



**EMPLOYMENT OPPORTUNITIES & TRAINING SERVICES
UNMET NEEDS APPLICATION**

DATE _____ (APPLICATION RECEIVED BY CLIENT)

NAME _____ SOCIAL SECURITY# _____

ADDRESS: _____

CITY: _____ STATE _____

TELEPHONE NUMBER (_____) _____

CHEYENNE – OR – ARAPAHO TRIBAL MEMBER YES _____ NO _____
TRIBAL DOCUMENTS ARE REQUIRED TO PARTICIPATE IN THE PROGRAM.

TRIBAL DOCUMENT FURNISHED: _____

TO BE COMPLETED BY EMPLOYER ONLY; IF IN SCHOOL APPLICANT FILL IN

EMPLOYER OR SCHOOL NAME (CURRENT LETTER OF ADMISSION NEEDED):

ADDRESS: _____

EMPLOYER OR SCHOOL TELEPHONE NUMBER: _____

DATE EMPLOYED: _____ PERMANENT: _____ TEMP: _____

JOB TITLE: _____ BEGINNING PAY: _____

IF TEMPORARY WHAT ARE THE HIRING CONDITIONS: _____

HOURS OF WORK OR CLASSES PER WEEK _____

PRINT NAME W/TITLE: _____

SIGNATURE: _____ DATE: _____

I AM REQUESTING ASSISTANCE FOR THE FOLLOWING:

WORK/SCHOOL CLOTHING: _____ COST: _____

WORK/SCHOOL SHOES: _____ COST: _____

REQUIRED EQUIPMENT: _____ COST: _____

TRAINING SCHOOL COSTS (FEES/TESTING FEES): _____ COST: _____

TRAINING SCHOOL EQUIP.(EX:BOOKS): _____ COST: _____

OTHER: _____

_____ COST: _____

ELIGIBILITY WILL BE BASED ON INDIVIDUAL NEED AND MUST BE REQUIRED BY THE EMPLOYER, WE WILL CALL YOUR EMPLOYER OR SCHOOL TO VERIFY THE NEED. I HEREBY GIVE THE EOTS STAFF PERMISSION TO CONTACT THE ABOVE LISTED EMPLOYER/SCHOOL FOR THE UNMET NEEDS PROGRAM.

APPLICANT SIGNATURE _____ DATE SUBMITTED: _____

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EOTS STAFF VERIFICATION OF NEED: CONTACT _____ DATE: _____ INITIALS _____

EOTS INFORMATION: AVT/DE _____ NEW _____ GRAP _____

UNMET NEEDS APPROVED _____ AMOUNT _____

DENIED _____ REASON: _____

EOTS STAFF SIGNATURE: _____

*You may contact the EOTS Staff at (405) 262-0345 Ext. 27496 or 1-877-499-6060, if you have any questions.
FAX # (405) 262-7669*

*****ATTENTION:*****

DEADLINE IS EVERY FRIDAY BY 10 A.M. NO EXCEPTIONS WILL BE MADE
IF NOT RECEIVED BY 10A.M., IT WILL NOT BE REVIEWED UNTIL THE FOLLOWING FRIDAY