



The Supplemental Youth Services Program (SYSP) (also known as YEP) provides eligible clients, ages 16 to 24 years old, with an opportunity to receive employability training services. Participants are placed at worksites for an 8-week period (up to 40 hours per week) and receive a pay rate of \$10.00 to \$12.00 per hour. An extension may be granted should the worksite request additional employment services and funding is still available. Only one service can be provided per 6 months. Participants who apply for the program must provide a recent grade report showing they are passing classes to be deemed eligible for the program. If a student is failing, they will be redirected to our CRT Program for tutoring or summer school. There will be an incentive award of \$10/hr. for seat time in tutoring sessions/summer school. **Participants must pass urine analysis drug screening.**

### **Incomplete applications not accepted nor held.**

**\*All YEP applications processed on a first come, first serve basis\***

#### **Supporting Documentation Required:**

- ❖ Picture Identification (School Photo ID/OK DL/ State ID/Birth Certificate, Tribal Identification Card)
- ❖ Tribal Enrollment (Certified of Degree of Indian Blood Card or Tribal Census Letter)
- ❖ Social Security Card (Required for payroll processing; tribal letters with SS on it do not count)
- ❖ Proof of Income (for ALL household family members working. Must meet income guidelines)
- ❖ Proof of Residency (personal mail, utility bill, rent receipt, etc. Must reside in Cotton or Comanche County)
- ❖ Proof of Public Assistance (TANF, Food Stamps, etc.), if applicable
- ❖ Report Card (Applicants are required to be enrolled in school; only one copy; Official transcripts for college students)
- ❖ Direct Deposit Information
- ❖ Resumé (if applicable)



**Questions or Concerns? Please contact us:**

OFFICE PHONE: 580-492-3257

OFFICE EMAIL: [yep@comanchenation.com](mailto:yep@comanchenation.com)

Revised: 3/6/2025



Comanche Nation Workforce  
 Mailing: P.O. Box 908/Physical: 584 NW Bingo Rd  
 LAWTON, OK 73502 LAWTON, OK 73507  
 Office: (580) 360-0681

**APPLICATIONS MUST BE COMPLETED  
 & Returned BY April 20<sup>th</sup>, 2026.**

**1 DATE & TIME OF INTAKE**  
**For Office Use Only**

**WORKFORCE**  
WORKING TOGETHER AND GROWING OUR FUTURE TOGETHER

**YEP INTAKE RECORD** REV 2/22/2024

**NO EXCEPTIONS!**

<b>2</b> SOCIAL SECURITY NO. _____ GENDER (Circle One) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>3</b> BIRTHDAY _____ <b>4</b> AGE _____		<b>5</b> LAST NAME _____ <b>6</b> FIRST _____ <b>7</b> MIDDLE _____ <b>8</b> TELEPHONE NO. _____	
<b>8</b> MARITAL STATUS (circle one) 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Common law		<b>9</b> EDUCATIONAL STATUS (circle one) 1. In School, H.S. or less 2. In-School, Post H.S. 3. Not attending school, H.S. Graduate 4. Not attending school, H.S. Dropout 5. College Student 6. Home School		<b>10</b> SCHOOL ATTENDANCE (circle one) 1. Full-Time 2. Part-Time 3. Not Attending school	
<b>11</b> TYPE OF SCHOOL (circle one) 1. Public Middle School 2. Public High School 3. Trade/Tech./Voc. 4. Jr/Community College 5. Four Year University 6. Not Applicable		<b>12</b> Last Grade Completed _____		<b>13</b> PRESENT EMPLOYMENT STATUS (CIRCLE ONE) 1. Employed A. Full-Time B. Part-Time C. Underemployed D. In need of services to be Self-Sufficient 2. Employed but received termination of employment or military separation 3. Not Employed, was employment sought within the last 28 days? [ No ] [ Yes ] <b>LAST DAY WORKED</b> _____	
<b>14</b> STREET ADDRESS (Residence) _____ CITY _____ STATE _____ ZIP CODE _____		<b>15</b> U.S. CITIZENSHIP (circle one) 1. Citizen 2. Eligible Non-Citizen 3. Non-Eligible Non-citizen		<b>16</b> CULTURAL IDENTIFICATION (circle one) 1. American Indian 2. Alaskan Native 3. Native Hawaiian	
<b>17</b> TRIBAL MEMBERSHIP (circle one) 1. Yes-Tribal Affiliation: _____ Tribal Enrollment #: _____ 2. No 3. Not Known		<b>18</b> VETERAN PREFERENCE (circle one) 1. Less than or equal to 180 days 2. Eligible Veteran 3. Other Eligible Person 4. Not a Veteran		<b>19</b> SELECTIVE SERVICE REGISTRATION (circle one) 1. Yes 2. No 3. Not Required to Register (Under 18 or Female)	
<b>20</b> PUBLIC ASSISTANCE (circle ALL that apply) 1. GA/BIA 2. TANF 3. SSI/SSA/SSDI 4. Food Stamps 5. Foster Child Payments 6. TWEP 7. Food Commodities 8. Veteran Benefits 9. None		<b>21</b> APPLICANT SHIRT SIZE (circle one) 1. S 2. M 3. L 4. XL 5. 2XL 6. 3XL 7. 4XL		<b>22</b> BARRIERS TO EMPLOYMENT (circle all that apply) 9. Homeless 10. School Drop-Out 11. Runaway 12. Welfare Recipient 13. Learning Disability 14. Not Applicable 1. Basic Skills Deficient 2. Current or Foster Care 3. Unemployed 6+ Mo. 4. Offender/Criminal Justice 5. Substance Abuse 6. Pregnant/Parenting Teen 7. Other Significant Barrier to Employment 8. Individual with Disability	
<b>23</b> EMPLOYMENT HISTORY (Last 6 Months or Over – Current/Last Job First) (Enter the employer's name, address, zip code and telephone number) FROM _____ TO _____ Mo/Day/Yr. Mo/Day/Yr.		HOURLY WAGE _____ WEEK _____ REASON FOR LEAVING _____		<b>24</b> DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? IF SO, PLEASE INDICATE: No Family Members Employed: _____ NAME: _____ RELATIONSHIP: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse NAME: _____ RELATIONSHIP: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse	
<b>25</b> PROGRAM PARTICIPATION (please check): <input type="checkbox"/> New Applicant <input type="checkbox"/> Returning Applicant If returning applicant, what service was provided and what year did you apply? <input type="checkbox"/> WE <input type="checkbox"/> CRT <input type="checkbox"/> SS <input type="checkbox"/> EE <input type="checkbox"/> SYEP <input type="checkbox"/> OJT Year: _____ Are you fully vaccinated against COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse to Vaccinate <i>If "Yes", please provide a copy of vaccination card.</i>					

26 FAMILY MEMBERS – List the name(s) of all the applicant's family member(s) LIVING in the home and their relationship.		27 FAMILY INCOME: LIST THE FAMILY WITH INCOME		28		Poverty Guidelines	
NAME	RELATIONSHIP	RELATIONSHIP	INCOME SOURCE	INCOME LAST 6 MONTHS	Family Size	Family Size	Family Size
1.	SELF			\$	1		\$15,060
2.				\$	2		\$20,440
3.				\$	3		\$25,820
4.				\$	4		\$31,200
5.				\$	5		\$36,580
6.				\$	6		\$41,960
7.				\$	7		\$47,340
8.				\$	8		\$52,720
		TOTAL INCOME FOR THE LAST 6 MONTHS		\$	Complete if more than 8 people in family.		
		FAMILY SIZE IN THE LAST 6 MONTHS		X2	Family Size	HHS Guidelines	70%LLSIL
				\$	Non-Metro		
		TOTAL ANNUALIZED FAMILY INCOME		\$			

**29 CERTIFICATION STATEMENT:**  
 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. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this Intake Record. It has been explained to me and I understand that:

- (1) Information collected on the Intake Record will be entered and stored in the Comanche Nation Workforce Bear Tracks Data Collection System located at the CN Workforce Office at 1608 SW 9<sup>th</sup> St., Lawton, Oklahoma. All or part of the information provided may be shared with the U.S. Department of Labor for program performance measurements and outcomes. I also understand that the information recorded on the Intake Record will be protected in accordance with the Privacy Act.
- (2) Misstatements or misrepresentations on my part in these or other related forms may be cause for dismissal and possible actions for the collection of any payments received by me. Anyone who makes a false statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury.
- (3) Should I be deemed ineligible for Workforce services by the official verification process, I agree to immediately relinquish Workforce funded employment training and I may be liable for all payments made to me and on my behalf while enrolled in the Workforce Experience or Summer Youth Employment Program.

I hereby authorize the sharing of this information with other CNW programs and their partner agencies if needed.  
 I further understand that eligibility is not a guarantee of program services.

<b>30</b> ELIGIBLE FUNDING (circle ALL THAT APPLY) 1. CNG 2. WIOA Adult 3. WIOA Youth 4. NEW 5. INELIGIBLE	<b>31</b> APPLICANT SIGNATURE:	DATE:	<b>32</b> CERTIFICATION OF PROGRAM ELIGIBILITY (circle all that apply) 1. WE 2. CRT 3. SYEP 4. OJT 5. SS 6. EE 7. INELIGIBLE
	PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18):	DATE:	CERTIFIER SIGNATURE:
	INTERVIEWER SIGNATURE:	DATE:	REVIEWER SIGNATURE:

# Comanche Nation Workforce

## YEP Application

### General Information

Have you ever participated in the Youth Empowerment Program?  Yes  No

#### Employability Development Plan of the Y.E.P.

- To promote self-esteem and develop proper work ethics in the work environment.
- To introduce Native American Youth into the world of work and gain work experience.
- To introduce Native American Youth to new skills acquired at different worksites.
- To help students and youth determine their career objectives and plan for future goals.
- To establish a foundation of leadership, professionalism, and determination among youth.

#### Responsibilities of the Youth Empowerment Coordinator & Counselors

- Attitude, safety, punctuality, and appropriate dress will be greatly emphasized according to the corresponding worksites.
- Interest of individuals will be obtained for placement at worksites referencing their interest.
- Workshops will be available and utilized to promote the growth of personal, professional, career, leadership, and cultural development.
- Evaluations will be given during employment to ensure all participants are learning new skills and proper work ethics at corresponding worksites.
- Daily check-ups will be utilized to ensure that the participant is in attendance and completing his/her tasks/duties at corresponding worksites.

#### Responsibilities of the Youth

- ✓ Each participant will complete and sign the following documents for accounting and payroll purposes: **I-9, W-4 (may need parental guidance and understanding), MIS (x2)**
- ✓ Each participant will be expected to maintain a good attendance while at the worksite.
- ✓ Each participant will be expected to follow all rules and regulations related to the YEP.
- ✓ Each participant will be required to attend all Workshops that the program will offer.
- ✓ Each participant will be expected to fully complete the eight (8) week summer program.

**It is very important that you fulfill your program obligations. All items listed above will be discussed in full detail at the YEP Orientation, if applicant is accepted. Participants who are involved fully in school academics, sports camps, church camps, Driver's Education courses, summer family vacations, or any related matters during the summer, which may possibly hinder them from being at their worksite majority of their 8-week period, must decide if they choose the YEP fully and will be committed. If not, please allow another youth to have a chance.**

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_



Revised & Updated: 3/10/2026

# Comanche Nation Workforce

## YEP Application

### Emergency Contact

Participant Name: \_\_\_\_\_

Participant Phone: \_\_\_\_\_  
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Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3<sup>rd</sup> Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Revised & Updated: 3/10/2026

# Comanche Nation Workforce

## YEP Application

### Drug-Free & Alcohol-Free Policy

In order to ensure a safe, healthy, and productive drug-free/alcohol-free work environment for the youth of the Comanche Nation, to protect property and assets, maintain a favorable public image, and to ensure efficient operations, the Comanche Nation **PROHIBITS** the use of drugs/alcohol/smokeless tobacco/other drug paraphernalia.

Entry upon the premises of any Comanche Nation Tribal Entity or any other worksite assigned, being at work with drug paraphernalia or under the influence of alcohol, drugs/controlled substances, or any combination thereof, are **grounds for immediate dismissal**. Any YEP participant caught using or accepting any type of tobacco products, alcohol, or drugs will be **immediately terminated, NO EXCEPTIONS**.

#### **PRESCRIBED DRUGS:**

“The following are the prescribed legal drugs (drugs for which I have a prescription) which I routinely take, have taken, or ingested within the past thirty (30) days.”

**Please list drugs/medication with dosages, frequency, and date last taken or ingested.** If you do not have prescribed or legal drugs which you are required to take, simply put a check by “None Prescribed”. *Documentation from Hospital/Doctor required for prescribed medication, if needed or request by the Workforce Department.*

Prescribed (Please list): \_\_\_\_\_ None Prescribed: \_\_\_\_\_

Food Allergies or dietary Restrictions: \_\_\_\_\_

All youth participants are required to sign this statement declaring that **they are drug-free** and have read and agree to this policy. A COPY OF THIS POLICY WILL BE GIVEN TO EACH PARTICIPANT.

*“With my signature, I agree to adhere to the above policy of the Comanche Nation Workforce regarding drugs and alcohol. I understand that by signing this document, I will also submit to a drug test, prior to or at the YEP Orientation, before my entry into any worksite. I also understand that refusal, missed scheduling of drug test, or any violation of this policy is grounds for immediate dismissal and/or termination from the Youth Employment Program. A penalty period of one (1) year will be given before I may reapply which will be imposed upon violation of this agreement.”*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Revised & Updated: 3/10/2026

# Comanche Nation Workforce

## YEP Application

### Selective Service System

P.O. Box 94638

Palatine, IL 60094-4638

***Please check the option that pertains to you and sign***

Individuals participating in any program established under this Act are required to provide evidence that they have registered with the Selective Service Pursuant to Section 453 (a) of the Military Selective Service Act. This is applicable **only to male applicants born after December 31, 1959, who are between the ages of 18 and 26.** Therefore, all male applicants who are within the eligible age group must register with the Selective Service.

Below check one that pertains to you:

- I certify that I am not required to be registered with the Selective Service because:
- I am female
  - I am currently in the armed services on active duty.  
NOTE: Members of the Reserve and National Guard are not considered on active duty.
  - I have not reached my 18<sup>th</sup> birthday.
  - I was born before 1960.
  - I am a permanent resident of the Trust Territory of Northern Marianna Islands.
- I certify that I am registered with the Selective Service System.
- Service Number: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Individuals needing registration can be done with the Intake Specialist.**

**\*\*Please attach a copy of online registration letter or a copy of Selective Service Card.**



Revised & Updated: 3/10/2026

# Comanche Nation Workforce

## YEP Application

### Interest Sheet

Interest Sheet **must be filled out completely** by the Youth Participant. If Interest Sheet is not filled out completely, the participant shall be assigned to a random worksite. By filling this form out, the Participant is helping the YEP Coordinator assign a position that the Participant can excel in, gain new work skills, and fully complete the Youth Empowerment Program. *Keep in mind, worksites are limited in some towns and the number of positions is limited and set by the Worksite Supervisor, so the Participant may or may not be assigned desired worksite, depending on these factors.* Also, Participants will be placed accordingly by their Interest Sheet and the information shared. Participants placed will not be shifted, transferred, or moved at the behest of their parents/guardians. Placement is final, unless deemed necessary to change by the YEP Coordinator or Workforce Director.

Name: \_\_\_\_\_ Town: \_\_\_\_\_ Age: \_\_\_\_\_

1) Did you participate in the YEP for 2025 year? If so, where were you placed?

\_\_\_\_\_

2) List any kind of job-related skills you possess (if any):

\_\_\_\_\_

3) If you lack job skills or work experience, what type of duties would you prefer, if accepted?

\_\_\_\_\_

4) If accepted, would you rather work inside or outside? Why?

\_\_\_\_\_

5) If accepted, what are 3 career interests and worksites? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Revised & Updated: 3/10/2026

# Comanche Nation Workforce

## YEP Application

### Interest Sheet Continued

6) Should your request of a worksite become unavailable, are you willing to try something new? If yes or no, please explain why.

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7) If accepted into the Youth Empowerment Program, how would you prefer to receive your letter? *(Please make sure your email and mailing address is correct on the intake form)*

Email

Mail

8) Are you interested in participating in the Year-Round Aspect of the Program?

Yes

No

9) Are you interested in opting to receive updates through text message? *(Please make sure participant and parent phone numbers are correct on the intake form)*

Yes

No

10) Please list any activities or subjects you would like to see at the workshops

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Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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