

**Cheyenne-Arapaho  
Employment Opportunity  
& Training Services**



**EOTS Department  
P.O. Box 38  
Concho, Oklahoma 73022  
(405) 262-0345 Ext. 27490  
1-800-247-4612  
Fax (405) 262-7669**

**DIRECT EMPLOYMENT ASSISTANCE (DEA)**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**HOME NUMBER** \_\_\_\_\_  
**MESSAGE NUMBER** \_\_\_\_\_

**SECTION A. FORMAL REQUEST  
(TO BE COMPLETED BY APPLICANT)**

I hereby apply for Direct Employment Assistance (DEA) service indicated above at the Cheyenne & Arapaho Tribes of Oklahoma and agree to cooperate with those officials designated to render this service. Financial assistance for this purpose (\_\_\_\_) is (\_\_\_\_) is not needed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

25 CODE OF FEDERAL REGULATIONS PART 26.5 SELECTION OF APPLICANT'S (e) No client is automatically entitled to repeat services. No more than two (2) funded repeat services for a client will be allowed.

**A CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) and PROOF OF RESIDENCE  
MUST BE INCLUDED WITH THIS APPLICATION FOR FINANCIAL CONSIDERATION.**

**25 CODE OF FEDERAL REGULATIONS PART 26. Applicants must be adult Indians residing within the Cheyenne-Arapaho Service Area.**

**SECTION B. RECOMMENDATION  
(TO BE COMPLETED BY AVT DIRECTOR)**

1. THE ABOVE NAMED APPLICANT IS ( ) ELIGIBLE ( ) INELIGIBLE FOR DIRECT EMPLOYMENT ASSISTANCE (DEA)
2. RECOMMEND:  
A) ( ) Assistance payment in the amount of \$ \_\_\_\_\_  
B) ( ) Denial Letter be forwarded.

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AVT Director's Signature

\_\_\_\_\_  
Date

**\*\*\*\*\*ATTENTION\*\*\*\*\***

**THE DEADLINE TO GET THIS APPLICATION IN FOR REVIEW IS EVERY FRIDAY BY 10 A.M. NO EXCEPTIONS WILL BE MADE, IF OUR OFFICE DOES NOT RECEIVE THIS APPLICATION BY THE DEADLINE, IT WILL NOT BE REVIEWED UNTIL THE FOLLOWING FRIDAY.**

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**EMPLOYMENT CONFIRMATION FORM**

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_

I hereby authorize my employer to release requested information in order to determine my eligibility for Direct Employment Assistance (DEA) services.

\_\_\_\_\_  
Applicants Signature Date

TO BE COMPLETED BY EMPLOYER <u>ONLY</u>	
NAME OF COMPANY:	_____
COMPANY ADDRESS:	_____
TELEPHONE NUMBER:	( _____ ) _____
APPLICANT'S JOB TITLE	_____
BEGINNING WAGE:	_____
BEGINNING DATE:	_____
FIRST PAYDAY:	_____
FIRST FULL PAYDAY:	_____
THIS JOB IS ANTICIPATED TO BE:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER _____
PRINT: AUTHORIZED EMPLOYER'S NAME & TITLE	_____
AUTHORIZED EMPLOYER'S SIGNATURE	_____
	DATE

**EMPLOYMENT VERIFICATION  
(TO BE COMPLETED BY DEA STAFF)**

Employment verified on \_\_\_\_\_ by speaking to \_\_\_\_\_ (name & title) on the phone, who verified that employment ( ) is ( ) is not full-time and ( ) is not of a permanent nature. Therefore, employment ( ) has ( ) has not been verified to be at least or near 40 hrs a week (full-time) and to extend at least one year in duration (permanent). \_\_\_\_\_DEA Staff Initials

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**CHEYENNE-ARAPAHO TRIBES' DIRECT EMPLOYMENT ASSISTANCE  
PROGRAM PARTICIPANT AGREEMENT**

I, \_\_\_\_\_ as a participant of the Cheyenne-Arapaho Tribes' Direct Employment Assistance Program understand the terms and financial assistance that I will receive for gaining new employment. As a conditional agreement, currently, I understand that I have been approved for the service; however, for the near future if I reapply or return seeking Direct Employment Assistance as a repeat service, I will not be eligible. The only exception to this agreement for future financial assistance is that I will participate according to the eligibility requirements and complete a vocational certification under the sponsorship of the Cheyenne-Arapaho Job Placement and Training Program formerly known as the Adult Vocational Training Program. Also, after graduation, it is understood that I will need to accept and gain employment in the area that I have been trained or received official technical certification.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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**BY THE DEADLINE, IT WILL NOT BE REVIEWED UNTIL THE FOLLOWING FRIDAY.**