



**Pawnee Nation of Oklahoma**

Division of Education  
PO Box 470, Pawnee, OK 74058  
Office: (918) 762-3227

**Check List**

1. Fill out the application form.
2. Complete the Basic Barriers Assessment form.
3. Complete the Certificate of Income.
4. Complete the Unemployment and Zero income form.
5. Complete the Individual Education and Employment Plan (IEEP)
  - a) If you need assistance, please let us know. We will assist you.
  - b) You will not have a complete application if these forms are not completed.
6. If you are unemployed, please fill out a Collateral statement of unemployment.

**Documentation Needed for a complete application:**

1. Proof of Residence: We need a bill or a piece of mail in your name.
2. If you do not have it, we need the person who does.
  - a) We need them to write a statement that you are residing with them and a copy of their bill.
3. CDIB
4. Another form of ID:
  - a) State issued
  - b) Driver's license
  - c) Social Security card
  - d) Birth certificate

**OFFICE USE ONLY**

Application Status: [ ] Complete [ ] Incomplete  
[ ] Pending Explanation: \_\_\_\_\_

Approved: [ ] YES [ ] NO  
Approval/Denied Date: \_\_\_\_\_  
Re-Certification Date: \_\_\_\_\_



**Pawnee Nation Education Division  
"Te-Tu-Koo" Resources**

Mailing Address: P.O. Box 470 Pawnee, Oklahoma 74058  
Education Main Phone: (918)-762-3227 Fax: (918)-762-3662  
Child Care Program Phone: (918)-762-3007 Fax: (918)-762-6497

**Personal Information**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Last MI First

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Preferred communication: Phone or Mail or Email

Marital Status: \_\_ Single \_\_ Married Education at Enrollment: \_\_ Student \_\_ H.S. Dropout \_\_ H.S. Diploma \_\_ Attending GED  
\_\_ Divorced \_\_ Separated \_\_ Attending College \_\_ College Graduate

\*\*\*List people in your household including yourself\*\*\*

Name	Age	Date of Birth	Relationship to Applicant	Tribal Affiliation	Social Security	Special Needs
			Self			

\*\*\*Please specify if the following assistances currently apply to you\*\*\*

Assistance Status	Yes	No	Amount	Assistance Status	Yes	No	Amount
AFDC/TANF				Child Support/Alimony			
SNAP/Food Stamps				Foster Care			
SSI (Supplement Security)				School Grants			
General Assistance				Veterans Assistance (VA)			
Social Security (Disability)				Unemployment			
Annuity/Per cap				Commodities			
Workman's Comp				Living Assistance			
Pension/Retirement				Other:			

**Household Employment Information:**

**Applicant:**

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start Date:	End Date:	Reason for Leaving:

**Spouse:**

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start Date:	End Date:	Reason for Leaving:

**Other-Any household member 18 years of age or older:**

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start/End Date:	End Date:	Reason for Leaving:

**I Certify that I am Currently:**

**Unemployed:**

- More than 7 days
- More than 6 months
- Never Worked

**Employed:**

- Working Less than 32 hours per week
- Upgrading Requested
- Retraining/Recertification needed

**Veteran Preference**

- Transitioning
- Selective Service#: \_\_\_\_\_
- Other: \_\_\_\_\_

\*\*\* Please check the following services that apply and/or requesting. \*\*\*

<u>Services</u>	<u>Description</u>	<u>Currently Receiving</u>	<u>Apply for Services</u>	<u>Doesn't Apply to Me</u>
<b>School Fees (Grades: Pre-k – 12<sup>th</sup>)</b>	Assistance for eligible Native American students; Provides school operational support. (Ages: 3- 12 <sup>th</sup> grade).			
<b>School Supply (Grades Pre-k – 12<sup>th</sup>)</b>	Assistance for Eligible Native American students Pre-K through the 12 <sup>th</sup> grade in receiving fundamental supplies.			
<b>School Reimbursement</b>	Assistance for Eligible Native American students in school sponsored extra-curricular activities and/or graduation cost.			
<b>ACT Prep/Testing</b>	Assistance for Eligible Native American students needing support in ACT Prep/ACT Testing.			
<b>After School/Tutoring</b>	Assistance for eligible Native American Students needing improvement in academic success.			
<b>Summer Youth Work Experience (SYWEX) (Ages: 14- 24 years old)</b>	Assistance for eligible Native American students; Provides work experience and job readiness workshops during the month of June and school calendar year if applicable.			
<b>Child Care (Ages: 2months – 8years old)</b>	Assistance for Eligible Native American clients needing supportive services for children.			
<b>Child Care Subsidy (Ages: 2months – 8years old)</b>	Assistance for Eligible Native American clients needing monetary supportive services for children in child care.			
<b>Higher Education Scholarship</b>	Assistance/Funding for Enrolled Pawnee Nation Members attending an accredited university/college with enrollment in courses for full time higher education. <b>Have you previously received the HIED scholarship?</b> ___ Yes ___ No When? _____			
<b>Adult Education/ Classroom Training</b>	Assistance for Eligible Native American clients needing designated supportive services in career development, skill training/material, including services for GED material/testing. Including but not limited to Job retaining/Job upgrading.			
<b>Work Experience (WEX)</b>	Assistance for Eligible Native American clients needing supportive services including but not limited to; job experience, resume developing, job readiness workshops and/or job related support to achieve self-sustainability.			
<b>Other: _____</b>				

**I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY MISREPRESENTATION ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE TERMINATION. I ALLOW THE RELEASE OF INFORMATION FOR VERIFICATION PURPOSES ONLY. I UNDERSTAND THE COMPLETION AND SUBMISSION OF THIS APPLICATION AND REQUIRED DOCUMENTS DOES NOT CERTIFY ELIGIBILITY OF SERVICES IN TE-TU-KOO.**

\_\_\_\_\_  
**Applicant Signature**

(Parent Signature is required if participant is under age of 18years old)

\_\_\_\_\_  
**Date**

**Following Documents must be submitted with application in order to be complete:**

CDIB     Proof of Residency     Proof of Income

\*\*\* Any lack of the following documents will make the application incomplete and will not be reviewed. \*\*\*



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**Basic Barriers Assessment**

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Please Review the barriers below and check all that apply to you. In order to receive assistance, you must be honest. You and your counselor will work to determine a plan of action of how to properly assist you in overcoming barriers to successfully reach your goals. \*\***

**Basic Education**

- I do not have a High School Diploma, GED, or HSED.
- I have difficulty with reading or cannot read.
- I have a hard time understanding what I read.
- I have difficulty with math.
- I have or had a learning disability in school.
- I have trouble concentrating or staying focused.
- I have Dyslexia/Dysgraphia
- I have some/mostly/all special education classes.

**Level of Education Obtained**

- No formal Schooling
- Elementary Education (grades 1-8)
- Secondary Education, (grades 9-12)
- High School Gradation/Equivalency Certification (General Education Students)
- Post-Secondary Education, No Degree
- Other

**Personal, Financial, Home, and Family Life**

- I have concerns about or need help with basic needs. (Housing, Food, Clothing, ect.)
  - I currently do not have my own housing and am staying with someone.
  - I am interested in a workshop about housing and home owning.
  - I am having difficulty paying bills. (Behind on bills, lack money for bills.)
  - I currently have a poor credit score or issues with my credit score.
  - I am interested in financial literacy training and training for improving my credit score.
  - I have a hard time meeting deadlines. (Getting things done on time.)
  - I have a hard time keeping or remembering appointments.
  - I am frequently late for appointments or events.
  - I have a hard time managing time at home.
  - I have concerns/problems in relationships. (Partner, Family, Friends, Co-workers)
  - I am having difficulty with parenting and/or would like help with parenting skills.
  - I have recently lost a partner, friend or family member.
  - I am often afraid of my spouse, partner, or other family member.
  - I have concerns for my family members.
  - Other fears/concerns: \_\_\_\_\_
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**Legal Issues**

- I have felony convictions
- I have old criminal charges that are making it hard for me to get a job.
- I am currently on probation.
- I have concerns/questions regarding child support.
- Current Court Issues: \_\_\_\_\_
- Other concerns on any Legal Issues: \_\_\_\_\_

**Physical/Mental/Social/Emotional Health**

- I am currently being treated for the following physical health condition(s): \_\_\_\_\_
- I am currently being treated for the following mental health condition(s): \_\_\_\_\_
- I currently have issues with alcohol or have had issues with alcohol in my past.
- I currently have issues with drugs (legal or illegal) or have had issues with drugs in my past.
- I am currently working with a Drug/AODA counselor: Where? \_\_\_\_\_
- Last Appointment Date: \_\_\_\_\_
- I have concerns/needs with vision issues. (Self or Family Member)
- I have concerns/needs with dental issues. (Self or Family Member)
- I need assistance with medications.
- Someone in my family currently has issues with alcohol or has had issues with alcohol in their past.
- Someone in my family currently has issues with drugs (legal or illegal) or has had issues with drugs in their past.
- I have questions about counseling services. (For myself or family members)
- I am often sad or depressed.
- I have low self-esteem.
- I blame myself for my situations.
- I feel like a failure or that I failed my family.

**Transportation**

- I do not have a Driver's License.
- I do not have a Vehicle.
- I have a vehicle, but it does not work.
- I have little or no knowledge of Public Transportation.
- I live outside the city and there is no bus available.
- I need wheelchair accessible transportation.

**Child Care**

- I do not know where to get child care.
- I cannot afford child care.
- I have children with different schedules. (Need child care at different times)
- I need all day or overnight childcare.
- My child needs specialized care. Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Employment Experience**

- I have not worked before.
- I am an older worker.
- I worked, but have not held a job for 3 consecutive months within the last year.
- I have a poor work history.
- I have an inability to offer references to potential employers.
- I have only had a part time employment.
- I am currently employed but could lose my job.

**Employment Readiness**

- I have difficulty with organization and time management at work.
- I do not deal well with change. (Fear, Anxiety, and/or Frustration)
- I have trouble making decisions for the job.
- I lack problem solving skills when it comes to a job.
- I have long and/or short term memory issues.
- It takes me a long time to learn a new job/routine.
- I am always in fear of or worrying about getting fired.
- I am not sure about my interest or skills.
- I am not computer savvy.
- I currently do not have a resume and/or cover letter.
- I am interested in training for construction of a resume and/or cover letter or other jobs skills.

**Other areas of concern**

List any other concerns you may have that have not been listed above:

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Education and Training

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**Certificate of Income**

I, \_\_\_\_\_ certify that the amount of income that I have state as my income for the past month is true to the best of my knowledge. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

\_\_\_\_\_  
Amount of Income for the past month.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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**COLLATERAL STATEMENT OF UNEMPLOYMENT**

Please have two persons that are not related to you and do not live in your household to write a statement verifying that you are not working or receiving any income. They need to complete this form before you return it to the program.

1. Statement: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

2. Statement: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Date



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**Individual Education and Employment Plan, (IEEP)**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Case Manager and Title:** \_\_\_\_\_

**Education Level:** \_\_\_ **High School Diploma** \_\_\_ **GED** \_\_\_ **Post High School**  
\_\_\_ **Dropout** \_\_\_ **Attending College/Vo-Tech**

**Education and Employment Plan:** This is a plan constructed by both the client and counselor on how to achieve goals of gainful employment and self-sufficiency for the Client. Describe in detail the goals and plan of actions to achieving those goals. This Plan of action must have realistic and achievable steps in order to be successful.

**Educational or Employment Plan:** \_\_\_\_\_

**Client's Goals:**

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**Plan of Action:**

Goal/Activity/Action	Start Date	End Date	Who will do it?
1.			
2.			
3.			
4.			
5.			

**Steps for Achieving Goals:**

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**Client's Responsibilities:**

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**Education Division's Responsibilities:**

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**Case Manager's Notes and Referrals:**

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**Participant's agreement with Plan: I have read and received a copy of this plan. I clearly understand and agree with the Plan of Services as written. My signature below verifies that I actively took part in the constructing and planning process. I understand it is my responsibility to perform the action steps to obtain and maintain my education and/or employment. **( I understand it is my responsibility to carry out the Identified Action Steps.)****

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Director's Signature

\_\_\_\_\_  
Date