The Klamath Tribes
Direct Employment Assistance Program
Support Services Application

The Klamath Tribes encourages its members to be self-sufficient and to seek gainful employment, which will provide for them and their families. The Direct Employment Assistance (DEA) Program serves, as a resource to assist Tribal members who have a job skill[s], are unemployed or under-employed to obtain or retain permanent employment.

Attached you will find the Klamath Tribes Direct Employment Assistance application. The following check list will assist you with monitoring your application to completion. If you have any questions do not hesitate to call our offices. Your application will be reviewed when all required information is received.

<table>
<thead>
<tr>
<th>FORM</th>
<th>First Service</th>
<th>Second Service</th>
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<tr>
<td>DEA Application</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Verification Tribal Membership</td>
<td>X</td>
<td></td>
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<tr>
<td>Verification Employment Form</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Verification of Residency in Service Delivery Area</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Letter of Request</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Documentation for Required Tools, Uniforms, Footwear, etc.</td>
<td>X</td>
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If you have any questions in completing this application you should notify Coquise Wilson, Eligibility Worker, at extension 133, at the number below, or email coquise.wilson@klamathtribes.com.

The Klamath Tribes
Education & Employment Department
501 Chiloquin Blvd – PO Box 436
Chiloquin OR 97624

Telephone Number: (541) 783-2219
FAX Number: (541) 783-7802

The following is a list of factors that will be used to determine need of DEA Support Services

- An applicant’s prior work history
- Applicant interview to determine individual needs
- Fund availability for such service.
- If employment is part-time, full-time, permanent, seasonal, temporary, or training.
- If application is a repeat service.
Complete all areas of this application. Do not leave any areas unmarked. Failure to provide accurate and complete information requested in this application will delay services. If you have any questions please ask Education & Employment Department personnel for assistance.

You may FAX any or all of the application or other required information to (541) 783-7802.

1. **Personal Information Record**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security Number:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>City/Zip:</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Tribal Affiliation:</td>
<td>Tribal Enrollment Number:</td>
</tr>
<tr>
<td>Are you a Veteran? Yes [ ] No [ ] Branch:</td>
<td></td>
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<tr>
<td>Do you have any physical limitations that would interfere with your employment? YES [ ] No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

If you have limitations and are working with an agency what is the name and telephone number of your Vocational or Disability Counselor?

Name of Agency:

2. **Income Information**

| Are you: Married [ ] Divorced [ ] Single [ ] Other: |
| List names and ages of legal dependants: Any names listed in this portion will require proof of dependency. |

| Do you receive cash from: NAFA [ ] SNAP [ ] SSDI [ ] Disability Comp. [ ] Wages [ ] State TANF [ ] SSI [ ] Unemployment [ ] Veteran Benefit [ ] |
| Amount of Income: $ Week / Bi-weekly / Month Circle one. |

3. **Request**

Please check all that apply to you. You will be required to submit a letter that will tell us why the assistance is needed for you to be successful at your job. AND, if the request is a requirement of your job the employer should provide a list of required items attached to this application

| Work Clothing: Work Shoes Monetary Support |
| Work Coat/Jacket Car Repair Rent Deposit |
| Utility Deposit Tools Reimbursed Employee Costs |
| Other: Please list |

Have you received DEA services in the past two (2) years? Yes [ ] No [ ]
4. **Education & Training**

[ ] High School Diploma  [ ] General Equivalency Diploma  Year Completed: 
[ ] College / University  [ ] Vocational or Trade of School  Year Completed: 

Last year completed in school: 6  7  8  9  10  11  12  13  14  15  16 Grad School  Doctorate  Circle one

Certificate / License:  Mark all that apply. Indicate only those Certificates or Licenses that are current.

CDL
Driver License
CPR/First Aid
Certified NA / MA
Home Health Aid
Fire Fighter-Forest
Other:
Food Handler's Card/OLCC
Welder
Flagger
Union:

Skills:  Mark all that apply. Indicate only those skills that you have currently or add to the list.

Computer Program
Customer Service
Cashier
Construction
General Office
Hand Tools
Heavy Equipment
Manufacturing
Power Tools
Stocking/Inventory
Telephones
Other:

5. **Employment Record**

All information in this section must be accurate and complete. An assessment of your past employment record will assist in the determination of services for you. If any sections are left blank or incomplete this will cause a delay in delivery of services. List the most recent periods of employment first. If you have no or limited work history please talk with Department personnel prior to completing this application.

1.

**Employer Name:** ____________________________  **From**  ____________________________  **To**  ____________________________

**Address:** ____________________________  

**City/Zip:** ____________________________  **Job Title** ____________________________

**Telephone Number:** (___________) ____________________________  **Wage** ____________________________

**Reason for Leaving** ____________________________  **Rate:** ____________________________

**Job Description of Duties:** ____________________________
Privacy and Release of Information Statement

The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 88-230 (77Stat. 471, 25 U.S.C. 309). Disclosure of the requested information by the applicant is voluntary. The purpose of this information collection is to determine your eligibility for services. The routine use of this information is to evaluate your request and to assist you before and during employment. Parts or all of the information in this application may be shared with your potential employer or those Tribal Departments of which you are a client. The application will be used in a routine manner by those people involved in financial control who need budgeting information contained in this application.

I have read the above statement. I hereby state that all information within this application is true and accurate. I also authorize the use of such information to the extent of the uses specified in this statement.

__________________________________________  __________________________
Signature of Applicant                        Date
TRIBAL ENROLLMENT VERIFICATION FORM

Please verify the enrollment of the following student applying for one of the listed services indicated below.

_____ Adult Basic Education  _____ Adult Vocational Training  _____ Higher Education

_____ Johnson O'Malley  _____ Direct Employment Assistance

Submit copy of Klamath Tribes Identification Card, if available, with this form.

Name of Applicant ____________________________

Tribal Affiliation ____________________________

Date of Birth ____________________________ Roll Number If Known ____________________________

Applicant/Parent/Guardian Signature ____________________________ Date ____________

<<<<<<Tribal Office Use Only Below This Line>>>>>

The applicant indicated on this form ___ is / ___ is not an enrolled Klamath Tribes member. Their Klamath Tribes enrollment number is ________________.

Enrollment Officer Signature ____________________________ Date ____________
Verification of Employment

Education & Employment Department
PO Box 436
Chiloquin OR 97624

Telephone: (541) 783-2219
Fax: (541) 783-7802

Release of Information:

I hereby authorize my employer to release the following information which is required by the Direct Employment Assistance Program to determine my eligibility.

Employee / DEA Applicant Name ____________________________

_________________________________________  ______________________
DEA Applicant Signature                      Date

Note to the Employer:

The person you have hired has applied for assistance from the Klamath Tribes Direct Employment Assistance Program. The information you provide is necessary to determine eligibility of the applicant.

If the named applicant is required to have specific clothing, footwear, tools, or equipment to perform the actual duties of the job, please include that information below.

********************************************************************************

Employer Use Only:

| Employee Name: ____________________________ | Date of Hire: ________ |
| Job Title: ____________________________ | Date Work Begins: ________ |

Employment: [ ] Full-time [ ] Part-time [ ] On-Call

[ ] Permanent – This is a position with the potential of lasting more than a year.
[ ] Seasonal Length of Employment: __________________
[ ] Temporary Length of Employment: __________________

First Pay Day: ____________________________ Pay Check: Partial Full Final

Employer Company Name ____________________________ Employer Telephone Number ______

________________________________________
Authorized Signature of Employer & Title

Employer-required Work Items: ____________________________________________

DEA Application Amended 03/09/20