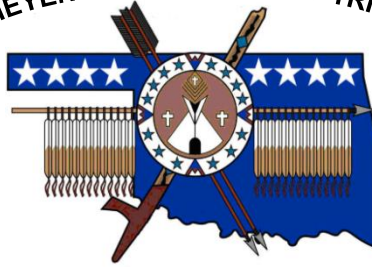


**Department  
of  
Labor**

P.O. Box 67, Concho, OK 73022

CHEYENNE AND ARAPAHO TRIBES



DREAMS Program  
Kathleen Tall Bear, Director  
1.800.247.4612. x.27564  
Office (405) 422-7564  
ktallbear@cheyenneandrapaho-nsn.gov

**Survey of Needs**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box/RR City State Zip

**ACKNOWLEDGEMENT STATEMENT:**

I, \_\_\_\_\_ understand that the goal of the DREAMS Program Direct Employment  
*DEA Client Name (Print)*  
Assistance service is to increase job acquisition and retention. I further understand that once I receive assistance, I will not be eligible for DREAMS-DEA services three years from date of this application approval.

\_\_\_\_\_  
DEA Client Signature Date

Client request type of assistance (Check all that apply):

\_\_\_\_\_ Uniform: (shirts  pants  ) \_\_\_\_\_ Footwear: (shoes/boots what type? \_\_\_\_\_)

\_\_\_\_\_ Other demonstrated-need Describe: \_\_\_\_\_  
for employment purposes \_\_\_\_\_

Please allow three (3) to ten (10) business days for eligibility to be verified and determined. Assistance is provided after eligibility is determined. Supportive Service is a supplemental support to assist clients' occupational dress code or equipment requirements and will be approved on priority items.

**Employer Verification:** Please concur or describe what employee must have to begin employment with company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify that the above is what new hires need for employment.

PRINT Name /Title

\_\_\_\_\_  
Employer Signature/Title Date

**Office Use Only**

( ) APPROVED The above applicant is authorized to purchase \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ ONLY.

( ) DISAPPROVED Comments: \_\_\_\_\_

\_\_\_\_\_  
DREAMS Service Manager / DREAMS Program Director