

Requested Services: DEA/SUPPORTIVE SERVICES

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Hello,

Below is a list of documents needed to complete your DREAMS application.

The application will remain **INCOMPLETE** until all documents are received.

- Complete Intake Application
- Privacy Statement form
- Date of Hire Employment Verification Form
- Survey of Needs, if needed (not required)
- Assessment
- W-9
- Proof of Residence (Utility Bill, Bank Statement, Lease Agreement, etc.)
- Proof of Income (Paystubs, Benefits Letter, SNAP/TANF/SSI, Unemployment, etc.)
- Driver's License/State ID/Social Security Card/CDIB/Birth Certificate/Passport
- High School Diploma/Transcript/GED Certificate
- Selective Service (males only 18yrs or older)

ALL documents need to be returned to DREAMS office at your earliest convenience. If you have any questions, please do not hesitate to contact me at any time. I can be reached at (405) 422-7662 or emailed at

[dreamsgroup@cheyenneandrapaho-nsn.gov](mailto:dreamsgroup@cheyenneandrapaho-nsn.gov)

Thank you,  
Cheyenne and Arapaho DREAMS Program



Developing Responsible Employees Aptitude and Marketing Success



# DEPARTMENT OF LABOR

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 [dreamsgroup@cheyenneandrapaho-nsn.gov](mailto:dreamsgroup@cheyenneandrapaho-nsn.gov) but please **mail original copy** to: DREAMS Program, P.O. Box 67, Concho, OK 73022.

## Staff Use ONLY

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Staff Initials \_\_\_\_\_

## Central Intake/Referral Form

1. LAST NAME		FIRST NAME		MIDDLE INITIAL		MAIDEN NAME/OTHER NAME		SUFFIX	
2. MAILING ADDRESS		CITY		STATE		ZIP CODE		COUNTY	
3. PHYSICAL ADDRESS		CITY		STATE		ZIP CODE		COUNTY	
4. EMAIL ADDRESS						5. CELL PHONE ( )		6. DATE OF BIRTH	
7. SOCIAL SECURITY NUMBER				8. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Married				9. EDUCATIONAL STATUS <input type="checkbox"/> Student <input type="checkbox"/> HS Dropout LAST GRADE COMPLETED: (ex. 9 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup> ) <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Post High School <input type="checkbox"/> College Graduate	
10. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		11. CULTURAL IDENTIFICATION CDIB ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian Island or other Pacific Islander <input type="checkbox"/> Non-Native Tribal Affiliation:							
12. HOUSING <input type="checkbox"/> Own <input type="checkbox"/> Free Housing <input type="checkbox"/> Rent <input type="checkbox"/> Homeless		13. C&A HOUSING AUTHORITY RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. TRANSPORTATION Driver's License No. <input type="checkbox"/> Yes DL# _____ <input type="checkbox"/> No Dependable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Transportation:					
15. PUBLIC ASSISTANCE <input type="checkbox"/> SNAP/Commodities <input type="checkbox"/> TANF <input type="checkbox"/> HOPE/Elder Care <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> SSDI <input type="checkbox"/> Other:		16. 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:		17. TRAINING NEEDS/INTEREST <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			18. EMPLOYMENT NEEDS/INTEREST <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		
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		20. SELECTIVE SERVICE <input type="checkbox"/> Registered # _____ <input type="checkbox"/> Not Registered <input type="checkbox"/> Exempt <input type="checkbox"/> Not Applicable		21. CHILD CARE <input type="checkbox"/> Not Applicable <input type="checkbox"/> Number of Children Under Age 24: _____ <input type="checkbox"/> Currently Have Child Care Services <input type="checkbox"/> Do not have Child Care Services/Need Services			22. TYPE OF CURRENT CHILD CARE <input type="checkbox"/> Center <input type="checkbox"/> Provider Home <input type="checkbox"/> In Home <input type="checkbox"/> Relative		
23. EMPLOYMENT STATUS <input type="checkbox"/> Currently Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Layoff/RIF <input type="checkbox"/> RIF <input type="checkbox"/> Unemployed Benefits Rec'd: Y N <input type="checkbox"/> Long-Term Unemployed (15 of past 26 months)		24. 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 9th 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"/> Limited Work History <input type="checkbox"/> Single Head of Household w/dependent under age 18 – Number of Dependents Under Age 18 _____				25. DO YOU HAVE ANY OTHER BARRIERS TO EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
26. WORK EXPERIENCE (list most recent employment first)									
Employer 1									
Company Name				Address			City, State, Zip Code		
Job Title				Date Started			Date Ended		
Hourly Wage		Reason for Leaving				Job Duties			





### Central Intake/Referral Form (continued)

#### 26. WORK EXPERIENCE (continued)

##### Employer 2

Company Name		Address		City, State, Zip Code	
Job Title		Date Started		Date Ended	
Hourly Wage	Reason for Leaving			Job Duties	

##### Employer 3

Company Name		Address		City, State, Zip Code	
Job Title		Date Started		Date Ended	
Hourly Wage	Reason for Leaving			Job Duties	

#### 27. EDUCATION EXPERIENCE

High School Name		Address		City, State, Zip Code	
Other High Schools Attended				Graduation Year	
Year GED Completed		In what Year did you last attend High School?			High School Name
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	

#### 28. CERTIFICATION

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			

#### OFFICE USE ONLY

##### FOR REFERRALS

<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Re-entry Services	<input type="checkbox"/> Food Distribution
<input type="checkbox"/> Family Assistance / Social Services	<input type="checkbox"/> Health Services: Tribal IHS	<input type="checkbox"/> State Partners: _____
<input type="checkbox"/> Education Services _____	<input type="checkbox"/> Housing Authority	

Intake reviewed by (Staff Name):	Intake Date:
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**DREAMS PROGRAM**  
**DEPARTMENT OF LABOR**  
Anne Pedro, Director  
1-800-247-7612  
ext. 27662

## STATEMENT OF PRIVACY

Please complete and send to the DREAMS Program by e-mail: [dreamsgroup@cheyenneandarapaho-nsn.gov](mailto:dreamsgroup@cheyenneandarapaho-nsn.gov)  
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

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In accordance to the Privacy Act of 1974 (Title 5 U.S.C. 552a) the Cheyenne and Arapaho Tribes DREAMS program operates under the general authority of 25 U.S.C. 450 et seq., with specific regulations contained in 25 CFR, Part 46. In accordance with the accountability required for the administration of funds appropriated for the program, and in order to provide services to recipients, and to declare eligibility, certain information is required of all applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

I, the applicant, understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office.

And specifically, the release of information is regarding educational history, grades/transcripts, attendance, and certification test results, to the Cheyenne and Arapaho Tribes DREAMS Program. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility of the DREAMS program.

I have read and understand the statement of privacy listed with the application form. I hereby provide the requested information and authorize the use of such information to the uses specified in the statement. I, also, understand that I must furnish a certificate of completion, or vocational transcript, GED Test scores, for compliance before receiving future assistance from the Cheyenne and Arapaho Tribes DREAMS program.

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***Signature of Applicant***

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**Witness**

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**Print or Type Name**





**EMPLOYMENT VERIFICATION FORM**  
**DIRECT EMPLOYMENT ASSISTANCE/SUPPORTIVE SERVICES**  
**DATE OF HIRE**

Please complete and send to the DREAMS Program by e-mail: [dreamsgroup@cheyenneandrapaho-nsn.gov](mailto:dreamsgroup@cheyenneandrapaho-nsn.gov)

OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

**TO BE COMPLETED BY EMPLOYEE/APPLICANT**

Direct Employment Assistance is designed to assist before the first paycheck. Supportive Services is designed to assist with uniforms, footwear, and personal protective wear required for employment.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CDIB#: \_\_\_\_\_ SSN#: \_\_\_\_\_

I hereby authorize my employer to release requested information in order to determine my eligibility for the Cheyenne and Arapaho Tribes DREAMS Program services.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE EMPLOYER OF THE EMPLOYEE/APPLICANT**

Employment services is designed to assist the participant in overcoming barriers to employment.

EMPLOYER/COMPANYNAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

SUPERVISOR CONTACT NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_

EMPLOYEE JOB TITLE: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ 1<sup>ST</sup> PAYCHECK DATE: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_ HRS PER WEEK: \_\_\_\_\_

EMPLOYEE STATUS: ☐ FULL-TIME **OR** ☐ PART-TIME **AND** ☐ PERMANENT **OR** ☐ CONTRACT/TEMP

WORKSCHEDULE: If the employee schedule varies, please provide an example.

	SUN	MON	TUES	WED	THUR	FRI	SAT
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

\_\_\_\_\_  
EMPLOYER/SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

Date Verified: \_\_\_\_\_ Time Verified: \_\_\_\_\_ ☐ FULL-TIME ☐ PART-TIME ☐ PERMANENT ☐ CONTRACT

Verified with Employer Name/Title: \_\_\_\_\_

DREAMS Staff Signature: \_\_\_\_\_

☐ APPROVED / ☐ DENIED by \_\_\_\_\_ Date: \_\_\_\_\_

Fund: \_\_\_\_\_ Amount: \_\_\_\_\_ Service Manager / Director

Notes: \_\_\_\_\_

**Department  
of  
Labor**

P.O. Box 67, Concho, OK 73022



DREAMS Program  
Anne Pedro, Director  
1.800.247.4612. Ext 27662  
Office (405) 422-7662  
Fax# 405-422-8243  
[dreamsgroup@cheyenneandapaho-nsn.gov](mailto:dreamsgroup@cheyenneandapaho-nsn.gov)

## NO INCOME STATEMENT

Please complete and send to the DREAMS Program by e-mail: [dreamsgroup@cheyenneandapaho-nsn.gov](mailto:dreamsgroup@cheyenneandapaho-nsn.gov)  
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, \_\_\_\_\_, currently do not receive any monetary income because:

Please check all that apply:

- ☐ Last employment within the last six (6) months was at \$ \_\_\_\_\_/hr.
- ☐ I have NOT had employment in the last six (6) months.
- ☐ Layoff/Reduction of Force
- ☐ Termination/Resignation
- ☐ Dislocated worker
- ☐ Homemaker
- ☐ Illness/Caring for a sick family member
- ☐ Furthering Education
- ☐ Other: \_\_\_\_\_

Please check all that apply:

- ☐ I receive SNAP benefits.
- ☐ I receive TANF benefits.
- ☐ I receive WIC benefits.
- ☐ I receive Unemployment.
- ☐ I receive NO benefits.
- ☐ Other: \_\_\_\_\_

I hereby certify that the above statement/information is true.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### MUST BE NOTARIZED

- ☐ Tribal I.D. Card Roll# 2801A \_\_\_\_\_
- ☐ Other I.D. \_\_\_\_\_ Type: \_\_\_\_\_ expires \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My commission expires on: \_\_\_\_\_

**Department  
of  
Labor**

P.O. Box 67, Concho, OK 73022



DREAMS Program  
Anne Pedro, Director  
1.800.247.4612. Ext 27662  
Office (405) 422-7662  
Fax# 405-422-8243  
[dreamsgroup@cheyenneandarapaho-nsn.gov](mailto:dreamsgroup@cheyenneandarapaho-nsn.gov)

## Residence Verification

Please complete and send to the DREAMS Program by e-mail: [dreamsgroup@cheyenneandarapaho-nsn.gov](mailto:dreamsgroup@cheyenneandarapaho-nsn.gov)  
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

Please provide why the proof of residency document is NOT under your name and explain your living arrangements.

I, \_\_\_\_\_, currently do not have a proof of residency document under my name because:

Please check all that apply:

- ☐ I do NOT have a utility bill in my name.
- ☐ I do NOT have a bank statement.
- ☐ I do NOT have a house/apartment lease agreement in my name.
- ☐ Homeless, Live with family member/friend
- ☐ Other: \_\_\_\_\_

Name of person the proof of residency document is under:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Their Phone#: ( ) \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

*I hereby certify that the above statement/information is true.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### MUST BE NOTARIZED

- ☐ Tribal I.D. Card Roll# 2801A \_\_\_\_\_
- ☐ Other I.D. \_\_\_\_\_ Type: \_\_\_\_\_ expires \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My commission expires on: \_\_\_\_\_

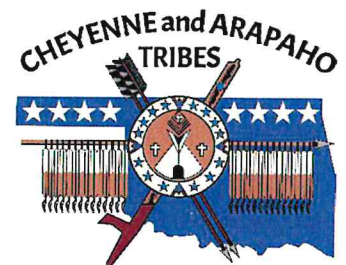




Developing Responsible Employees Aptitude and Marketing Success

# YOURSELF ASSESSMENT

Identify Your Career Your Journey





## Basic Assessment

Assessment date: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

This assessment is a crucial tool to assist the Counselor on which Case Manager will be assigned. Once per year, an assessment will be re-visited to ensure you are on the correct career pathway or re-assessment could be warranted. All assessments will expire after one calendar year from evaluation.

CLIENT INFORMATION			
Last name:	First name:	MI:	Other Last name:
Contact No:		What is the best way to notify you of upcoming events?	
Alternate number:		<input type="checkbox"/> Phone call <input type="checkbox"/> Text	
Email:		<input type="checkbox"/> Mail <input type="checkbox"/> Email	

**What reasons motivate you? Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Complete GED                           | <input type="checkbox"/> Military entrance             |
| <input type="checkbox"/> Enroll in vocational program           | <input type="checkbox"/> Military career               |
| <input type="checkbox"/> Enroll in two-year college             | <input type="checkbox"/> Early release                 |
| <input type="checkbox"/> Enroll in four-year college/university | <input type="checkbox"/> Public assistance requirement |
| <input type="checkbox"/> Skills certification                   | <input type="checkbox"/> Role model for family         |
| <input type="checkbox"/> Job training                           | <input type="checkbox"/> Personal satisfaction         |
| <input type="checkbox"/> Get first job                          | <input type="checkbox"/> Other (Describe): _____       |
| <input type="checkbox"/> Keep current job                       |  |
| <input type="checkbox"/> Employment requirement                 |  |

We are here to help with the next steps on your career journey towards professional development. Let's begin with your career pathway. We will help discover new opportunities you could explore once you find a field that fascinates you.

In order to make an informed decision, it is important to assess yourself. Self-assessment allows you to develop your knowledge about yourself. This self-awareness will be a crucial tool as you research career fields and market yourself for new opportunities.

Like any other process, self-assessment requires practice. Therefore, block out time to answer the questions for each assessment. The assessment will include an interest, work values, and skills assessment. The assessment will be completed online at [www.careeronestop.org/ExploreCareers/Assessments/what-is-assessment.aspx](http://www.careeronestop.org/ExploreCareers/Assessments/what-is-assessment.aspx).

## INTEREST ASSESSMENT

The Interest Assessment is a quick 30-question assessment that identifies your interests and matches them to careers. You may take this with a counselor or on your own at <https://www.careeronestop.org/Toolkit/Careers/interest-assessment.aspx>.

Based on your Career One Stop Interest assessment you tested the strongest in:

1.	
2.	
3.	

### Personality Traits: How Would You Describe Yourself?

Circle the personality traits that best describe you. Add any traits that you wish.

- Abstract thinker
- Adaptable
- Analytical
- Assertive
- Big picture thinker
- Concrete thinker
- Confident
- Creative
- Dependable
- Detail-oriented
- Diplomatic
- Efficient
- Empathetic
- Energetic
- Enthusiastic
- Fast learner
- Goes with the flow
- Good listener
- Independent
- Intuitive
- Likes to listen and reflect
- Likes time alone
- Logical
- Multi-tasker
- Open-minded
- Organized
- Patient
- People-person
- Perceptive
- Persistent
- Practical
- Proactive
- Reflective
- Resourceful
- Responsible
- Results-oriented
- Risk-taker
- Self-motivated
- Self-starter
- Talker
- Team Player
- Thorough

## WORK VALUES ASSESSMENT

The [Skills Matcher](https://www.careeronestop.org/toolkit/Skills/skills-matcher.aspx) identifies your skills and matches them to careers that use those skills. You may take this with a counselor or on your own at

<https://www.careeronestop.org/toolkit/Skills/skills-matcher.aspx>

Based on your Career One Stop Work Values Matcher assessment your 6 universal work values:

1.	
2.	
3.	
4.	
5.	
6.	

### Values: What Matters to You?

Circle the work values that you find most important. Add any values that you wish.

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Achievement</li> <li>• Accountability</li> <li>• Advancement</li> <li>• Adventure</li> <li>• Autonomy</li> <li>• Community</li> <li>• Competence</li> <li>• Competition</li> <li>• Cooperation</li> <li>• Creativity</li> <li>• Decisiveness</li> <li>• Effectiveness</li> <li>• Efficiency</li> <li>• Ethics</li> <li>• Excellence</li> <li>• Excitement</li> <li>• Fame</li> <li>• Fast pace</li> <li>• Financial Gain</li> <li>• Flexibility</li> <li>• Friendships</li> <li>• Growth</li> <li>• Having a family</li> <li>• Helping people</li> <li>• Helping society</li> </ul> | <ul style="list-style-type: none"> <li>• Influencing others</li> <li>• Inner harmony</li> <li>• Integrity</li> <li>• Intellectual status</li> <li>• Involvement</li> <li>• Job tranquility</li> <li>• Knowledge</li> <li>• Leadership</li> <li>• Location</li> <li>• Loyalty</li> <li>• Meaningful work</li> <li>• Merit</li> <li>• Money</li> <li>• Order</li> <li>• Personal Development</li> <li>• Physical challenge</li> <li>• Pleasure</li> <li>• Power</li> <li>• Privacy</li> <li>• Problem Solving</li> <li>• Promotion</li> <li>• Public service</li> <li>• Purity</li> <li>• Quality</li> </ul> | <ul style="list-style-type: none"> <li>• Religion</li> <li>• Reputation</li> <li>• Responsibility</li> <li>• Routine</li> <li>• Security</li> <li>• Self-respect</li> <li>• Serenity</li> <li>• Sophistication</li> <li>• Stability</li> <li>• Status</li> <li>• Structure</li> <li>• Supervising others</li> <li>• Support</li> <li>• Teamwork</li> <li>• Time freedom</li> <li>• Truth</li> <li>• Wealth</li> <li>• Wisdom</li> <li>• Working under pressure</li> <li>• Working alone</li> <li>• Working with others</li> <li>• Working one-on-one</li> <li>• Working with groups of people</li> </ul> |
|--|--|--|

## SKILLS ASSESSMENT

The [Work Values Matcher](https://www.careeronestop.org/Toolkit/Careers/work-values-matcher.aspx) is a card sort that helps you identify the qualities that are most important to you in a career and the place you work

You may take this with a counselor or on your own at

<https://www.careeronestop.org/Toolkit/Careers/work-values-matcher.aspx>.

Based on your Career One Stop Skills Matcher assessment list the top three career interests and the level of education usually needed to enter the career:

#	Career Interests	Education Level
1.		
2.		
3.		

### Skills: What Do You Do Well?

Circle all of the skills that you know how to use.

- Collaborate
- Listen
- Coordinate
- Analyze
- Brainstorm
- Body coordination
- Advocate
- Persuade
- Build a team
- Categorize/classify
- Conceptualize
- Build/construct
- Counsel
- Consult
- Envision
- Budget
- Author/compose
- Inspect/test
- Demonstrate social/cultural sensitivity
- Speak/interact
- Implement
- Research
- Evaluate
- Demonstrate foresight
- Hand dexterity
- Provide care and support
- Promote
- Coach
- Design
- Restore/renovate
- Facilitate groups
- Interview
- Lead
- Compute
- Create images
- Install
- Resolve conflict
- Write
- Manage projects
- Solve problems
- Use intuition
- Observe
- Sell
- Set goals
- Manage data or records
- Synthesize/integrate
- Sketch/draw
- Serve as a liaison
- Speak to groups
- Operate equipment
- Train/instruct
- Negotiate
- Organize/plan
- Estimate
- Visualize
- Repair
- Serve clients and customers
- Make decisions
- Forecast
- Perform

Self-assessment is not a one-time event. It is an ongoing process that will last a lifetime. As you gain new experiences, be mindful of taking time to reassess yourself before moving onto other opportunities. As time goes on, you will find that self-assessment will guide you in making more focused and intentional decisions.

**Based on your interests, work values, and skills our staff will work with you on your next step towards your career pathway.**



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**Department  
of  
Labor**

P.O. Box 67, Concho, OK 73022



DREAMS Program  
Anne Pedro, Director  
1.800.247.4612. Ext 27662  
Office (405) 422-7662  
Fax# 405-422-8243  
[dreamsgroup@cheyenneandrapaho-nsn.gov](mailto:dreamsgroup@cheyenneandrapaho-nsn.gov)

## SURVEY OF NEEDS

### Supportive Services for Employment

Please complete and send to the DREAMS Program by e-mail: [dreamsgroup@cheyenneandrapaho-nsn.gov](mailto:dreamsgroup@cheyenneandrapaho-nsn.gov)  
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

The Supportive Service application process takes time to verify pertinent information, please allow five (5) to ten (10) business days for eligibility to be determined. Assistance is provided after program eligibility is determined. As each applicant need is different, service will be approved on priority items that relate to retaining employment. Your understanding and cooperation is appreciated.

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ CDIB# \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET / P.O. BOX / RR CITY STATE ZIP

The following items are required for the job or to retention employment:

- ☐ Uniform: (example: shirt, pants, scrubs, overalls,) \_\_\_\_\_
- ☐ Footwear: (examples: dress shoes, steel toe boots) \_\_\_\_\_
- ☐ Other: (examples: tools, equipment, eye wear, glasses) \_\_\_\_\_

#### ACKNOWLEDGEMENT STATEMENT:

I, \_\_\_\_\_, understand that the goal of the DREAMS Program Supportive Services Survey of Needs is to increase job acquisition and retention. I further understand that once I receive assistance, I will not be eligible for DREAMS Supportive Services from one year from date of this application approval.

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

\_\_\_\_\_  
Date

#### EMPLOYER VERIFICATION

Supervisor Name/Title: \_\_\_\_\_

Cell/Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYEE STATUS: ☐ FULL-TIME **OR** ☐ PART-TIME **AND** ☐ PERMANENT **OR** ☐ CONTRACT/TEMP  
Hire Date: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ HRS Per Week: \_\_\_\_\_

Work Schedule: ☐ SUN \_\_\_\_\_ ☐ MON \_\_\_\_\_ ☐ TUE \_\_\_\_\_ ☐ WED \_\_\_\_\_ ☐ THU \_\_\_\_\_ ☐ FRI \_\_\_\_\_ ☐ SAT \_\_\_\_\_

**I hereby certify that, to the best of my knowledge, the provided information is true and accurate.**

\_\_\_\_\_  
EMPLOYER/SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

#### OFFICE USE ONLY

Date Verified: \_\_\_\_\_ Time Verified: \_\_\_\_\_ ☐ FULL-TIME ☐ PART-TIME ☐ PERMANENT ☐ CONTRACT

Verified with Employer Name/Title: \_\_\_\_\_

DREAMS Staff Signature: \_\_\_\_\_

☐ APPROVED / ☐ DENIED by \_\_\_\_\_ Date: \_\_\_\_\_

Fund: \_\_\_\_\_ Amount: \_\_\_\_\_ Service Manager / Director

Notes: \_\_\_\_\_