



Aanjibimaadizing

Application for Employment & Training Services

Complete Application MUST include the following

- ✓ **Photo ID**
- ✓ **Proof of Residency**
****Utility Bill or Lease****
- ✓ **Proof of Tribal Enrollment or MLB 1st Descendancy**
- ✓ **Proof of last two (2) months of Income**
****Per-cap, Earned and other income received****

The information you provide will be kept confidential and protected under the DATA PRIVACY ACT, unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs, as well as make the appropriate referrals.

WHAT BRINGS YOU IN TODAY? (Please list the services requesting or how we can assist you.)

Please complete the information requested on the other side and return to an Intake Specialist

MILLE LACS BAND OF OJIBWE – AANJIBIMAADIZING

Application for Services

The following information will be kept confidential and protected under the Data Privacy Act unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs and make appropriate referrals.

APPLICANT INFORMATION

Name _____ Date of Birth _____
 Address _____ SSN _____
 _____ Phone Number _____
 _____ Message Number _____

Federal Funding Requirement – a response is necessary for each category – sex, age group, educational level

Male Female Youth (18 or under) Age 19-21 Adult (22+)
 Last Year Attended _____ Highest Grade completed _____ High School Graduate/GED _____ Post Ed./Degrees: _____

Federal Funding Requirement

Earned Income _____ (circle) Full Time or Part Time regular temporary
 (Please provide last two (2) months of income) or unemployed underemployed
 Selective Service Number: _____ Are you registered to VOTE? YES NO
 (Males 18-25 must register)
 Are you a Veteran? YES NO
 Do you receive Social Security Income (SSI)? YES NO
 If YES, what is the Benefit Amount: _____ Start Date: _____

Barriers to Employment (check all that apply)

Single Head of Household Disabled Individual No High School Diploma/GED
 Unemployed 15 + weeks Offender Homeless
 Teen Parent Lacks work history Substance Abuse problem
 Limited English Proficiency - Math _____ and/or Reading _____

PERSONAL/FAMILY INFORMATION

MARITAL STATUS: Single Married Living Together Married/Separated Divorced Widowed
 ETHNICITY: Native Am/Alaskan Native Asian Hispanic Black/African Am White Other

Name of Household Member	Date of Birth	Social Security #	Relationship	Monthly Income

I hereby certify that the above information is accurate and true to the best of my knowledge

 Print Name

 Print Name of Parent/Guardian

 Signature of Applicant

Date

 Signature of Parent/Guardian

Date