

Northwest Indian Community Development Center
Gikinwaa'amaading (Educating) * Wiidookoodaading (Connecting) * Aanjibizong (Transforming)



Boozhoo!/Aaniin!

Miigwech bi-izhaavan omaa Northwest Indian Community Development Center

Today's Date: _____

Name: _____ Social Security No.: _____ - _____ - _____
(Last) (First) (Middle)

Anishinaabe Name: _____ Clan/Name: _____ Clan/Name Searching? _____

Mailing Address: _____
(Street) (City) (State) (Zip code)

Physical/Alternate Address: _____
(Street) (City) (State) (Zip code)

County: _____ Email Address: _____

Cell Number: _____ Home/Message Phone: _____

Date of Birth: _____ Age: _____ Gender: M F

Are you a Citizen of the USA? Y N

*****All information collected after this point is for statistical and organizational funding purposes only*****
*****Please be complete and accurate with the information you are providing*****

Check all that apply to you

Ethnicity: Please check ONE only (unless you are a descendant then check name of "tribe" and "descendant")

Anishinaabe **Name of Tribe: ___ Leech Lake ___ Red Lake ___ White Earth ___ Descendant ___

Other (Please Specify) _____

If you are NOT enrolled into a Tribe **Are you eligible for enrollment? _____ Yes _____ No

_____ White (non-Hispanic) _____ Asian _____ Pacific Islander _____ African American _____ Hispanic

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Living Status:

_____ Married w/ Children _____ Married w/o Children _____ Single Parent Living w/ Significant other
_____ Lives w/ Parents, Relatives, and Friends _____ Non-Custodial Parent _____ Single Parent
_____ Single Head of Household _____ Homeless

Please indicate a number:

_____ Individuals that live in your home _____ Families that live in your home
_____ How many people you are responsible for

Characteristics:

_____ Handicapped/Disabled _____ Learning Disorder/Disability _____ ESL
_____ Veteran (Start date __/__/__ End date __/__/__)
_____ Chemical Dependency _____ Public Assistance Program _____ Criminal Background
_____ Recently released from DOC within the last 30 days _____ Referred by

Do you have: Felony Misdemeanor Arrest record No to all choices

Are you going to court for any reason? Yes No

For what? _____

Are you currently on probation or parole? Yes No

Probation Officer name and phone number: _____

****Items that you have marked DO NOT affect your client status with NWICDC**
Referral Purposes Only, all information is kept Confidential**

Medical/Physical Characteristics:

Do you feel you are in need of counseling services? Yes No

Are you currently receiving counseling services? Yes No

Do you need traditional help/advice on intense matters? Yes No

Counseling from Elder/Healer preferred? Yes No

Do you have health care coverage? Yes No

Are you receiving help from traditional helpers? Yes No

Do you have health problems that prevent you from working or completing training? Yes No

If **yes** to either, describe the health problem: _____

Do you have medical documentation for the above? Yes No

Northwest Indian Community Development Center

Release of Information

Some agencies and employers will not release information without your written consent. We ask all participants to completely read and sign this form; it will remain in your client file for up to **one year** from the date signed. If at some point during this year you would like to stop this Release just provide the NWICDC with a written notice.

I, _____ authorize the following agencies to release information to Northwest Indian Community Development Center. I understand that I am giving up the rights to sue all agencies or offices exchanging information regarding my situation(s). **Please initial by all agencies that you allow NWICDC to release information with on your behalf.**

- | | |
|---|--|
| _____ Beltrami County Human Services | _____ Bi-Cap Housing Assistance |
| _____ HRA – Housing & Redevelopment of Bemidji | _____ Village of Hope-Homeless Shelter |
| _____ Red Lake Homeless Shelter | _____ Evergreen Community Services/Shelter |
| _____ Employer | _____ Sanford Health |
| _____ Upper Mississippi Mental Health | _____ Probation/Parole Officer |
| _____ American Indian OIC | (Name/County) _____ |
| _____ MN Workforce Center | _____ Other(please specify) _____ |
| _____ MN Rural CEP (Job Counselor Name) _____ | |
| _____ Oshkiimaajitahdah (New Beginnings) (Job Counselor Name) _____ | |

****Fax or photocopies are acceptable as original.**

I authorize Northwest Indian Community Development Center (NWICDC) the use of any photographic or electronic reproductions of me for any purpose including but not limited to educational, promotional or social media deemed appropriate by Northwest Indian Community Development Center. I understand I might be identifiable through such promotional materials. I understand by signing below I agree and accept these terms:

Member Signature: _____ **Date:** _____

Parent/Guardian Signature if client is under 18: _____ **Date:** _____

NWICDC Registration Staff Signature: _____ **Date:** _____

Send information to:
 Northwest Indian Community Development Center
 520 4th Street NW
 Bemidji, MN 56601

Telephone: 218.759.2022 Fax: 218.759.0090

Northwest Indian Community Development Center

Giishpin dibendaagoziyan omaa (Member Responsibilities)

1. **Gidaa-wiindamaage giishpin ge-aanjibii'igaadegin iniw ezhi-ganoon'igooyan gemaa aandi endaayan.** (To advise your NWICDC Staff as soon as possible of a new address or telephone number change.)
2. **Gidaa-bi-izhaa apii ge-wiidanokiimagwaa NWICDC enokiivaad. Giishpin bwaanawitooyan gaabige gikendaman ge-bi-ganoonadwaa NWICDC enokiivaad.** (To attend and participate cooperatively with NWICDC Staff. If you are unable to participate/attend notify the appropriate NWICDC program staff as soon as possible.)
3. **Gidaa-minwaazomaag minawaa gidaa-mino-doodawaag gakina awiia apane omaa NWICDC ayaayan.** (To refrain from using abrasive/threatening language and disruptive/disrespectful behavior while participating in NWICDC programs and services.)
4. **Onjii'idim ji-biindigadood awiia giwashkwe-minikwewin, gaa-giwashkwenoong gemaa gaye miigaazo-abajichiganan. Giishpin bagakendanziwan onjida giwashkwe'igooyan giga-gagwejimig ji-ni-maajaayan.** (Alcohol/Drugs/Weapons ARE NOT ALLOWED on the NWICDC premises. If you are under the influence of any substance, you will be asked to leave the premises.)
5. **Apane gidabinoojiinyimag gidaa-ganawenimaag omaa NWICDC ayaayan.** (To supervise your children at all times while at NWICDC or with NWICDC staff.)

Mii sa go gii-agindamaan naa nisidotamaan akina gegoo omaa ezhibii'igaadeg. Mii go gaye gii-nakodamaan onow da-izhichigeyaan. (I have read and understand the NWICDC member responsibilities and agree that I will abide by all.)
Miigwech for answering all of our questions in a truthful and honest manner.

Participant: _____

Date: _____

I hereby certify that the statements made on this NWICDC application are complete and accurate to the best of my knowledge.

In Case of Emergency/Follow up Contact

Name: _____ Relationship: _____ Phone: _____



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