"through compassion and acquisition of skills, we empower indigenous families to achieve occupational and educational prosperity"*

All individuals seeking services must complete the basic intake process to determine eligibility. These forms help identify potential barriers to employment and training and determine whether federal or tribal funding is applied.

Contents

SECTION 1 - SERVICES.....	2
Summer Youth Employment Services	2
SECTION 2 - ELIGIBILITY	2
Eligibility General Requirements.....	2
SECTION 3 – SERVICE AREA	2
SECTION 4 – REQUIRED DOCUMENTS	2
Basic Required Documents.....	3
Service Required Documents	4
SECTION 5 – APPLICATION APPROVAL STEPS	4

OFFICE HOURS

Monday to Friday 8:00am – 5:00pm
Watonga Office by appointment

CONTACT

Office: +1 (800) 247-4612 ext. 27662
FAX: 405-422-8243
EMAIL: dreamsgroup@cheyenneandarapaho-nsn.gov

MAILING ADDRESS

Cheyenne and Arapaho Tribes
DREAMS Program
P.O. Box 67
Concho, OK 73022

OFFICE LOCATIONS

CLINTON

10329 N 2274 Rd, Clinton, OK 73601

CONCHO

110 E White Rabbit Rd Concho, OK 73022

WATONGA

409 W Main St Watonga, OK 73772

SECTION 1 - SERVICES

Summer Youth Employment Services

This 8-week program offers eligible youth, ages 14-24, the opportunity to gain hands-on work experience in the private or public sector from June – July. The DREAMS Program connects youth ages 14–24 with entry-level employment, wages **paid entirely by the DREAMS Program**. Youth must be located within the Cheyenne and Arapaho Tribes service area and commit to the program. Youth will complete Work Readiness Training prior to placement.

SECTION 2 - ELIGIBILITY

The Department of Labor DREAMS Program follows federal guidelines to determine eligibility for services. As specified by the DREAMS 477 P.L. 102-477 Plan.

Eligibility General Requirements

Important Eligibility Requirements for DREAMS Program Assistance.

To qualify for DREAMS Program services, all participants must meet the following criteria:

1. The applicant must show enrollment in a Federally Recognized Tribe – Must provide an enrollment number.
2. The applicant must show Proof of Residency .

⚠ Please Note: The DREAMS Program does not offer Summer Youth Employment Program services to applicants residing outside the service area.

SECTION 3 – SERVICE AREA

The DREAMS Program offers services to the following counties in Oklahoma.

1. Beckham
2. Blaine
3. Canadian
4. Custer
5. Dewey
6. Ellis
7. Garfield
8. Kingfisher
9. Major
10. Roger Mills
11. Washita
12. Woodward



SECTION 4 – REQUIRED DOCUMENTS

All individuals seeking services must complete the basic intake process to determine eligibility.

Basic Required Documents

Applications will remain incomplete until all Basic Required Documents are received. The documents listed below are the Basic Required Documents that must be submitted with every application to the DREAMS Program. Photocopies are acceptable. Documents maybe submitted by mail, email, fax, or in person.

1. Youth Primary ID: CDIB – Proof of enrollment in a Federally Recognized Tribe.
2. Youth Secondary ID – One of the following must be provided;
 - a. Social Security Card
 - b. Driver’s License/State ID
 - c. Passport
3. Youth Birth Certificate (required from youth AGES 14-17)
4. For youth ages 14-17, if the birth certificate lists a different individual than the person currently caring for the youth – One of the following must be provided:
 - a. Guardianship Court Documents
 - b. Adoption Letter
 - c. Foster Care Letter
 - d. Parental Authorization Form
5. Youth Education documents – One of the following must be provided:
 - a. Report Card (Required for youth still attending Jr. High or High School)
 - b. High School Unofficial transcript
 - c. High School Diploma/GED
 - d. College Unofficial transcript or Degree
6. Proof of Residency (physical address within 30 days) – One of the following must be provided by Parent/Guardian or Youth age 18+:
 - a. Lease Agreement
 - b. Utility Bill (Water, Garbage, Electric, Natural Gas, or Propane bill)
 - c. Internet Bill
 - d. Bank Statement
 - e. Complete a Residence Verification form, if the applicant does NOT have one of the above documents in their name and one of the documents above of the person they are living with. If homeless, only the Residence Verification form is required.
7. Income Verification – One of the following must be provided by everyone in the household age 18+:
 - a. Recent Paystub
 - b. W-2
 - c. Bank Statement
 - d. Benefit Letter from SSI, WIC, SNAP, TANF, or Unemployment.
 - e. Complete a No Income Verification form, if the applicant does NOT have any form of income or just started employment.
8. Selective Service registered number – Applicable to Youth Males age 18+ only.

*Photocopies of any kind are accepted. Documents maybe submitted by mail, email, fax, or in person.

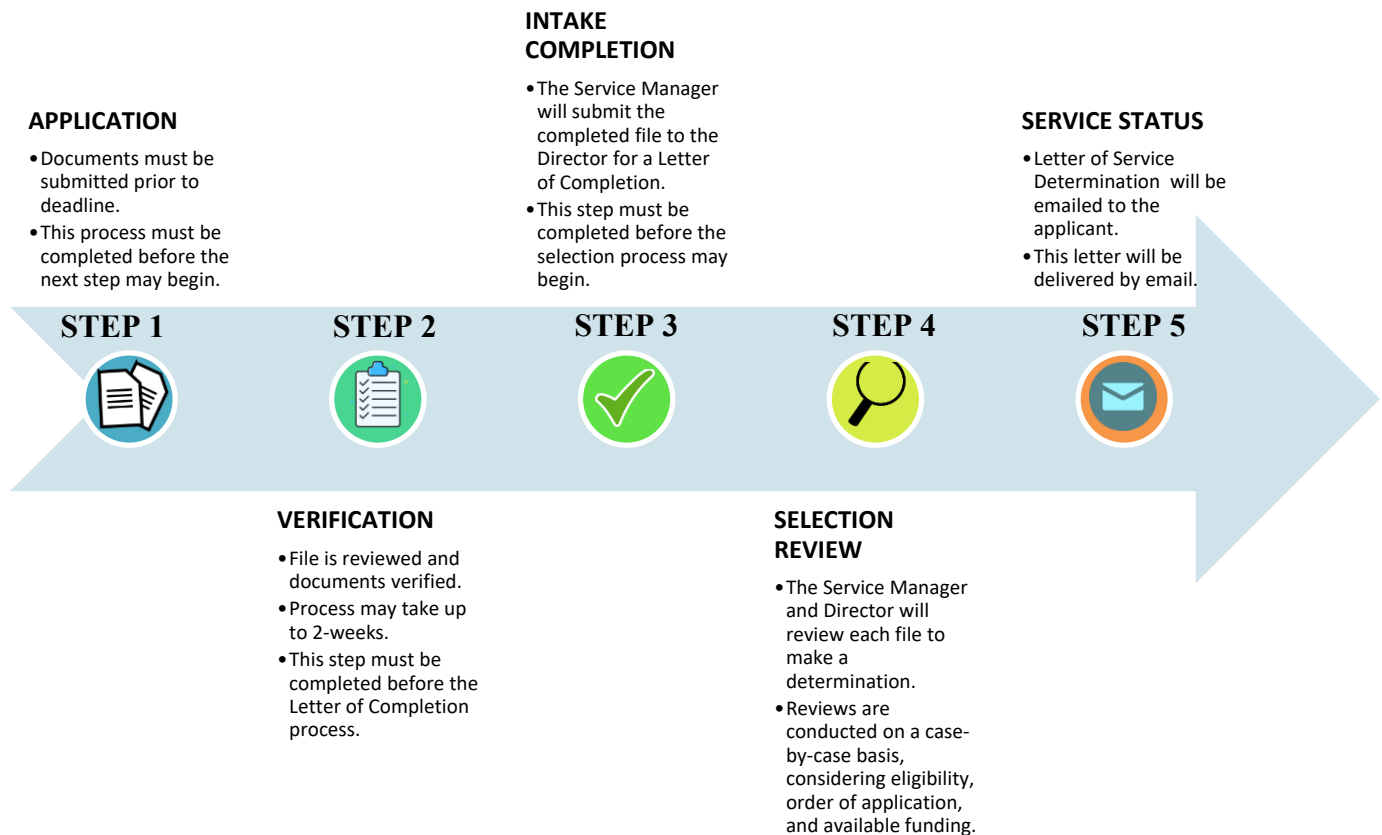
Service Required Documents

In addition to the Basic Required Documents the documents listed below are required for certain services. Applications will remain incomplete until all Basic Required Documents are received and the following Service Required Documents:

1. Family Income Verification Form (with all income from household members over the age 18)
2. W9 (signed by youth, For youth under 18, please list a parent/guardian as “in care of” (C/O).)
3. Privacy Statement - Parent/Guardian signature for youth ages 14-17
4. Parental Authorization Form for Grandparent/Relative Consent, if applicable.

SECTION 5 – APPLICATION APPROVAL STEPS

Once your basic required documents are submitted to the DREAMS Program, the application is processed in the order it was received. The DREAMS Program Team will conduct a thorough review to ensure that each applicant’s information is accurate and correct.



*This is a general step by step guide, each applicant is evaluated individually based on their application. Final determination are also dependent on the availability of funds.



SUMMER YOUTH EMPLOYMENT PROGRAM 2026 APPLICATION CHECKLIST

This checklist helps each applicant determine if they are ready to submit their Summer Youth Application and Required Documents. **Please initial each:**

- Summer Youth Application completed entirely with signatures
- Privacy Statement (Age 14-17 signed by Parent/Guardian)
- Youth CDIB (Enrolled in Federal Recognized Tribe)
- Youth Birth Certificate (required from youth AGE 14-17 for Summer Youth Employment)
- Guardianship Court Documents/Adoption/Foster Care Letter/Parental Authorization form(If name does not match BC)
- Youth 2ND ID (one of the following):
 - ✓ Social Security Card
 - ✓ Driver's License/State ID
 - ✓ Passport
- Youth Education:
 - ✓ Report Card (Required for youth still attending Jr. High or High School)
 - ✓ High School Transcript
 - ✓ High School Diploma/GED
 - ✓ College Transcript or Diploma
- Residency (physical address within 30 days):
 - ✓ Proof of Residency (Utility bill, lease agreement, or bank statement in youth or Parent/Guardian name)
 - ✓ Residence Verification Form (proof of residency not in youth or Parent/Guardian name)
- Income (Required for all in household over age 18):
 - ✓ Proof of Income (paysstub, W2, or benefit letter from SNAP, TANF, SSI, Unemployment or IIM)
 - ✓ No Income Verification (for those age 18+ that do not have proof of income)
- Family Income Verification (list of all in household)
- W9 (signed by youth, For youth under 18, please list a parent/guardian as "in care of" (C/O).)
- Selective Service Number (Required for Males age 18+)

Send to dreamsgroup@cheyenneandrapaho-nsn.gov or mail to P.O. BOX 67, Concho, OK 73022 or Fax 405-422-8243. Should you fail to comply with the deadline date of March 31, 2026, your application will be classified as INCOMPLETE/CLOSED. If you have any questions, please call (405) 422-7662.



SUMMER YOUTH EMPLOYMENT PROGRAM

2026 APPLICATION

The DREAMS Program connects youth ages 14–24 with entry-level employment, wages **paid entirely by the DREAMS Program**. Youth must be located within the Cheyenne and Arapaho Tribes service area and commit to the program dates of **June 8–July 31, 2026**. Youth will complete Work Readiness Training prior to placement. **Application Deadline: March 31, 2026.**

PERSONAL INFORMATION

1. YOUTH NAME (PRINT CLEARLY)

First Name:	Middle Initial:	Last Name:
-------------	-----------------	------------

2. YOUTH CONTACT INFO (Used for application status updates)

EMAIL Address:		
Phone:	Date of Birth:	Age:

3. YOUTH SOCIAL SECURITY NUMBER

4. YOUTH GENDER

	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
--	--

5. RESIDENCY STATUS

<input type="checkbox"/> I live with my parents/guardians. <input type="checkbox"/> I live on my own with a utility bill in my name. <input type="checkbox"/> I live on my own with a roommate. <input type="checkbox"/> I live with relatives/friends.	<input type="checkbox"/> I live with grandparent/guardian for the summer (Must provide a permission form) <input type="checkbox"/> I am homeless. <input type="checkbox"/> I am a runaway
--	---

6. PHYSICAL ADDRESS (Must match W9)

Address:		
City:	State:	Zip:

7. MAILING ADDRESS (If different from Physical Address)

Address:		
City:	State:	Zip:

8. YOUTH SOCIAL SECURITY NUMBER

9. YOUTH GENDER

	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
--	--

10. TRIBAL AFFILIATION

13. CDIB NUMBER

--	--

**DREAMS PROGRAM
SUMMER YOUTH
EMPLOYMENT PROGRAM
2026 APPLICATION**

YOUTH EDUCATIONAL INFORMATION

11. EDUCATION STATUS (Select one)

<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student	<input type="checkbox"/> Not Attending School <input type="checkbox"/> High School Drop Out
--	--

12. HIGHEST GRADE LEVEL COMPLETED (Select one)

<input type="checkbox"/> 8 TH <input type="checkbox"/> 9 TH <input type="checkbox"/> 10 TH <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Attending Vocational School <input type="checkbox"/> Vocational School Graduate	<input type="checkbox"/> College Freshmen <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> College Senior <input type="checkbox"/> College Graduate
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13. NAME OF LAST SCHOOL ATTENDED

--

YOUTH WORK EXPERIENCE/SKILLS INFORMATION

14. Are you new to DREAMS Summer Youth Employment Program?

☐ Yes
☐ No, Year attended:

15. Work Experience (If applicable, list the most recent employment)

#	Employer/Company Name	Job Title	Date Started	Date Ended
1				
2				

☐ I am currently employed
☐ I have NOT had employment in the last six (6) months
☐ I was terminated or resigned from employment in the last six (6) months

16. Have you used any of the following? (check all that apply)

<input type="checkbox"/> Adobe <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Social Media apps (Facebook, snap, Instagram, Tiktok) <input type="checkbox"/> Canva <input type="checkbox"/> Paycom	<input type="checkbox"/> Google, Yahoo, Safari <input type="checkbox"/> Survey Monkey <input type="checkbox"/> None
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17. YOUTH DRIVER'S LICENSE

18. DRIVER'S LICENSE NUMBER

<input type="checkbox"/> YES <input type="checkbox"/> NO	
---	--

**DREAMS PROGRAM
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EMPLOYMENT PROGRAM
2026 APPLICATION**

YOUTH CAREER SELF-ASSESSMENT

19. Please write 5-6 sentences on why you want to work during the summer **This will assist the program in deciding if you are selected for the DREAMS Summer Youth Employment Program.** (Examples: *I want to save to buy..., I would like to learn..., etc.*)

20. CAREER INTEREST (check all that apply)

<input type="checkbox"/> Administrative	<input type="checkbox"/> Nutrition Wellness	<input type="checkbox"/> Environmental/Construction
<input type="checkbox"/> Governmental	<input type="checkbox"/> Grants/Research	<input type="checkbox"/> Warehouse/Distribution
<input type="checkbox"/> Child Care/Language	<input type="checkbox"/> Sales/Entrepreneur	<input type="checkbox"/> Operation Maintenance
<input type="checkbox"/> Teacher/Teacher	<input type="checkbox"/> Social Media/Film	<input type="checkbox"/> Transportation/Auto Mech.
<input type="checkbox"/> Coaching/Fitness	<input type="checkbox"/> Design/Computer	<input type="checkbox"/> Fire Fighter/EMS
<input type="checkbox"/> Nursing	<input type="checkbox"/> Technology	<input type="checkbox"/> Electrical/Machinery
<input type="checkbox"/> Dental	<input type="checkbox"/> Photography/Artist	<input type="checkbox"/> Truck Driving
<input type="checkbox"/> Doctor/Surgical	<input type="checkbox"/> Prevention/Counseling	<input type="checkbox"/> Other:
<input type="checkbox"/> Military/Law/Police	<input type="checkbox"/> Awareness Education	

21. MILITARY CAREER INTEREST

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If yes, which service? (Select all that apply) <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Space Force
--	---

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

 Print Youth Name

 Email

 Youth Applicant Signature

 Date

**DREAMS PROGRAM
SUMMER YOUTH
EMPLOYMENT PROGRAM
2026 APPLICATION**

YOUTH APPLICANT AGES 18-24 INFORMATION

Youth applicants who are **18 by May 31, 2026 should complete this page.** Youth applicants **under 18 before June 1, 2026 must skip** this page and complete the parent/guardian section.

1. BARRIERS (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No transportation/No Driver's License
<input type="checkbox"/> Homemaker taking care of family
<input type="checkbox"/> Online education
<input type="checkbox"/> Accelerated Education Program
<input type="checkbox"/> Disability
<input type="checkbox"/> Parenting Youth, List # of children | <input type="checkbox"/> I receive SNAP benefits
<input type="checkbox"/> I receive Commodities
<input type="checkbox"/> I receive TANF benefits
<input type="checkbox"/> I receive Unemployment benefits
<input type="checkbox"/> I aged out of Foster Care
<input type="checkbox"/> I receive NO benefits |
|--|--|

2. INCOME VERIFICATION (Check all that apply)

- | |
|---|
| <input type="checkbox"/> I have income benefits and will submit one of the following: recent paystub, unemployment benefit letter, SNAP benefit letter, Commodities benefit letter, TANF benefit letter, or W2)
<input type="checkbox"/> Active Duty/Guard/Reserve
<input type="checkbox"/> I have NO income and will submit No Income Verification form. |
|---|

3. RESIDENCY VERIFICATION (Check all that apply)

- | |
|--|
| <input type="checkbox"/> I have a utility bill in my name and will submit one of the following: internet bill, utility bill, lease agreement, bank statement)
<input type="checkbox"/> I do NOT have a utility bill in my name and will submit a residence verification form with proof of residency in the residence name. |
|--|

4. SELECTIVE SERVICE NUMBER (Males Age 18+ Only):

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Youth Applicant Print Name

Email

Youth Applicant Signature

Date

**DREAMS PROGRAM
SUMMER YOUTH
EMPLOYMENT PROGRAM
2026 APPLICATION**

PARENT/GUARDIAN INFORMATION FOR YOUTH APPLICANT

The Parent/Guardian must complete this page if the youth is under the age of 18, by June 5, 2026, otherwise please skip and go to NEXT PAGE.

1. Parent/Guardian Name (Print Clearly)

First Name:	Middle Initial:	Last Name:
--------------------	------------------------	-------------------

2. Relationship to Youth

<input type="checkbox"/> I am the Mother	<input type="checkbox"/> I am the Guardian
<input type="checkbox"/> I am the Father	<input type="checkbox"/> Other:

3. Parent/Guardian Contact Information

Email:	Phone:
---------------	---------------

5. INCOME VERIFICATION (Check all that apply)

<input type="checkbox"/> I have income benefits and will submit one of the following: recent paystub, unemployment benefit letter, SNAP benefit letter, Commodities benefit letter, TANF benefit letter, or W2)
<input type="checkbox"/> Active Duty/Guard/Reserve
<input type="checkbox"/> I have NO income and will submit No Income Verification form.

6. RESIDENCY VERIFICATION (Check one)

<input type="checkbox"/> I have a utility bill in my name and will submit one of the following: internet bill, utility bill, lease agreement, bank statement)
<input type="checkbox"/> I do NOT have a utility bill in my name and will submit a residence verification form with proof of residency in the residence name.

7. SECOND Parent/Guardian Name

First Name:	Middle Initial:	Last Name:
--------------------	------------------------	-------------------

8. SECOND Parent/Guardian Relationship to Youth

<input type="checkbox"/> I am the Mother	<input type="checkbox"/> I am the Guardian
<input type="checkbox"/> I am the Father	<input type="checkbox"/> Other:

9. SECOND Parent/Guardian Contact Information

Email:	Phone:
---------------	---------------

**DREAMS PROGRAM
SUMMER YOUTH EMPLOYMENT PROGRAM
2026 APPLICATION**

PARENT/GUARDIAN INFORMATION FOR YOUTH APPLICANT

10. SECOND Parent/Guardian Income Verification (Check all that apply)

- ☐ I have income benefits and will submit one of the following: recent paystub, unemployment benefit letter, SNAP benefit letter, Commodities benefit letter, TANF benefit letter, or W2)

☐ Active Duty/Guard/Reserve

☐ I have NO income and will submit No Income Verification form.

11. SECOND RESIDENCY VERIFICATION (Check one)

- ☐ I have a utility bill in my name and will submit one of the following: internet bill, utility bill, lease agreement, bank statement)

☐ I do NOT have a utility bill in my name and will submit a residence verification form with proof of residency in the residence name.

☐ Other Parent/Guardian provided Residency Verification.

The next questions will help us determine other services your YOUTH may be eligible for.

12. Is your youth a current Office of Special Education (OSE) Student?

- ☐ Yes
- ☐ No
- ☐ Unsure

13. Does your youth have an Individual Educational Program at their school?

- ☐ Yes
- ☐ No
- ☐ Unsure

OFFICE USE ONLY

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Parent/Guardian **Print Name**

Email

Parent/Guardian **Signature**

Date

SECOND Parent/Guardian **Print Name**

Email

SECOND Parent/Guardian **Signature**

Date

**DREAMS PROGRAM
SUMMER YOUTH
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2026 APPLICATION**

Family Income Verification Form

I hereby authorize the Cheyenne and Arapaho Tribes Developing Responsible Employee Aptitude and Marketing Success (DREAMS) Program to collect and review information about my family income, benefits, past and current employment, and other documents related to employment. I understand that this information is required to verify eligibility to participate in the Summer Youth Employment Program (SYEP).

Youth Age over age 18 OR Parent/Guardian Print Name

Youth Age over age 18 OR Parent/Guardian Signature

Date

List all members of immediate family in the household. Any member over the age of 18, living in the household, must provide proof of income or complete a No Income Form with the DREAMS Program. Please complete this form entirely. *DREAMS Program will utilize the HHS Poverty Guidelines to determine whether federal or tribal funding is applied.*

Full Name (Print)	Age 18 or Over	Applying for SYEP	If applying for SYEP, list social security number
Self:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Department
of
Labor**

P.O. Box 67, Concho, OK 73022



DREAMS Program
Anne Pedro, Director
1.800.247.4612. Ext 27662
Office (405) 422-7662
Fax# 405-422-8243
dreamsgroup@cheyenneandapaho-nsn.gov

Residence Verification

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandapaho-nsn.gov
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

Please provide why the proof of residency document is NOT under your name and explain your living arrangements.

I, _____, currently do not have a proof of residency document under my name because:

Please check all that apply:

- ☐ I do NOT have a utility bill in my name.
- ☐ I do NOT have a bank statement.
- ☐ I do NOT have a house/apartment lease agreement in my name.
- ☐ Homeless, Live with family member/friend
- ☐ Other: _____

OFFICE USE ONLY

Name of person the proof of residency document is under:

FIRST NAME: _____ LAST NAME: _____

Their Phone#: () _____ Relationship to You: _____

Physical Address: _____ City: _____

State: _____ Zip code: _____

I hereby certify that the above statement/information is true.

Applicant Signature _____ Date _____

MUST BE NOTARIZED

- ☐ Tribal I.D. Card Roll# 2801A _____
- ☐ Other I.D. _____ Type: _____ expires _____

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public Signature

My commission expires on: _____

**Department
of
Labor**

P.O. Box 67, Concho, OK 73022



DREAMS Program
Anne Pedro, Director
1.800.247.4612. Ext 27662
Office (405) 422-7662
Fax# 405-422-8243
dreamsgroup@cheyenneandapaho-nsn.gov

NO INCOME STATEMENT

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandapaho-nsn.gov
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, _____, currently do not receive any monetary income because:

Please check all that apply:

- ☐ Last employment within the last six (6) months was at \$ _____/hr.
- ☐ I have NOT had employment in the last six (6) months.
- ☐ Layoff/Reduction of Force
- ☐ Termination/Resignation
- ☐ Dislocated worker
- ☐ Homemaker
- ☐ Illness/Caring for a sick family member
- ☐ Furthering Education
- ☐ Other: _____

OFFICE USE ONLY

Please check all that apply:

- ☐ I receive SNAP benefits.
- ☐ I receive TANF benefits.
- ☐ I receive WIC benefits.
- ☐ I receive Unemployment.
- ☐ I receive NO benefits.
- ☐ Other: _____

I hereby certify that the above statement/information is true.

Applicant Signature _____ Date _____

MUST BE NOTARIZED

- ☐ Tribal I.D. Card Roll# 2801A _____
- ☐ Other I.D. _____ Type: _____ expires _____

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public Signature

My commission expires on: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

YOUTH APPLICANT EXAMPLE

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Youth Full Name if under age 18 add "C/O Parent/Guardian Name"		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. Mailing address		Requester's name and address (optional)
	6 City, state, and ZIP code		
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
youth	-	SSN	-						
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ YOUTH DON'T FORGET TO SIGN	Date ▶	DON'T FORGET TO SIGN
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

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- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



OFFICE USE ONLY

DREAMS PROGRAM
SUMMER YOUTH EMPLOYMENT PROGRAM

Parental Authorization Form for Grandparent/Relative Consent

I, _____ (Parent/Legal Guardian Full Name), am the parent/legal guardian of _____ (Youth Full Name), date of birth _____.

I hereby authorize _____ (Grandparent/Relative Full Name) to act on my behalf and provide consent, authorization, and required signatures for my child's participation in the _____ Summer Youth Employment Program.

This authorization includes permission to sign all necessary participation, employment, and related program documents during the program period from _____ to _____.

I understand that this authorization does not transfer legal guardianship and is limited solely to consent for participation in the Summer Youth Employment Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Authorized Grandparent/Relative Information

Grandparent/Relative Full Name: _____

Grandparent/Relative Address: _____

Grandparent/Relative City/State/Zip: _____

Grandparent/Relative Signature: _____ Date: _____

Grandparent/Relative Phone Number: _____

Grandparent/Relative Email Address: _____



DREAMS PROGRAM
DEPARTMENT OF LABOR
Anne Pedro, Director
1-800-247-7612
ext. 27662

STATEMENT OF PRIVACY

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandrapaho-nsn.gov
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

In accordance to the Privacy Act of 1974 (Title 5 U.S.C. 552a) the Cheyenne and Arapaho Tribes DREAMS program operates under the general authority of 25 U.S.C. 450 et seq., with specific regulations contained in 25 CFR, Part 46. In accordance with the accountability required for the administration of funds appropriated for the program, and in order to provide services to recipients, and to declare eligibility, certain information is required of all applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

I, the applicant, understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office.

And specifically, the release of information is regarding educational history, grades/transcripts, attendance, and certification test results, to the Cheyenne and Arapaho Tribes DREAMS Program. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility of the DREAMS program.

I have read and understand the statement of privacy listed with the application form. I hereby provide the requested information and authorize the use of such information to the uses specified in the statement. I, also, understand that I must furnish a certificate of completion, or vocational transcript, GED Test scores, for compliance before receiving future assistance from the Cheyenne and Arapaho Tribes DREAMS program.

Signature of Applicant (Youth)

Witness (Parent Signature)

Print or Type Name

