



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  
[ktallbear@cheyenneandrapaho-nsn.gov](mailto:ktallbear@cheyenneandrapaho-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		2. SOCIAL SECURITY NUMBER	
3. MAILING ADDRESS				CITY		STATE		ZIP CODE	
5. PHYSICAL ADDRESS						6. CELL PHONE ( )		7. CELL PHONE ( )	
8. E-MAIL ADDRESS				SOCIAL MEDIA CONTACT (fb, Instagram, etc.)				9. ALTERNATE PHONE ( )	
10. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	11. DATE OF BIRTH		12. AGE	13. CULTURAL IDENTIFICATION <input type="checkbox"/> American Indian <input type="checkbox"/> AK Native <input type="checkbox"/> HI Native <input type="checkbox"/> Non-Native				14. EDUCATIONAL STATUS <input type="checkbox"/> Student GRADE: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Post High School <input type="checkbox"/> College Graduate <b>GO TO #37 Education Experience</b>	
15. HOUSING <input type="checkbox"/> Own <input type="checkbox"/> Free Housing <input type="checkbox"/> Rent <input type="checkbox"/> Homeless		16. C&A HOUSING AUTHORITY RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No							
18. PUBLIC ASSISTANCE <input type="checkbox"/> SNAP/Commodities <input type="checkbox"/> HOPE/ElderCare <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> SSDI <input type="checkbox"/> Other: _____		19. VETERAN STATUS <input type="checkbox"/> Honorably Discharged <input type="checkbox"/> Recently Separated <input type="checkbox"/> Disabled <input type="checkbox"/> Other: Active Duty Guard Reserve <input type="checkbox"/> Not a Veteran		21. BARRIERS TO EMPLOYMENT <input type="checkbox"/> High School Incomplete <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Offender <input type="checkbox"/> Basic Skills Deficient (less than 9 <sup>th</sup> grade) <input type="checkbox"/> Public Assistance Recipient <input type="checkbox"/> Homeless, runaway, or foster child <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Pregnant or Parenting Youth <input type="checkbox"/> Transportation <input type="checkbox"/> Single Head of Household w/dependent under age 18 – Number of Dependents Under Age 18 _____ <input type="checkbox"/> Limited Work History					
22. DO YOU HAVE ANY OTHER BARRIERS TO EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____									
23. EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed Benefits Recv'd: Y N <input type="checkbox"/> Long-Term Unemployed (15 of past 26 Weeks)				24. HOURLY WAGES (Most recent hourly wage in past six months)		25. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
26. TRANSPORTATION Type of Transportation: _____ Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Dependable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No									
27. CHILD CARE <input type="checkbox"/> Not Applicable <input type="checkbox"/> Need – Number of Children Under Age 12: _____ <input type="checkbox"/> Currently Have		28. TYPE OF CURRENT CHILD CARE <input type="checkbox"/> Center <input type="checkbox"/> Provider Home <input type="checkbox"/> In Home <input type="checkbox"/> Relative		29. SOCIAL SERVICE NEEDS <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Parenting <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____		30. TRAINING NEEDS <input type="checkbox"/> Basic Skills <input type="checkbox"/> GED <input type="checkbox"/> Occupational Skills Upgrade <input type="checkbox"/> On the Job Training <input type="checkbox"/> Vocational Short Term <input type="checkbox"/> Vocational Long Term <input type="checkbox"/> Retraining		31. EMPLOYMENT NEEDS <input type="checkbox"/> Job Search <input type="checkbox"/> Employment Referral <input type="checkbox"/> Work Experience <input type="checkbox"/> Life/Employment Skills <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Rehab Technology <input type="checkbox"/> Other	
32. REFERRALS – OFFICE USE ONLY <input type="checkbox"/> Child Care Services <input type="checkbox"/> Health Services: Tribal IHS <input type="checkbox"/> State Partners: _____ <input type="checkbox"/> Family Assistance / Social Services <input type="checkbox"/> Housing Authority <input type="checkbox"/> REferred TO DOL OFFICE STAFF NAME: _____ <input type="checkbox"/> Education Services _____ <input type="checkbox"/> Food Distribution									

Staff Name: \_\_\_\_\_

Intake Date: \_\_\_\_\_





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**DEPARTMENT OF LABOR**  
**Central Intake/Referral Form (continued)**

<b>36. WORK EXPERIENCE (list most recent employment first)</b>					
Company Name		Address		City, State, Zip Code	
Job Title		Date Started		Date Ended	
Hourly Wage	Reason for Leaving		Job Duties		
Company Name		Address		City, State, Zip Code	
Job Title		Date Started		Date Ended	
Hourly Wage	Reason for Leaving		Job Duties		
Company Name		Address		City, State, Zip Code	
Job Title		Date Started		Date Ended	
Hourly Wage	Reason for Leaving		Job Duties		
<b>37. EDUCATION EXPERIENCE</b>					
High School Name		Address		City, State, Zip Code	
Other High Schools Attended				Graduation Year	
Last Grade Completed (9 <sup>th</sup> ,10 <sup>th</sup> ,11 <sup>th</sup> ,12 <sup>th</sup> )			In What Year did you last attend High School?		
Vocational School		Address		City, State, Zip Code	
Course Name		Date Started / Date Finished			
Certification Earned/ YR			2 <sup>nd</sup> 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	
<b>38. CERTIFICATION</b>					
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					

