



**Boozhoo!/Aaniin!**

Miigwech bi-izhaayan omaa Northwest Indian Community Development Center

Today's date \_\_\_\_\_

Member ID number \_\_\_\_\_

**Demographic information**

<b>Last name</b>		<b>First name</b>		<b>MI</b>
<b>Anishinaabe name</b>		<b>Clan</b>		<b>Tribal affiliation</b>
<b>Date of birth</b>	<b>Age</b>	<b>Gender identity</b>		<b>SSN</b>
<b>Current mailing address</b>				
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>County</b>
<b>Primary phone number</b>	<b>Secondary phone number</b>		<b>Email</b>	
<b>Race – select all that apply.</b> <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White	<b>Are you a U.S. citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Did you participate in the last census?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Please check if you have the following:</b> <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Arrest Record		<b>Are you registered with the selective service?</b> <input type="checkbox"/> Yes, # _____ <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
<b>If you are not enrolled into a tribe, are you eligible for enrollment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a descendant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you a veteran?</b> <input type="checkbox"/> Yes from ___/___/___ to ___/___/___ <input type="checkbox"/> No	
<b>Emergency contact name</b>		<b>Emergency contact phone number</b>		<b>Contact relationship</b>

**Family**

Marital Status (please circle one)      Single    Married      Separated      Divorced      Widowed

Do you currently have any children?      Yes    No      If yes, how many are under 18? \_\_\_\_\_

Are you the custodial parent of your children?      Yes    No      Are you a single parent?    Yes    No

Are you currently expecting?      Yes    No      When is your expectant due date? \_\_\_\_\_

Is there a possibility that you might be pregnant?      Yes    No      Don't Know

Do you have health insurance?      Yes    No      Type: \_\_\_\_\_

Is your health insurance provided by your employer?    Yes    No

**Barriers-** Check all that apply.

<input type="checkbox"/>	Handicapped/Disabled	<input type="checkbox"/>	Learning disorder/disability	<input type="checkbox"/>	Chemical dependency
<input type="checkbox"/>	Recently released from jail/prison	<input type="checkbox"/>	Currently on probation	<input type="checkbox"/>	Lack of reliable transportation
<input type="checkbox"/>	Health concerns	<input type="checkbox"/>	Primary caretaker	<input type="checkbox"/>	Lack of a support system
<input type="checkbox"/>	Mental health concerns	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Lack of consistent child care
<input type="checkbox"/>	Lack of consistent child care	<input type="checkbox"/>	Lack of reliable/safe housing	<input type="checkbox"/>	Other:

Please use the space below to provided additional information regarding barriers:

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**Public Assistance**

Please let us know if you have or would like information

	Yes	Amount Received	No	I might be eligible	I would like more information
MFIP/TANF					
SNAP					
MNSure					
Social Security					
Energy Assistance					
Section 8 Housing					
General Assistance					
Child Support					
Tribal per Capital					
Unemployment					

**Housing**

Are you currently experiencing homelessness? Yes No  
 How long have you been homeless? \_\_\_\_\_

Where have you slept for the last 30 days? Please check all that apply.

<input type="checkbox"/>	Homeowner	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Emergency shelter	<input type="checkbox"/>	Prison/Jail	<input type="checkbox"/>	Foster Care
<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Domestic Violence Shelter	<input type="checkbox"/>	Motel/hotel
<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	Living with friends/family	<input type="checkbox"/>	Non-housing (street, car, park)

How many individuals live with you? \_\_\_\_\_

How many families live with you? \_\_\_\_\_

What is your household size? \_\_\_\_\_

What is your individual total monthly income? \_\_\_\_\_

What is your families total monthly income? \_\_\_\_\_

**Employment and Education**

Are you working now? Yes No  
 If no, how long have you been unemployed? \_\_\_\_\_  
 If yes, circle one: Full-time Part-time Seasonal

Please let us know about your current employment:

Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Please let us know about your previous employment:

Type of job held: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Wage: \_\_\_\_\_  
 How long were you employed? \_\_\_\_\_

Are you going to school now? Yes No  
 If yes, circle one: Full-time Par-time  
 What is your highest level of education completed? \_\_\_\_\_

**Please check off some of your goals:**

<input type="checkbox"/>	Enter employment	<input type="checkbox"/>	Raise Accuplacer Score	<input type="checkbox"/>	Get more involved in children's education
<input type="checkbox"/>	Retain employment	<input type="checkbox"/>	Enter postsecondary education	<input type="checkbox"/>	Read more to children
<input type="checkbox"/>	Get a better job	<input type="checkbox"/>	Enter postsecondary training	<input type="checkbox"/>	Get more involved in community
<input type="checkbox"/>	Get promoted in my job	<input type="checkbox"/>	Improve basic literacy skills	<input type="checkbox"/>	Write resume
<input type="checkbox"/>	Obtain my GED	<input type="checkbox"/>	Improve English language skills	<input type="checkbox"/>	Gain computer related skills
<input type="checkbox"/>	Gain budgeting skills	<input type="checkbox"/>	Increase life skills	<input type="checkbox"/>	Obtain/maintain housing
<input type="checkbox"/>	Family reunification	<input type="checkbox"/>	Maintain/Obtain sobriety	<input type="checkbox"/>	Complete reentry program
<input type="checkbox"/>	Get involved in cultural activities	<input type="checkbox"/>	Other:		

How can we best help you achieve your goals/aspirations? \_\_\_\_\_

Please indicate any marketable skills you have. For example: ricer, singer, musician, trapping, hunting, tool making, sugar bushing, wood skills, mechanic, carpenter, etc:

\_\_\_\_\_

# SELF-ASSESSMENT

Please fill out the entire form to the best of your ability so that we can better serve you as a member.

	I am interested	I am not interested		I am interested	I am not interested
<b>Cultural needs</b>			<b>Needs of family and self</b>		
Traditional events/gatherings			Mental health referrals		
Ojibemowin opportunities			Adult Basic Education Programs		
Traditional/cultural teachings			Job application support		
Searching for my clan			Assisting in obtaining a photo ID		
Counseling from Elder/Healer			Information/support for navigating family reunification		
Traditional help/advice on intense matters			Meal preparation		
Beading instruction			Budgeting/financial Skills		
Ricing			Housing assistance		
Sugar Bushing			Securing childcare		
<b>Education/Employment</b>			Tax preparation		
Receiving assistance applying for college			Information about support groups (NA, AA, Womens, Mens)		
Receiving assistance with training opportunities			Assistance with transportation. (Gas vouchers/bus tokens)		
Assistance with financial aid applications/FAFSA			Utilizing NWICDC drop-in services (phone, fax, internet)		
Assistance navigating college/career exploration			Artistic opportunities		
Assistance with resume development			Learning new art techniques		
Conducting a practice interview			Volunteering at NWICDC		
Learning new skills for the workplace			Other:		
Interest in the community health worker certification			Other:		
Interest in the Certified Nursing Assistant program			Other:		
Interest in OSHA certification			Other:		
Interest in the Miigwech Aki (Deconstruction program)			Other:		
Learning new technology skills			Other:		

# SELF-DETERMINATION PLAN

Use the following worksheet to think of the type of employment **you would like to have**. Please be specific!

**Write down your employment or education goal.**

My employment goal is to: \_\_\_\_\_

**Make your goal detailed and SPECIFIC. Answer who/what/where/how/when.**

Who do you want to work for? \_\_\_\_\_ What would be your position? \_\_\_\_\_

When would you like to work? \_\_\_\_\_ Where are you working? \_\_\_\_\_

How will you reach this goal? List at least 3 action steps you'll take (be specific):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Make your goal measurable.** For example: *This week I will fill out 6 job applications or I will spend 2 hours in the GED room.*

I will measure/track my goal by using: \_\_\_\_\_

**Make your goal attainable.**

Who is going to help you with your goals? \_\_\_\_\_

**List skills and resources you need in order to meet your employment goals.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Make your goal time specific.**

**Date achieved**

Goal for check in date 1 (1-3 months) \_\_\_\_\_

Goal for check in date 2 (3-6 months) \_\_\_\_\_

Goal for check in date 3 (6-12 months) \_\_\_\_\_

The goals worksheet has been developed jointly with NWICDC to reflect my needs. I agree to cooperate with NWICDC to the best of my ability in achieving the goals established. If I fail to comply with my development plan without reasonable cause, I understand that my action may be subject to termination from future NWICDC assistance.

**I will notify my care coordinator immediately upon accepting employment.**

I have read all of the statements above and understand that it is my responsibility to provide information to the best of my knowledge and ability. Services are to help me reach the program goal of employment and I agree to actively participate in services outlined in this individual service strategy. I understand services may be withdrawn or my file closed; if I fail to fulfill my responsibilities. Services are available according to eligibility and funding by program year.

*By signing this document, we agree to follow this goals worksheet to the best of our abilities.*

**Member Signature** \_\_\_\_\_

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

**Care Coordinator Signature:** \_\_\_\_\_

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



## 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 and offices exchanging information regarding my situation(s). Please initial by all agencies that you allow NWICDC to release information with you on your behalf.

<input type="checkbox"/> Beltrami County Human Services	<input type="checkbox"/> Bi-Cap Housing Assistance
<input type="checkbox"/> Housing and Redevelopment Bemidji	<input type="checkbox"/> Village of Hope-Homeless Shelter
<input type="checkbox"/> Red Lake Homeless Shelter	<input type="checkbox"/> Evergreen Community Services/Shelter
<input type="checkbox"/> Employer	<input type="checkbox"/> Probation Officer (Name/County)_____
<input type="checkbox"/> Standard Health	<input type="checkbox"/> American Indian OIC
<input type="checkbox"/> MN Rural CEP	<input type="checkbox"/> Oshkiimaajitahdah(New Beginnings)
<input type="checkbox"/> MN Workforce Center	<input type="checkbox"/> Mewinzha Ondaadiziike Wiigaming (Healthy Babies Clinic)
<input type="checkbox"/> Other (please specify):_____	

Fax or photocopies are acceptable as originals.

Member signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature if client is under 18 \_\_\_\_\_ Date: \_\_\_\_\_

NWICDC staff signature \_\_\_\_\_ Date: \_\_\_\_\_

Information requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please send information to: Northwest Indian Community Development Center. 1819 Bemidji Ave, Bemidji, MN, 56601  
 Phone: 218-759-2022 Fax: 218-759-0090

## PHOTO RELEASE (OPTIONAL)

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 further acknowledge that my participation is voluntary and that I will not be denied services if I choose not to have my photo taken or used.** I understand I might be identifiable through such promotional materials. Please check from the following choices:

Yes, I authorize NWICDC to use my photo  No, I do not authorize NWICDC to use of my photo

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature if client is under 18: \_\_\_\_\_ Date: \_\_\_\_\_



# GIISHPIN DIBENDAAGOZIYAN OMAA (MEMBER RESPONSIBILITIES)

- 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.)
- Gidaa-bi-izhaa apii ge-wiidanokiimagwaa NWICDC enokiwaad. Giishpin bwaanawitooyan gaabige gikendaman ge-bi-ganoonadwaa NWICDC enokiwaad.**  
(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.)
- Gidaa-minwaazomaag minawaa gidaa-mino-doodawaag gakina awiyya apane omaa NWICDC ayaayan.**  
(To refrain from using abrasive/threatening language and disruptive/disrespectful behavior while participating in NWICDC programs and services.)
- Onjii'idim ji-biindigadood awiyya giwashkwe-minikwewin, gaa-giiwashkwenoozong gemaa gaye miigaazo-abajichiganan. Giishpin bagakendanzivan 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.)
- 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 dazhichigeyaan.** (I have read and understand the NWICDC member responsibilities and agree that I will abide by all.)

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

**Member signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian signature if client is under 18:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate against the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief. We consider applicants without regard to race, color, creed, religion, national origin, age, sex, political affiliation or belief, marital status, disability, sexual orientation, or status without regard to public assistance. It is our policy to abide by all federal, state, and local laws concerning discrimination; and against any beneficiary of programs financially assisted under Title I of the Workforce investment Act of 1998 (WIA) on the basis of beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title financially assisted program or activity. The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access to any WIA Title financially assisted program or activity
- Providing opportunities in or treating any person with regard to such a program or activity or
- Making employment decisions in the administration of, or in connection with such a program or activity

What to do if you believe you have experienced discrimination

If you think that you have been subjected to discrimination under WIA title I financially assisted program or activity you may file a complaint in writing 180 days from the date of the alleged violation with either:

Rhonda Conn, Associate Director  
Northwest Indian Community Development Center  
1819 Bemidji Ave,  
Bemidji, MN, 56601  
Phone 218-759-2022

The Director  
Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue NW  
Room N-4123

If you file a complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the date on which you received your complaint with the recipient).

If the recipient does not give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

*The above notice to the public applied to the federal programs covered under the Workforce Investment Act (WIA) . Complaints concerning the services provided by non-WIA programs may be processed differently.*

## TENESSEN WARNING NOTICE

**Please read the Tenessen Warning Notice below and the equal opportunity information. Please sign the bottom.**

The data we are asking you to provide about yourself is considered private data by Minnesota Statute 13.47 subdivision 2. In order to collect and use this data we must tell you why we need the data, how we intend to use it and any consequences you may experience if you supply the information or not.

### **Why we need the data:**

- Your Social Security Number is requested to identify you as a unique individual and to find out wage data to help us determine how well our services helped you.
- Personal characteristics: age, gender, ethnicity, race, disability, and economic status is collected to evaluate our performance and in some cases to determine if you're eligible for special assistance.
- Veteran status is asked to determine if you are eligible for special services and to evaluate our service delivery.
- Work and education history is used to help you plan your employment and training.

### **How we intend to use the data and to whom we may share this information:**

Work and education history may be shared with prospective employers. In addition to analyzing this data to improve our services, we may share information about you with other employment and training service providers in order to determine what services you may be eligible for and to coordinate services provided to you. Data may be shared with federal and state entities that provide funding for workforce center services. Additionally, other government entities with a legal right to this data may see your information.

### **Consequences to you if you choose to not provide this information.**

You may refuse to supply any or all of this information, you are not legally required to provide any of this information to use workforce development services, not supplying sufficient information may limit our ability to provide you the services you want.

### **For more information:**

DEED Data Practices [www.deed.state.mn](http://www.deed.state.mn)

Minnesota Data Practices Act [www.resivor.leg.state.mn.us/stats/13/](http://www.resivor.leg.state.mn.us/stats/13/)

Minnesota Department of Administration Information Policy Analysis Division

### **Equal Opportunity is the Law**

We consider applicants without regard to race, color, creed, religion, national origin, age, sex, political affiliation, or belief, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all federal, state, and local laws concerning discrimination.

### **Complaint and appeal policy:**

If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to appeal. If you wish to file a formal complaint or an appeal, please see a staff member for assistance.

I have been made aware of and understand this Tenessen Warning notice. (If you do not understand this statement, please ask that a staff member explain it to you.) I agree that the information on this form may be shared among Minnesota Workforce Center agencies for the purpose of helping me find employment or training. I was presented and have read the equal opportunity information on the Notice to the Public Equal Opportunity is the Law. I also understand that I have the right to file a complaint of discrimination.

Member signature: \_\_\_\_\_

Date: \_\_\_\_\_







