



Employee initials: \_\_\_\_\_

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

Name: \_\_\_\_\_  
First Last Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ How long have you been in the area? \_\_\_\_\_

Date of Birth (mm/dd/year): \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Female \_\_\_ Male \_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency/Other contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is applicant or spouse of applicant a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Applicant Race: \_\_\_\_\_

Have you been in a controlled environment in the past 90 days? Yes \_\_\_\_\_ No \_\_\_\_\_ How many days? \_\_\_\_\_

Jail \_\_\_\_\_ Treatment \_\_\_\_\_ Medical \_\_\_\_\_ Psychiatric \_\_\_\_\_ Behavioral \_\_\_\_\_ Where? \_\_\_\_\_

Are you a child of an incarcerated parent? \_\_\_\_\_ If so, which one? \_\_\_\_\_ Are you a MN voter? \_\_\_\_\_

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ Age(s): \_\_\_\_\_

What arrangements have you made for the care of your children while you are in YouthBuild? \_\_\_\_\_

Do you have a valid Driver's License or a Photo Identification? Yes \_\_\_\_\_ No \_\_\_\_\_

If so which one? \_\_\_\_\_ If tribal photo identification, which tribal affiliation? \_\_\_\_\_

What are your transportation arrangements for getting to YouthBuild? \_\_\_\_\_

Have you attended YouthBuild in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when & where? \_\_\_\_\_

How did you learn about YouthBuild Program? \_\_\_\_\_

**1. RELATIONSHIPS**

a. How would you rate your relationship with the following:

Males	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	Females	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Friends/peers	_____	_____	_____	Friends/peers	_____	_____	_____
Authority figures	_____	_____	_____	Authority figures	_____	_____	_____

b. With whom do you spend most of your free time?

Family \_\_\_\_\_ Friends \_\_\_\_\_ Alone \_\_\_\_\_

c. Are you satisfied spending your free time this way?

Yes \_\_\_\_\_ No \_\_\_\_\_ Indifferent \_\_\_\_\_

d. How many close friends do you have? \_\_\_\_\_

**Your Relationship  
with them**

e. Childhood Family Structure:  
(Name & relationship)

**Good**    **Fair**    **Poor**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

f. Present Family Structure:

**Good**    **Fair**    **Poor**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

g. Significant Other/Partner:

**Good**    **Fair**    **Poor**

_____	_____	_____
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h. At present, which of the individuals listed above do you consider to be most significant in your life and why?

\_\_\_\_\_

\_\_\_\_\_

i. Are any of the people listed aware you are applying for YouthBuild? \_\_\_\_\_

j. What are their expectations of you? \_\_\_\_\_

\_\_\_\_\_

k. Are any of the people listed willing to become involved in your process at YouthBuild? \_\_\_\_\_

Specify: \_\_\_\_\_

I. Have you had a significant period in which you have experienced serious problems with:

<b>(ANSWER: Yes or No)</b>	<b><u>Past 30 days</u></b>	<b><u>In your life time</u></b>
Mother	_____	_____
Father	_____	_____
Brother/Sister	_____	_____
Grandparent's	_____	_____
Boyfriend/Girlfriend	_____	_____
Children	_____	_____
Close friends	_____	_____
Other significant family	_____	_____
Neighbor's	_____	_____

**2. LIVING ARRANGEMENTS**

- a. Have you ever been in foster care? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. In how many different places did you live? \_\_\_\_\_
- c. What was the longest period you lived in any one place? \_\_\_\_\_
- d. With whom did you live during this period? \_\_\_\_\_
- e. If you lived in more than one place, what were the reasons for moving? \_\_\_\_\_  
\_\_\_\_\_
- f. If at any time you did not live with your biological family, with whom did you live? \_\_\_\_\_
- g. Why? \_\_\_\_\_
- h. With whom are you living now? \_\_\_\_\_
- i. Are you satisfied with your present living arrangements? \_\_\_\_\_ If no, why? \_\_\_\_\_  
\_\_\_\_\_

**3. EMPLOYMENT HISTORY**

- a. How many of your present friends are employed? All \_\_\_\_\_ Most \_\_\_\_\_ Few \_\_\_\_\_ None \_\_\_\_\_
- b. Describe the characteristics you think make a good reliable worker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Are you currently employed and where? \_\_\_\_\_
- d. Full-time or Part-time (**circle one**) Hourly wage? \_\_\_\_\_ Average number of hours per week: \_\_\_\_\_
- e. Do you plan to remain employed with your current employer while participating in the YouthBuild?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- f. What are your plans after leaving YouthBuild? \_\_\_\_\_

**4. MONEY MANAGEMENT**

- a. What services do you receiving from other agencies/programs?  
MFIP, WIC, SNAP, Housing Assistance, Social Security or Other \_\_\_\_\_?
- b. Which Service? \_\_\_\_\_ How much? \_\_\_\_\_
- c. Which Service? \_\_\_\_\_ How much? \_\_\_\_\_
- d. Which Service? \_\_\_\_\_ How much? \_\_\_\_\_
- e. Do you rent? \_\_\_\_\_ How much do you pay? \_\_\_\_\_
- f. How well do you generally handle money when you have it? Specify: \_\_\_\_\_  
\_\_\_\_\_
- g. Do you presently owe money? \_\_\_\_\_
- h. To whom? \_\_\_\_\_ How much? \_\_\_\_\_
- i. To whom? \_\_\_\_\_ How much? \_\_\_\_\_
- j. How do you plan to repay your debt(s)? \_\_\_\_\_

**5. EDUCATIONAL HISTORY**

- a. Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- b. Reason for leaving? \_\_\_\_\_
- c. When did you leave? \_\_\_\_\_
- d. Do you have an I.E.P.? \_\_\_\_\_ Last grade completed? \_\_\_\_\_ Date: \_\_\_\_\_
- e. Have you ever enrolled in a G.E.D. program? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
- f. How well did you do in Middle School?                      Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- g. How well did you do in Senior High?                      Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- h. What were the best and worst things about it (school/teachers/students/curriculum/etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- i. What are your academic strengths? \_\_\_\_\_
- j. What are your academic weaknesses? \_\_\_\_\_
- k. Did you have a history of suspensions in school? \_\_\_\_\_ Why? \_\_\_\_\_
- l. What are your educational goals? \_\_\_\_\_  
\_\_\_\_\_

- m. How can YouthBuild help you achieve these goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- n. What is the highest grade completed by any member of your family? \_\_\_\_\_

**6. MEDICAL STATUS**

- a. Are you currently under any individual or family health insurance plan (including Medicaid)? \_\_\_\_\_
- b. Do you have a regular doctor? \_\_\_\_\_ Physician name: \_\_\_\_\_
- c. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
- d. When was your last physical examination? \_\_\_\_\_ Dental? \_\_\_\_\_
- e. How many times in your life have you been hospitalized for medical problems? \_\_\_\_\_
- f. How long ago were you, last hospitalized for physical problems? \_\_\_\_\_
- g. Where, for what? \_\_\_\_\_
- h. Do you have any physical problems which continue to interfere with daily life routine? \_\_\_\_\_
- i. If so, for what? \_\_\_\_\_
- j. Are you taking any prescription medication on a regular basis? \_\_\_\_\_
- k. If so, for what? \_\_\_\_\_
- l. Have you ever been treated or recommended for treatment for any psychological, emotional or addiction?  
 Yes \_\_\_ No \_\_\_ If so, where? \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_  
 If so, when? \_\_\_\_\_ Length of stay? \_\_\_\_\_
- m. Have you ever experienced the following (**not** while using any non-prescribed substance):

**(Circle one for each category)**  
**Past 30 days**                      **In your life**

Experienced serious depression	Yes or No	Yes or No
Experienced serious anxiety or tension	Yes or No	Yes or No
Experienced hallucinations	Yes or No	Yes or No
Experienced trouble understanding	Yes or No	Yes or No
Concentrating or remembering	Yes or No	Yes or No
Experienced trouble controlling violent behavior	Yes or No	Yes or No
Experienced serious thoughts of suicide	Yes or No	Yes or No
Attempted suicide	Yes or No	Yes or No

n. How would you rate your mental health status at this time? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
 Explain? \_\_\_\_\_  
 \_\_\_\_\_

**7. ABUSE HISTORY**

- A. Have you ever lived with someone who abused alcohol and/or drugs? \_\_\_\_\_
- B. Are there any family members with chemical dependency, physical or psychological issues? Yes \_\_\_ No \_\_\_
- C. If so what kind? \_\_\_\_\_
- D. Do you have any alcohol or drug problems or concerns? \_\_\_\_\_
- E. Were you abused as a child? \_\_\_\_\_ By whom? \_\_\_\_\_
- F. As a young adult? \_\_\_\_\_ By whom? \_\_\_\_\_
- G. Do you think you have the potential to abuse in any way? \_\_\_\_\_ Explain? \_\_\_\_\_  
 \_\_\_\_\_
- H. What do you do when you become frustrated? \_\_\_\_\_

**8. RECREATIONAL ACTIVITIES**

In the past year have you engaged in any of the following activities? (Check all that apply)

	Frequency			
	<u>Daily</u>	<u>Less than a wk</u>	<u>Weekly</u>	<u>Never</u>
Parties	_____	_____	_____	_____
Dancing	_____	_____	_____	_____
Movies/Watching TV	_____	_____	_____	_____
Writing	_____	_____	_____	_____
Reading	_____	_____	_____	_____
Arts/Painting/Sculpting	_____	_____	_____	_____
Music/Concerts	_____	_____	_____	_____
Museums	_____	_____	_____	_____
Hobbies	_____	_____	_____	_____
Camping/Hiking/Walking	_____	_____	_____	_____
Sporting events	_____	_____	_____	_____

- a. How do you currently spend your leisure time? \_\_\_\_\_  
\_\_\_\_\_
- b. What is your view on casual drug and/or alcohol use? \_\_\_\_\_  
\_\_\_\_\_
- c. How often do you use alcoholic beverages in a social context? \_\_\_\_\_  
When and where? \_\_\_\_\_
- d. How many of your close friends would you say use drugs and/or alcohol? \_\_\_\_\_  
Specify drugs: \_\_\_\_\_ Specify alcohol: \_\_\_\_\_
- e. How much time do you spend with these friends? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

9. **By signing below I declare the answers on this application are true and correct to the best of my knowledge.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

If application was completed with help, who assisted: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Date: \_\_\_\_\_



I,

(Student **Name**)

Hereby request

(Last **high school attended** – include city and state)

to email: [yb.bji@bicap.org](mailto:yb.bji@bicap.org) or fax: **HIGH SCHOOL transcript, immunization records and/or IEP:**

**To, BI-CAP/YouthBuild in partnership with Cass Lake – Bena School District #115**

(Education facility name)

3023 Mill Street NE – County Road 406

(Address)

Bemidji

MN.

56601

(City)

(State)

(Zip Code)

(218) 333-9836

**(218) 444-9550**

(Phone number)

(Fax number)

(Applicant's signature)

(Date)

**Transcript Information** this information will be used only to verify the correct identity of the student.

XXX-XX-

(Your **Name used** on school transcript)

(Social Security last 4 numbers)

**No**

**Yes**

(**Year** last attended)

Do you have an IEP (Individualized Education Program)?

(Date of **birth**)

Parent's signature (if under 21)

(Date)

**Note to school personnel:** Send all transcripts and or IEP's directly to the facility indicated by the applicant. Release of *Education records* is needed within 10 business days per State [mn.gov](http://mn.gov) and Federal Sanctions to assist in continuing education. Schools that fail to comply with FERPA can lose federal funding **U.S. Code. 1232g.**

200311-bjks.