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

Staff Use ONLY

Date Received _____
Time Received _____
Staff Initials _____

DREAMS PROGRAM

EMPLOYMENT READINESS APPLICATION

WORK READINESS/JOB READINESS/WORK EXPERIENCE

DOCUMENTATION CHECKLIST

This checklist helps each applicant determine if they are ready to submit their DEA Application and Required Documents. Please ensure all documents are submitted to the DREAMS Office at **least the day before or the day of service**. **Please submit the following documents:**

- ❑ Application completed entirely with signatures
- ❑ Privacy Statement (Allows staff to retrieve documents on your behalf)
- ❑ CDIB (Enrolled in Federal Recognized Tribe)
- ❑ Driver's License (Reinstated)
- ❑ Education (one of the following):
  - High School Transcript (Youth that may have dropped out)
  - 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 and proof of residence in residence name. (if there is none in applicant's name)
- ❑ Income (within the last 6 months):
  - Proof of Income (paystub, 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)
- ❑ Selective Service (Required for Males age 18+)
- ❑ W9

Send to dreamsgroup@cheyenneandarapaho-nsn.gov or mail to P.O. BOX 67, Concho, OK 73022 or fax to (405) 422-8243. If you have any questions, please call (405) 422-7662.

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DEPARTMENT OF LABOR

This application process takes time to verify pertinent information, please allow seven (7) to ten (10) business days for eligibility to be determined.
E-mailing application may expedite process
dreamsgroup@cheyenneandarapaho-nsn.gov
but please **mail original copy** to:
DREAMS Program, P.O. Box 67, Concho, OK 73022.

Central Intake/Referral Form

1. LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME/OTHER NAME	SUFFIX
2. MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY
3. PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	COUNTY
4. EMAIL ADDRESS			5. CELL PHONE ( )	6. DATE OF BIRTH

7. SOCIAL SECURITY NUMBER

8. MARITAL STATUS
- ☐ Single ☐ Separated ☐ Widow/Widower
- ☐ Divorced ☐ Married

9. EDUCATIONALSTATUS
- ☐ Student
- ☐ HS Dropout
  LAST GRADE COMPLETED: _____ (ex. 9th, 10th, 11th, 12th)
- ☐ HS Graduate
- ☐ GED Graduate
- ☐ Post High School
- ☐ College Graduate

10. GENDER
- ☐ Male
- ☐ Female

11. CULTURAL IDENTIFICATION CDIB ATTACHED ☐ Yes ☐ No
- ☐ American Indian/Alaskan Native ☐ Native Hawaiian Island or other Pacific Islander ☐ Non-Native

Tribal Affiliation:

12. HOUSING
- ☐ Own ☐ Free Housing
- ☐ Rent ☐ Homeless

13. C&A HOUSING AUTHORITY RESIDENT?
- ☐ Yes
- ☐ No

14. TRANSPORTATION
Driver's License No.
- ☐ Yes DL#_____
- ☐ No

Dependable Transportation? ☐ Yes ☐ No
Type of Transportation:

15. PUBLIC ASSISTANCE
- ☐ SNAP/Commodities
- ☐ TANF
- ☐ HOPE/Elder Care
- ☐ General Assistance
- ☐ SSI
- ☐ WIC
- ☐ SSDI
- ☐ Other: _____

16. SOCIAL SERVICE NEEDS
- ☐ Housing
- ☐ Transportation
- ☐ Child Care
- ☐ Substance Abuse
- ☐ Parenting
- ☐ Counseling
- ☐ Other: _____

17. TRAINING NEEDS/INTEREST
- ☐ Basic Skills
- ☐ GED
- ☐ Occupational Skills Upgrade
- ☐ On the Job Training
- ☐ Vocational Short Term
- ☐ Vocational Long Term
- ☐ Retraining

18. EMPLOYMENT NEEDS/INTEREST
- ☐ Job Search
- ☐ Employment Referral
- ☐ Work Experience
- ☐ Life/Employment Skills
- ☐ Apprenticeship
- ☐ Rehab Technology
- ☐ Other _____

19. VETERAN STATUS
- ☐ Honorably Discharged
- ☐ Recently Separated
- ☐ Disabled
- ☐ Other: Active Duty/Guard/ Reserve
- ☐ Not a Veteran

20. SELECTIVE SERVICE
- ☐ Registered #_____
- ☐ Not Registered
- ☐ Exempt
- ☐ Not Applicable

21. CHILD CARE
- ☐ Not Applicable
- ☐ Number of Children Under Age 24:_____
- ☐ Currently Have Child Care Services
- ☐ Do not have Child Care Services/Need Services

22. TYPE OF CURRENT CHILD CARE
- ☐ Center
- ☐ Provider Home
- ☐ In Home
- ☐ Relative

23. EMPLOYMENT STATUS
- ☐ Currently Employed
- ☐ Underemployed
- ☐ Layoff/RIF
- ☐ RIF
- ☐ Unemployed Benefits Rec'd: Y N
- ☐ Long-Term Unemployed (15 of past 26 months)

24. BARRIERS TO EMPLOYMENT
- ☐ High School Incomplete
- ☐ Individual with a Disability
- ☐ Offender
- ☐ Basic Skills Deficient (less than 9th grade)
- ☐ Public Assistance Recipient
- ☐ Homeless, runaway, or foster child
- ☐ Substance Abuse
- ☐ Displaced Homemaker
- ☐ Pregnant or Parenting Youth
- ☐ Transportation
- ☐ Limited Work History
- ☐ Single Head of Household w/dependent under age 18 – Number of Dependents Under Age 18 _____

25. DO YOU HAVE ANY OTHER BARRIERS TO EMPLOYMENT?
- ☐ Yes ☐ No

If yes, explain:

26. WORK EXPERIENCE (list most recent employment first)

Employer 1

Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage	Reason for Leaving	Job Duties

Revised 12/2022

CHEYENNE and ARAPAHO TRIBES

DEPARTMENT OF LABOR

Central Intake/Referral Form (continued)

26. WORK EXPERIENCE (continued)

Employer 2

Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage / Reason for Leaving		Job Duties

Employer 3

Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage / Reason for Leaving		Job Duties

27. EDUCATION EXPERIENCE

High School Name	Address	City, State, Zip Code
Other High Schools Attended		Graduation Year
Year GED Completed	In what Year did you last attend High School?	High School Name
Vocational School	Address	City, State, Zip Code
Course Name	Date Started / Date Finished	
Certification Earned/ YR	2nd Certification Earned/ YR	
College/University	Address	City, State, Zip Code
Major / Minor	Date Started	Date Completed/Withdrawn
Associates Degree/YR	Bachelor's Degree/YR	Master's Degree/YR

28. CERTIFICATION

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 or perjury; or I will be subject to immediate termination. I understand that the information provided will be used to determine eligibility for DREAMS program services and subject to review and verification, and that I may be required to provide documents to substantiate income, benefits, prior and present work history, CDIB and other pertinent documentation to support this application. I further understand that a determination of eligibility is not a guarantee of services. I hereby authorize release of this information for verification purposes understanding all information is confidential and will not be released to any other agency, office, or individual unless the information is necessary to provide me with comprehensive services. ____

Signature of Applicant:	Date:
Print Applicant Name	

OFFICE USE ONLY

FOR REFERRALS

- ☐ Child Care Services
- ☐ Family Assistance / Social Services
- ☐ Education Services _____
- ☐ Re-entry Services
- ☐ Health Services: Tribal IHS
- ☐ Housing Authority
- ☐ Food Distribution
- ☐ State Partners: _____

Intake reviewed by (Staff Name):	Intake Date:

DREAMS Developing Responsible Employees Aptitude and Marketing Success

TSIS TSISTAS-HINONO'EI CHEYENNE WARRIOR ARAPAHO

TERO TRIBAL EMPLOYMENT RIGHTS ORDINANCE

CHEYENNE AND ARAPAHO TRIBES Vocational Rehabilitation Program

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@cheyenneandarapaho-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

_____ _
Witness

_____
Print or Type Name

Department of Labor

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@cheyenneandarapaho-nsn.gov

NO INCOME STATEMENT

Please complete and send to the DREAMS Program by e-mail:dreamsgroup@cheyenneandarapaho-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:_____

Staff 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: _____

Revised 1/16/2024

Department of Labor
P.O. Box 67, Concho, OK 73022

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Anne Pedro, Director
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Residence Verification

Please complete and send to the DREAMS Program by e-mail:dreamsgroup@cheyenneandarapaho-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:

Staff Use ONLY

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: _____

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: _____

Revised 1/16/2024

DEPARTMENT OF LABOR
P.O. Box 67
Concho, OK 73022

CHEYENNE AND ARAPAHO TRIBES
DREAMS PROGRAM

Staff Use ONLY
Date Received _____
Time Received _____
Staff Initials _____

EMPLOYMENT WORK READINESS & JOB READINESS TRAINING ISP

Client Name:	Client DOB:	Contact Number:	Date:
Case Manager:		City:	
Currently Employed: □ YES □ NO If yes, □ Full-time □ Part-time □ Permanent □ Temp		C&A Tribal Member □ YES □ NO	Service Area: □ YES □ NO

EDUCATION

High School Diploma or Equivalent (GED) □ YES □ NO	Other Qualifications (Professional License):
College Education □ YES □ NO	Degree:
Vocational Training □ YES □ NO	Certificate:

WORK HISTORY

Number of employers in the past 5 years:	TERO application completed.□ YES □ NO
Do you have prior work experience (Paid/Unpaid)? □YES □ NO work experience in the past year □ Currently employed	Do you have a disability? □ YES □ NO

EMPLOYMENT GOALS

What are your career goal? Please list (3) interests.	List top (3) skills:
1.	1.
2.	2.
3.	3.

LEARNING STYLE

What is your preferred method of learning? (How do you learn best?)

□ Visual: Learns best by seeing new information
□ Auditory: Learns best by listening and reading out loud
□ Kinesthetic: Learns best through hands-on experience
□ Reading/Writing: Learns best through reading and writing new information

EMPLOYMENT PLAN

WORK READINESS TRAINING

Equips individuals with essential skills, preparing them to succeed in the job market and thrive in the workplace. Developer will initial each task. Individual MUST complete within 1 year with DREAMS Program.

TRAINING COMPONENTS	LOCATION	COMPLETION DATE
Career One-stop Skills Assessments (10mins) Career Interest:		
Career Exploration (10mins)		
Resume Writing (20mins)		
Job Search Strategies *Examples: Indeed, Linkin, jobmatch, Personnel*		
Soft Skills Development (15mins) Course Title:		
Time Management (15mins)		
Professional Etiquette (15mins)		
Mock Interview (10mins) Director or Service Manager		

JOB READINESS TRAINING	
Evaluates candidates before hiring to ensure they meet the employer's requirements.	
PRE-EMPLOYMENT SCREENING	**COMPLETION DATE**
Cheyenne and Arapaho Personnel Supplemental Application	
Background/Fingerprint clearance level:	
Drug Testing clearance: □ YES □ NO	
Motor Vehicle Report Receipt attached: □ YES □ NO	
TERO Application (attach certificates, CDIB, SSN)	

ASSESSED EMPLOYMENT BARRIERS	
Client Employment Barriers	Services to Address Barriers
□ Skill Deficiency	
□ High School Diploma or Equivalency	
□ Lack of Qualifications for Desired Employment	
□ Lack of Employment History	
□ Need Physical Health resources	
□ Need Mental Health resources	
□ Needed to stay home to care for family members	
□ Chemical Dependency	
□ Criminal Record affecting Employment	
□ Required Employment Verification (i.e. ID / Birth Certificate, Driver's License, SSN Card)	
□ Resource Deficiency (i.e. childcare, transportation, personal hygiene)	
□ Housing resources	
□ Other	

AGREEMENT

I _____understand that I am responsible for maintaining and retaining employment and adequate attendance. I understand that I must immediately report to the DREAMS Developer of any changes or barriers that may arise. If I fail or self-terminate from the program, I understand that I will be placed on a probationary period of one (1) year until services can be re-established in the ISP. If I cause extreme dysfunctional abuse to the program services, program staff, or incite violence, I will be placed on a probation period of three (3) years.

_____ _____

Client Signature Date

Reviewed by DREAMS Service Manager Signature/Date:

Reviewed by DREAMS Director Signature/Date:

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

Request for Taxpayer Identification Number and Certification

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

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

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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:

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 ▶** **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.*