**Ge-niigaanizijig**

**AGES:**

* Kindergarten-6th grade for Youth Mentoring
* Ages 12-20 for Teen Mentoring
* Ages16-24 for Career Exploration activities participants

**ELIGIBILITY:**

* Enrolled members of the Mille Lacs Band of Ojibwe
* Direct descendants of enrolled Mille Lacs Band Member
* Enrolled in other federally recognized tribe
* Live in the Mille Lacs Band Public Law 102-477 Service Area

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

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

1. **All career exploration applicants must be 16 years of age by Date application is signed**
2. **All Healthy circles applicants must be 12 years of age by Date application is signed**
3. **All Niigaan youth must be in Kindergarten by Date application is signed**

|  |
| --- |
| **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 for the past 2 months \_\_\_\_ School Verification Form**  **\_\_\_\_Authorization for pick-up \_\_\_\_Release of Information** |

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

Youth Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

First Contact

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

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

Second Contact

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

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

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the student has an emergency medication the program will need the medication authorization form completed.

**Personal Information**

District you live in or by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District you want to work in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Male \_\_\_\_\_\_ Female\_\_\_\_\_\_

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

**Child Care**

1. Do you have the need for any child care? \_\_\_\_\_\_\_\_\_\_\_\_\_. If yes complete this section- If no skip to the next section
2. Indicate the number of children who will need child care assistance: \_\_\_\_\_\_\_
3. Do any of the children need special assistance: ( ) Yes ( ) No

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

**Education**

1. Are you in school?\_\_\_\_\_\_\_\_
2. What is the highest educational grade completed? \_\_\_\_\_\_\_\_\_\_\_\_
3. What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 and Date Staff Signature and 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. If a youth has physical, unsafe or disrespectful behavior it will be noted on the weekly evaluation and the youth will be asked to correct the behavior.

* For physical violence a phone call may be made at this time to parents or guardians. Children may be suspended up to 2 weeks depending on the incident.

When a youth has a 2nd or 3rd incident incentive pay (teens only) may be reduced or not paid- this will be documented in TribeVue and parents will be contacted.

If the youth has a 4th incident the youth will be suspended for two weeks.

In the case of police intervention the youth will be suspended until the following year.

If you as the participant or parent/guardian disagree with the disciplinary action given to the youth you are welcome to follow the grievance policy in the policy’s 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.
3. Contact the first available 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. The programing staff will care for the needs of the youth.
2. The parents/guardians and/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 physician.
5. Parent/Guardian will be notified of infections or communicable diseases of a serious nature 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 medical plan, then that plan will be followed to the best of the staff’s ability. 9-1-1 may be called.

* Youth who have medical plans must have all current medication and doctor authorization the attend Ge-niigaanizijig.

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

Parent/ Guardian signature Date

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

Staff Signature Date

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

First Name MI Last Name Date of Birth

Street Address City State Zip code Telephone Number

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorize the Mille Lacs Band of Ojibwe Aanjibimaadizing Department to release/Exchange information to/from the following agencies:

\*Mille Lacs Band of Ojibwe will hereby be referred to as **MLB**.

\_\_\_\_\_MLB Child Support \_\_\_\_\_MLB Family Services

\_\_\_\_\_MLB Housing Department \_\_\_\_\_MLB Public Health

\_\_\_\_\_MLB Chem. Dependency \_\_\_\_\_MLB Education/Schools

\_\_\_\_\_MLB Indian Legal Aid \_\_\_\_\_MLB OMB

\_\_\_\_\_MLB Energy/Emergency \_\_\_\_\_MLB Enrollment’s Office

\_\_\_\_\_MLB Human Resource \_\_\_\_\_MLB Elected/Appointed Officials

\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent for Release of Confidential Information is to be used in helping ensure that the above listed person is in compliance with the federal regulations to be a client under 477. This information may be shared with the above checked departments to ensure compliance of the Mille Lacs Band of Ojibwe Aanjibimaadizing Department.

I understand that the MLB Aanjibimaadizing Department cannot release information disclosed by this consent to anyone other than those listed above without my written consent.\_\_\_\_\_ (initial).

This authorization expires on the \_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_. If not dated the release will expire one year from the date it is signed.

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

Consenting Party Signature Date

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

MLB Aanjibimaadizing Staff/Witness Signature Date