

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:

<u>Males</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Females</u>	<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? c. Are you satisfied spending your free time this way?

Family _____ Friends _____ Alone _____ 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:

(ANSWER: Yes or No)

Past 30 days

In your life time

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)	
	<u>Past 30 days</u>	<u>In your life</u>
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: _____

20210119-bjks.

I,

(Student **Name**)

Hereby request

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

to email: 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 and Federal Sanctions to assist in continuing education. Schools that fail to comply with FERPA can lose federal funding **U.S. Code. 1232g**.

20210119-bjks.