NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS
COURT OF CENTRAL JURISDICTION

NOOJIMO'WIIGAMIG INAAWANIDIWAG
(Family Healing to Wellness Court)

☐ **District 1** ☐ **District 2** ☐ **District 3**

In the Matter of:

Case File No. _____

_____,

_____,

_____,
Minor Child(ren).

_____,
Parent/Guardian.

PROGRAM APPLICATION

_____,
Parent/Guardian.

1. PERSONAL INFORMATION

Full Legal Name: _____

Alias or Former Name: _____

Preferred Name: _____

Date of Birth: _____
Day/Month/Year

Gender Identity:

☐ Woman ☐ Man ☐ Transgender ☐ Non-Binary/Non-conforming ☐ Prefer Not to Respond

Tribal Membership: ☐ Mille Lacs Band Member ☐ None

☐ Member of _____

Tribal Census Number: _____

Social Security Number: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Mailing Address:

Street Address or P.O. Box: _____

City: _____ State _____ Zip Code: _____

Residential Address: ☐ Same as mailing address.

Street Address: _____

City: _____ State _____ Zip Code:_____

List states other than Minnesota in which you have lived: _____

Other Household Member(s) Name(s) & Relationship(s): _____

_____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

2. CHIPS CASE INFORMATION

Are you the parent, guardian, or custodian of a child(ren) who is/are the subject of a currently active Mille Lacs Band District Court Child In Need of Protection (CHIPS) case? ☐ No ☐ Yes

Case Number: _____

Attorney for current case: _____ Phone: _____

3. CRIMINAL COURT BACKGROUND

Are you currently on probation? ☐ Yes ☐ No On supervised release or parole? ☐ Yes ☐ No

If yes, name of your probation/parole officer: _____ Phone: _____

Have you ever been convicted of a violent crime (including juvenile offenses)? ☐ Yes ☐ No

Have you ever been convicted of felony child abuse (including juvenile offenses)? ☐ Yes ☐ No

Have you been convicted of a sex crime within the past 10 years (including juvenile offenses)?
☐ Yes ☐ No

Do you have any pending warrants for your arrest? ☐ Yes ☐ No

If yes, in what jurisdiction? _____

Do you have any pending criminal charges? ☐ Yes ☐ No

If yes, in what jurisdiction? _____

If yes, list current charges: _____

_____

Case number: _____ Stage in court process: _____

Next court event: _____ Date: _____

4. HEALTH & SUBSTANCE USE DISORDER HISTORY

Do you use/consume? ☐ Drugs ☐ Alcohol ☐ Both Are you an IV user? ☐ Yes ☐ No

Age at first use: _____ What did you use? _____ Method of use: _____

First drug of choice: _____ Age started: _____

Method of use: _____ Date last used: _____

Second drug of choice: _____ Age started: _____

Method of use: _____ Date last used: _____

Third drug of choice: _____ Age started: _____

Method of use: _____ Date last used: _____

Have you ever been treated for Substance Use Disorder (SUD)? ☐ Yes ☐ No

Have you received inpatient SUD treatment? ☐ Yes ☐ No

Date of most recent treatment admission? _____

Number of previous SUD admissions? _____ Inpatient _____ Outpatient

Have you ever received inpatient psychiatric treatment? ☐ Yes ☐ No

Please describe any mental health diagnosis here: _____

_____

Are you participating in a Medication-Assisted Treatment (MAT) program? ☐ Yes ☐ No

Where do you receive your MAT? _____

Please list MAT medication here: _____

Do you have any serious medical problems? ☐ Yes ☐ No

Please describe here: _____

_____

Are you currently on any prescription medication? ☐ Yes ☐ No

Please list medications here: _____

_____

Please provide your pharmacy's name here: _____

5. PERSONAL INFORMATION

Highest level of education completed? _____ High school diploma? ☐ Yes ☐ No

Do you have a GED? ☐ Yes ☐ No Would you like to earn your GED? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No Are there any restrictions? ☐ Yes ☐ No

Please explain: _____

Do you have a vehicle or access to a vehicle? ☐ Yes ☐ No

Do you expect to need help with transportation? ☐ Yes ☐ No

Do you have any special needs? ☐ Yes ☐ No If yes, please describe: _____

_____

6. FINANCIAL AND EMPLOYMENT INFORMATION

Monthly income: $_____

Type of income: ☐ Wages ☐ Per Capita ☐ Other (describe): _____

Are you employed? ☐ Yes ☐ No Where? _____

Is your current income sufficient to pay your bills? ☐ Yes ☐ No

Do you have health insurance? ☐ Yes ☐ No Name of insurance carrier: _____

Are you enrolled in Mille Lacs Band Circle of Health? ☐ Yes ☐ No Need help to enroll? ☐ Yes ☐ No

7. CHILD(REN)'S INFORMATION

Name of your child: _____ Date of Birth: _____

Name of your child: _____ Date of Birth: _____

Name of your child: _____ Date of Birth: _____

Do you currently have custody of these children (ren)? ☐ Yes ☐ No

Are you subject to any child support orders? ☐ Yes ☐ No

Do you owe any back child support? ☐ Yes ☐ No

8. OTHER NEEDS

Check those services that you are in immediate need of:

☐ Housing ☐ Food ☐ Heating Assistance ☐ Medical Care ☐ Dental Care ☐ Childcare

☐ Domestic Violence Information ☐ Job Assistance ☐ Education Assistance ☐ Cell Phone

☐ Transportation ☐ Driver's License Assistance ☐ Cultural Guidance/Support

9. PERSONAL GOALS

Please explain why you would like to enter the Family Healing to Wellness Court Program and what you hope to gain from it:

_____

_____

_____

_____

_____

_____

_____

☐ Check if additional pages are attached.

NOTICE TO APPLICANT

To be eligible for the Family Healing to Wellness Court, you cannot have been convicted of a violent crime, felony child abuse, or any sex crime within the preceding ten (10) years.

A preliminary background check will be conducted based on the information you provide in this application. You will remain eligible for the program if you meet the eligibility criteria. A complete background check on you will be conducted, and if that shows a disqualifying conviction that you did not disclose, you will be discharged from the program and returned to the CHIPs process.

Your signature on this application indicates your understanding of this process.

This application will not be considered for admission to the Family Healing to Wellness Court program unless the following certification has been completed. I hereby certify that the information provided on this form is true. I also certify that I have received a full explanation of the Family Healing to Wellness Court program requirements and reviewed the Family Healing to Wellness Court Participant Handbook.

_____ _____

Applicant's Signature Date

_____

Applicant's Printed Name