

Alternative Education

COMMUNITY ACTION AGENCY



TO APPLY: Submit an application & required documentation to:

District 7 HRDC Youth Program

Drop Off at: 3116 1st Ave North

Email to: info@hrdc7.org

Mail to: PO Box 2016 - Billings, MT 59103

www.hrdc7.org

Updated November, 2018

Application

DIRECTIONS FOR COMPLETING THIS APPLICATION: All forms requiring a signature must be signed. Failure to properly fill out this application will cause a delay in processing. Verification must be attached for all household members' gross income for the past 30 days.

Please note: All information requested on this application form will be kept confidential within District 7 HRDC and partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Personal Information

Name: _____ Social Sec. No.: _____ - _____ - _____
Street: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Length of time at address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Gender: • Female • Male Date of Birth: ____/____/____

Ethnicity: • African American • Caucasian
• Latino or Hispanic • Asian, Pacific Islander
• Native American • Other (please specify: _____)

Highest Level of Education Completed:
• Grade K through 5 • Grade 6 through 8
• Grade 9 through 12 • High School Diploma or GED
• Attending college/Some college • Graduated junior college (2 year)
• Graduated college (4 year) • Attended graduate, Vocational or trades school

Household Information

"Household" includes all individuals who share use of a dwelling unit as primary quarters for living.

How many adults (18 yrs and older) currently live in participant's household: ____

How many children (under 18 yrs) currently live in participant's household: _____

Please complete attached form for additional information on household.

Employment Information

Primary Employment Status (choose one):

- Employed more than full-time (overtime or more than one job, for yourself or others)
- Employed full-time (for yourself or others)
- Employed part-time (for yourself or others)
- Working and in school or job training
- Laid off, waiting for call back
- Currently in school or job training
- Pursuing Education
- Currently seeking employment
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Current Employer: _____ Phone: (____) _____

Street: _____

City: _____ State: _____ Zip Code: _____

Applicant Profile

The following information is required to assist us in the development of an effective education plan. This information is strictly confidential and will not be released without your written consent.

**This document must be completed by the applicant,
not a relative or friend (parent, spouse, boyfriend, girlfriend, etc.)**

Name: _____ Date: _____
First Middle Initial Last

Highest grade completed: _____ Are you currently in school or a HiSET program? _____ Yes _____ No

If yes, name of school or program: _____

Do you have an Individualized Education Plan (IEP)? _____ Yes _____ No

Did you drop out of school? _____ Yes _____ No

If you are trying to obtain your HiSET, how many times have you tried? _____

Why do you believe you were unable to obtain your HiSET in the past? _____

Why do you believe you will be successful at obtaining your HiSET this time? _____

How can we help you succeed in obtaining your HiSET or High School Diploma? _____

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE.

Applicant Signature

Date

Expenses / Income:

Please indicate the income and expenses for your household during the past 30 days.

Monthly \$	Expenses (if you paid yearly, divide by 12)
	Rent / Mortgage
	Heat: Gas, Wood, Oil
	Electricity
	Car Payment
	Other Utilities: Cable / satellite TV, water, garbage
	Groceries, food, dry goods
	Insurance (auto, fire, renter's/homeowner's, life)
	Medical Insurance or co-pays
	Prescriptions, glasses, braces, etc.
	Telephone including cell phone
	Transportation: gas, parking, bus fare
	Auto Repairs
	Clothing (if unknown, use \$25 per person per month)
	Daycare / Babysitter
	Tuition / After school activities
	Child Support / Alimony
	Personal Care (haircuts, nails, beauty salons)
	Entertainment: dining, movies
	Magazines/Newspapers
	Pets
	Gifts / Charities
	Tobacco / alcohol / lottery
	Household repairs
	Banking / Money order fees
	Total Monthly Expenses

Monthly \$ Totals	Income
	Take home pay (self)
	Take home pay (joint-applicant)
	Part time job (who):
	Child support/ Alimony
	Pension
	Social Security
	SSI
	Other Income
	TANF (cash assistance)
	Food Stamps
	Childcare subsidy
	Total Monthly Income

Applicant Checklist / Responsibilities:
Make sure you have done the following:

Complete the Application

Provide proof of gross income for all members of household over 18 years old. Include copies of proof of all gross income received in the past 30 days from all sources for all members of household.

Social Security and SSI recipients must provide a copy of SSA award letter or SSA 1099 Form.

Report changes in your physical address and/ or mailing address within 10 days.

Copy of valid Drivers License. *(Alternative Education Applicants: If this applies to you)*

Copies of proof of Food stamps, TANF, or other assistance programs.

Bring proof of insurance and valid registration. *(Alternative Education Applicants: If this applies to you)*

Please check ALL of the following sources of **GROSS** income that have been received by ALL MEMBERS OF YOUR HOUSEHOLD WITHIN THE PAST 30 DAYS.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> FAIM/TANF | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Loans | <input type="checkbox"/> Gifts (Money) |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Wages | <input type="checkbox"/> Alimony Payments | <input type="checkbox"/> Odd jobs |
| <input type="checkbox"/> VA | <input type="checkbox"/> Property Income | <input type="checkbox"/> Child Support | <input type="checkbox"/> Supplemental Security Income* |
| <input type="checkbox"/> Interest Income | <input type="checkbox"/> Educational Grants | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Worker's Comp | | | |
| <input type="checkbox"/> Other- If checked, please explain: _____ | | | |

Please provide a brief explanation of which service(s) you are requesting and why:

Youth Profile

In the last two years, have you worked any one place three months or longer? _____yes _____no

If yes, where did you work and what did you do? _____

Have you been or are you currently in foster care or a group home? _____yes _____no

Have you ever been arrested for, or convicted of:

Felony: _____yes _____no

Misdemeanor: _____yes _____no

Do you have a **regular and permanent** night-time residence? _____yes _____no

Are you pregnant or parenting? _____yes _____no

PLEASE NOTE: Eligibility for this program differs from eligibility in the WIA Youth Employment and Training Program. **All household member's income must be counted.**

Please call the Youth Program at 247-7531 if you have any questions.

Please attach the following copies:

- Proof of Citizenship (Example: Birth Certificate, Tribal Document, Public Assistance Record).
- Proof of Age (Example: Birth Certificate, Tribal Document, Photo ID).
- Copy of your Social Security Card.

Income Eligibility Requirements

Household Size	Monthly Income	Annual Income
1	\$2,127	\$25,520
2	\$2,873	\$34,480
3	\$3,620	\$43,440
4	\$4,367	\$52,400
5	\$5,113	\$61,360
6	\$5,860	\$70,320
7	\$6,607	\$79,280
8	\$7,353	\$88,240

Add \$747 monthly or \$8,960 annually for each additional person. Source: www.aspe.hhs.gov

Emergency Contacts

Contact #1

Name: _____

Relationship: _____

Phone Number: _____

Contact #2

Name: _____

Relationship: _____

Phone Number: _____

Parent Consent

I, _____, parent/guardian of _____
give permission for my son/daughter to participate in HRDC's Alternative Education Program. Below is a list of allergies/medical conditions that may be useful knowledge during his/her participation:

Food Allergies:

Other Allergies:

Medical Conditions:

Medical Release

I, _____, parent/guardian of _____,
give permission for HRDC Staff to secure medical treatment for my child in the event of an emergency.

Parent Name

Emergency Contact Number

Signature

Date

**IMPORTANT – READ
CAREFULLY**

IMPORTANT - Applicant Read Before Signing

I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. I (We) agree to notify HRDC promptly in writing upon any material change in the information provided herein, and further acknowledge that HRDC will continue to regard this statement as true and complete until receipt of such written notification. This application shall remain the property of HRDC. I (We) authorize HRDC to obtain income and credit verification.

INFORMATION TO BE RELEASED OR DISCLOSED: Savings, Certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his agent and representatives of the financial institution), Gross Earnings, Social Security Payments, V.A. Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts.

I have the right to file a grievance or complaint if I believe that I have been discriminated against on the basis of age, sex, race, color, creed, political beliefs, handicap, marital status or national origin. I can also file a grievance if I disagree with the programs assignment or decision.

I have the right to a fair hearing if not satisfied with the actions affecting my application.

I have been referred to Child Support Services at the following location:
1500 Poly Drive, Suite 200
Billings, MT 59102
(406) 655-5500
Fax: (406) 655-5545

Date: : _____

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

For Office Use Only

Date received: _____	Application reviewed by: _____	Approved by: _____
Participant start date: _____	Maximum number of vouchers available _____	
Denied by: _____		