Ge-niigaanizijig

AGES: Elementary Youth (Grades K-6), Teen Youth (12-20), Career Exploration (16-24)

\*\*\*\*Enrolled members of the Mille Lacs Band of Ojibwe\*\*\*\*
\*\*\*Direct descendants of enrolled Mille Lacs Band Member\*\*\*

\*\*Enrolled in another federally recognized tribal members\*\*

\*Attention: The entire application must be completed, signed and dated\*

|  |  |
| --- | --- |
| Name of Applicant | Date of Application |

1. Career exploration youth applicants must be 16 years of age by date application is signed

\*\*\* No exceptions

1. Teen youth applicants must be 12 years of age by date application is signed

\*\*\*No exceptions

1. Elementary youth applicants must be in Kindergarten by date application is signed

\*\*\*No exceptions

|  |
| --- |
| To prevent delays in processing your application, please submit all necessary verifications with your application. All information will be kept confidential and is necessary to determine funding source for each youth participant.Required Verifications:\_\_\_\_ Proof of tribal membership or MLB descendent \_\_\_\_ Proof of residency (tribal ID or school records)\_\_\_\_ Proof of date of birth (birth certificate, tribal ID, or immunization records) \_\_\_\_ EDP signed and dated\_\_\_\_Copy of social security card (Career Exploration only) \_\_\_\_ Application signed and dated\_\_\_\_ Family income (2 months) \_\_\_\_ School verification form\_\_\_\_Authorization for pick up \_\_\_\_Release of Information\_\_\_\_Behavior Guideline Form \_\_\_\_Orientation\_\_\_\_Guardianship Papers (if applicable)  |

Total Household Size \_\_\_\_\_\_\_\_\_\_

43408 Oodena Drive Onamia, MN 56359

Phone (320) 532-7407 or 800-922-4457 Fax (320) 532-3785

Revised 5\_21\_20

Youth Participant Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribal ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District You Live In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District You Want to Work In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Phone Number: (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Youth Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

What is the best form(s) of communication? (Phone, Email, Mail) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list an alternate email and/or phone number to reach youth and/or family below-

Email or Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email or Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_ Cell phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Cell phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Do you give permission to receive updates via text? Yes\_\_\_\_\_ No\_\_\_\_\_

Confidentiality is important to all Aanjibimaadizing staff. They are mandated reporters and by law, required to file a report if they believe a child/elder/vulnerable adult is being neglected or abused.

**Medical Care**

1. Do you have any problems that would affect your ability to work a particular job? (for example asthma) ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any current or former problems with alcohol and or/ substance abuse?

( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a disability or handicap that requires special arrangements?

( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any allergies? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you on any medications? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

1. Are you in school? \_\_\_\_\_\_\_\_ Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the highest educational grade completed? \_\_\_\_\_\_\_\_\_\_\_\_
3. Do you plan to return to school in the fall? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a high school diploma or GED ( ) Yes ( ) No

**Release and Waiver of Liability**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (youth name)

Hereby agree not to hold the Mille Lacs Band and/or Ge-niigaanizijig program and/or each of its workers responsible for any harm, injury, loss, liability, damage, or cost that may incur while my above mentioned child/children or I participate in the Ge-niigaanizijig program;

\*\*I have read this release and waiver of Liability, fully understand its terms, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.\*\*

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

Parent/Guardian or Participant over (18) Date

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

Staff Signature Date

**Social Media Waiver**

I, Hereby consent to the participation in interviews, to the use of quotes, and the taking of photographs, movies or video tapes of the participant named above by the Ge-niigaanizijig program and/or each of its workers. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Mille Lacs Band of Ojibwe, Aanjibimaadizing program, and Ge-niigaanizijig program and employees from all claims, demands, and liabilities whatsoever in connection with the above. We may use pictures and share information in the local papers, MLBO Facebook, Aanji Facebook, Ge-niigaanizijig or Inaajimowin.

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

Parent/Guardian or Participant over (18) Date

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

Staff Signature Date

**School Attendance**

I acknowledge that my child must attend school on any day they will attend Ge-niigaanizijig programming unless they have a medical appointment or college visit.

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

Parent Signature Date Staff Signature Date

**Youth Behavior Guidelines**

Ge-niigaanizijig youth will use positive behavior supports to work with children who may present challenging behaviors. Ge-niigaanizijig is different in that it is a voluntary program. If challenging behaviors present themselves during programing staff will work with families and youth to problem solve and minimize severe and/or aggressive and disrespectful behaviors. Since the youth program is optional, if severe/aggressive and/or disrespectful behaviors continue, the youth may be suspended from youth programming, or lose incentive pay. The Ge-niigaanizijig program has zero tolerance for bullying. All behavior incidents will be documented in TribeVue.

\*The career exploration youth are subject to all departmental policies\*

***Youth Support Intervention***

If a youth is exhibiting physical, unsafe or disrespectful behavior during program hours, the following procedures will be followed. Any incident will be noted on the weekly evaluation and the youth will be asked to correct the behavior. Parent(s) or guardian(s) will be contacted after any incident. Incentive pay may be reduced. Youth mentors have discretion to make judgements depending on the severity of the incident with director input. Behavior incidents that are serious and occur outside of group may affect your participation and incentive pay.

* Physical violence and/or bullying
	+ 1st incident; may be suspended up to two (2) weeks, depending on the incident.
	+ 2nd or 3rd incident; incentive pay reduced (teens) or taken away.
	+ 4th incident; two (2) week suspension, pay will be taken away.

In the case of police intervention, the youth will be suspended for one (1) year.

If you, the participant or parent/guardian, disagree with the disciplinary action given to the youth, you are welcome to follow the grievance policy in the policies and procedure manual.

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

Youth Participant Signature Date

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

Parent/Guardian Signature Date

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

Staff Signature Date

**Emergency Care and Procedures**

**In the event of an emergency our procedure will be:**

1. Begin first aid and call 911 when necessary.
2. Contact a parent/guardian; emergency contact if contact cannot be made.
3. Contact an emergency or medical professional and/or take the youth to a hospital emergency service if no other arrangements have been made.
4. The staff member will act on written permission included in the enrollment forms for such emergency care. The parent/guardian will be notified as soon as possible.

**If a youth becomes ill or injured while at Ge-niigaanizijig, the following procedure is used:**

1. Ge-niigaanizijig staff will care for the needs of the youth.
2. The parents/guardians or emergency contacts will be notified and expected to pick the youth up.
3. The youth will remain in the room with staff, depending on the situation, until the parents/ guardians or emergency contact arrive to pick up the youth.
4. If the parent/guardian cannot be reached and the youth’s injury or illness is so severe that he/she needs immediate attention, the youth will be transported to the nearest hospital emergency service.
5. Parent/guardian will be notified of infections or communicable diseases that directly affects their children (i.e. measles, chicken pox, foot & mouth, etc.) once we have confirmation form a doctor.

If a youth has a document medical plan, that will be followed to the best of the staff’s ability.

9-1-1 may be called in some cases.

* Youth who have a medical plan, must have all current medication and doctor authorization to attend Ge-niigaanizijig.

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

Parent/ Guardian Signature Date

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

Staff Signature Date

I, hereby authorize the exchange of information by and between the Mille Lacs Band of Ojibwe- Aanjibimaadizing and the following agencies and/or programs:

Applicant Name:

**Ge-niigaanizijig Release of Information**

*\*\*\*Check all that apply:*

\_\_\_\_\_Tribal and State Alcohol and Drug Programs \_\_\_\_\_Tribal/State Housing Programs \_\_\_\_\_Tribal/State Housing Colleges/Universities \_\_\_\_\_Social Security Administration \_\_\_\_\_Veteran’s Organizations and Programs \_\_\_\_\_Tribal/State/Federal Probation Programs \_\_\_\_\_Tribal/State Child Protection Services \_\_\_\_\_Applicant’s Tribe (where enrolled) Applicant Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Elementary/High School Records \_\_\_\_\_Online Academic Portal School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_All Employers (past and present) \_\_\_\_\_Tribal/State Employment Offices \_\_\_\_\_Tribal/State Vocational Rehabilitation Programs \_\_\_\_\_Veteran’s Administration \_\_\_\_\_Tribal/State Education Agencies \_\_\_\_\_Tribal/State/Federal Courts \_\_\_\_\_Tribal/State Medical Services \_\_\_\_\_Tribal Departments/Programs \_\_\_\_\_Utility Companies and their affiliates \_\_\_\_\_State Community Action Agencies \_\_\_\_\_Contractors used in the commission of services \_\_\_\_\_Tribal/State Mental Health Services

Other as may be identified on the Application for Services and Supplemental forms and documents.

I, authorize the Mille Lacs Band of Ojibwe Ge-niigaanizijig program to obtain and/or exchange information necessary to establish eligibility for program services. Any information exchanged or obtained will be used for the purposes of determining eligibility for programs and services under the direction of Mille Lacs Band Aanjibimaadizing. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services to me or on my behalf. I further understand ant information obtained may be released to a proper governmental agency, court or law enforcement agency for purposes of legal and investigative action concerning fraud. This release of information will remain in effect for (1) year from the date of signature or until I request in writing to rescind this authorization. This authorization will expire on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

ACKNOWLEGDE AND AUTHORIZE FOR THE RELEASE OF INFORMATION

I, hereby certify that I have read and understand the reason and terms for this release of information. My signature authorizes the Release of information to and by the Mille Lacs Band of Ojibwe Ge-niigaanizijig.

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

For Minor Applicant/Parent or Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_

**Pickup/Drop Off Authorization**

To protect the safety and well-being of the youth, provide a list of people approved to take over care. Only the listed names will be allowed to pick up your child from programming. Youth may also be allowed to get dropped off at their residence.

**\*Verbal consent MUST be given directly to staff before either action will be taken.**

Provide a list of people that are NOT allowed to pick up youth under any circumstance. If there are special precautions that need to be taken by staff, provide more details.

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

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

*Authorized Person(s):*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Unauthorized Person(s):

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

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

A new form must be submitted if you would like to add/drop any names. Staff will not release care of youth unless the name is on the approved list AND verbal consent was given.

**\*\*If staff drop a child off, they must see them enter the home.**

**School Verification Form**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student listed above attends your school and we need to verify this person meets your attendance and progress standards for the school year of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrolled in School:** YES NO

**Is student attending?** YES NO **Truancy File?**

**Maintaining 2.0 GPA** YES  NO

**Is student attending tutoring**? YES NO Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attending credit recovery**? YES NO

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

**School Official and Title**  Date

Authorization for Release of Information

I give permission for the person/organization above to release weekly progress reports to the above agency. This information is used to figure my eligibility for Ge-niigaanizijig

The authorization will be valid for the school year of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return completed forms and attach a copy of student grades

Phone: (320)532-7407

Fax: (320)532-3785

Mille Lacs Band of Ojibwe- Ge-niigaanizijig ATTN: Youth Mentor 43408 Oodena Dr. Onamia, MN 56359

**Ge-niigaanizijig Staff Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Carlos Merrill | Director | (320)674-4347 | carlos.merrill2@millelacsband.com |
| Stacey Boyd | D1 Coordinator | (320)309-9302 | stacey.boyd@millelacsband.com |
| Coleen Lueck | D1 Teen Mentor | (320)362-4605 | coleen.leuck@millelacsband.com |
| Justin Eich | D1 Teen Mentor | (320)674-0246 | justin.eich@millelacsband.com |
| Bugs Haskin | D1 Elementary Mentor | (320)-630-2412 | bugs.haskin@millelacsband.com |
| Noel Kegg | D1 Elementary Mentor |  |  |
| Cheyanne Peet | D2 Coordinator | (320)362-1608 | cheyanne.peet2@millelacsband.com |
| Hali Little Cloud | D2 Teen Mentor | 320-630-1655 | hali.littlecloud@millelacsband.com |
| LaDrake Powell | D2 Teen Mentor | 320-674-4092 | ladrake.powell@millelacsband.com |
| Nathan Peet | D2 Elementary Mentor | 320-364-0189 | nathan.peet@millelacsband.com |
| Joshua Benjamin | D2 Elementary Mentor | 320-630-0991 | joshua.benjamin@millelacsband.com |
| Jennifer Gahbow | D2a Coordinator | 320-630-0968 | jennifer.gahbow@millelacsband.com |
| Jackson Pratt | D2a Teen Mentor | 320-250-7962 | jackson.pratt@millelacsband.com |
| Rylea Durbin | D2a Teen Mentor | 320-292-2526 | rylea.durbin@millelacsband.com |
| Jaylene White | D2a Elementary Mentor | 320-362-0862 | jaylene.white@millelacsband.com |
| Stanley Nayquonabe | D3a Coordinator | 320-364-3858 | stanley.nayquonabe@millelacsband.com |
| Monica Benjamin | D3a Teen Mentor | 320-292-9344 | monica.benjamin@millelacsband.com |
| Mardell Thomas | D3b Coordinator | 320-630-1710 | mardell.thomas@millelacsband.com |
| Brandi Shaefer | D3b Elementary Mentor | 320-282-1480 | brandi.shaefer@millelacsband.com |