

**NON-REMOVABLE MILLE LACS BAND OF OJIBWE
COURT OF CENTRAL JURISDICTION**

**NOOJIMO'WIIGAMIG INAAWANIDIWAG
(Family Healing to Wellness Court)**

District 1

District 2

District 3

In the Matter of the Wellness of:

Case File No. _____

Minor Child(ren).

Parent/Guardian.

Parent/Guardian.

PROGRAM APPLICATION

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: None

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? Yes No

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.

10. REFERRAL SOURCE

How did you learn of the Mille Lacs Band Family Healing to Wellness Court (FHTWC)?
Please check below:

- Mille Lacs Band Family Services
- Mille Lacs Band Judge (while attending a hearing)
- FHTWC Case Manager
- Mille Lacs Band District Community Presentation
- FHTWC Brochure
- FHTWC Participant (no names please)
- Other (please describe): _____

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