

**AnjiBimaadizing**

**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 six (6) months of Income**

**\*\*Per-cap, Earned and other income received\*\***

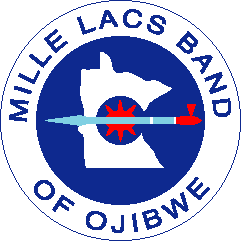
***The information you provide will be kept confidential and protected under the DATA PRIVACY ACT, unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs, as well as make the appropriate referrals.***

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

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

**43408 Oodena Drive, Onamia MN 56359 • Tele: 800 922-4457 or 320 532-7407 • Fax: 320 532-3785**

**MILLE LACS BAND OF OJIBWE – AANJIBIMAADIZING**

**Application for Services**

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| --- |
| **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 six (6) 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** |
|  |  |  |  |  |
|  |  |  |  |  |
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**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