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
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 trade 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: ______

District 7 HRDC – CSBG Application Page 1 of 9
 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 releases 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 ______________________

District 7 HRDC – CSBG Application Page 2 of 9
Expenses / Income:
Please indicate the income and expenses for your household during the past 30 days.

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

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

District 7 HRDC – CSBG Application Page 3 of 9

Summer Youth - Need Not Complete
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.

- [ ] FAIM/TANF
- [ ] Food Stamps
- [ ] VA
- [ ] Interest Income
- [ ] Worker’s Comp
- [ ] Self Employment
- [ ] Wages
- [ ] Property Income
- [ ] Educational Grants
- [ ] Loans
- [ ] Alimony Payments
- [ ] Child Support
- [ ] General Assistance
- [ ] Gifts (Money)
- [ ] Odd jobs
- [ ] Supplemental Security Income*
- [ ] Unemployment
- [ ] Other - If checked, please explain: ____________________________________________

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

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

District 7 HRDC – CSBG Application Page 4 of 9
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 Age (Example: Birth Certificate, Tribal Document, Photo ID).
  - Copy of your Social Security Card.

### Income Eligibility Requirements

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Monthly Income</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,301</td>
<td>$15,612</td>
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<tr>
<td>2</td>
<td>$1,761</td>
<td>$21,137</td>
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<tr>
<td>3</td>
<td>$2,221</td>
<td>$26,662</td>
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<tr>
<td>4</td>
<td>$2,682</td>
<td>$32,187</td>
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<tr>
<td>5</td>
<td>$3,142</td>
<td>$37,712</td>
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<tr>
<td>6</td>
<td>$3,603</td>
<td>$43,237</td>
</tr>
<tr>
<td>7</td>
<td>$4,063</td>
<td>$48,762</td>
</tr>
<tr>
<td>8</td>
<td>$4,523</td>
<td>$54,287</td>
</tr>
</tbody>
</table>

Add $461 monthly or $5,525 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 - 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: ________________
Participant start date: ________________
Denied by: ________________

Application reviewed by: ________________
Maximum number of vouchers available ________________

Approved by: ________________
### BASIC INTAKE FORM

**HOUSEHOLD MEMBER INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME</th>
<th>MI</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>BIRTH DATE M D YR</th>
<th>SEX</th>
<th>RACE</th>
<th>DISABLED YES/NO</th>
<th>MILITARY STATUS</th>
<th>CHECK ANY THAT APPLY</th>
<th>LAST GRADE COMPLETE OR DEGREE EARNED</th>
<th>WORK STATUS</th>
<th>HEALTH INSURANCE (CHECK ALL THAT APPLY)</th>
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<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>SELF / HEAD OF HOUSE</td>
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</table>
Basic Intake Form page 2

HOUSEHOLD ADDRESS INFORMATION

Street Address: ____________________________ City: __________________ State: ___ Zip: _______ County: __________________________

Mailing Address: ____________________________ City: __________________ State: ___ Zip: _______ County: __________________________

Home Phone: ____________________________ Cell Phone: __________________________ Message Phone: __________________________ Contact Name: __________________________

Housing Structure Type: ___ Apartment/Duplex ___ Single Family House ___ Mobile Home ___ Shelter/Transitional ___ None/Homeless

Do you: ___ Rent / ___ Own Live On a Reservation: ___ Yes / ___ No

GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS

Enter the requested information for all household members, regardless of age or relationship. (Do not include Food Stamps or any other non-cash assistance programs below.)

<table>
<thead>
<tr>
<th>NAME OF PERSON RECEIVING INCOME</th>
<th>DATE</th>
<th>SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)</th>
<th>TOTAL GROSS INCOME FOR MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>5</td>
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</tbody>
</table>

READ CAREFULLY BEFORE SIGNING.

IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER

♦ The collection of personal information on clients is essential to the provision of services at DIST. 7 HRDC: information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.

♦ The information I (we) give here is subject to verification by HRDC officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.

♦ I certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature: ____________________________ Date: ___/___/___