

<b>100% FEDERAL POVERTY GUIDELINES 2018</b>			
<b>FAMILY SIZE</b>	<b>ANNUAL</b>	<b>MONTHLY</b>	<b>WEEKLY</b>
<b>1</b>	<b>\$12,140</b>	<b>\$1,012</b>	<b>\$233</b>
<b>2</b>	<b>\$16,460</b>	<b>\$1,372</b>	<b>\$317</b>
<b>3</b>	<b>\$20,780</b>	<b>\$1,732</b>	<b>\$400</b>
<b>4</b>	<b>\$25,100</b>	<b>\$2,092</b>	<b>\$483</b>
<b>5</b>	<b>\$29,420</b>	<b>\$2,452</b>	<b>\$566</b>
<b>6</b>	<b>\$33,740</b>	<b>\$2,812</b>	<b>\$649</b>
<b>7</b>	<b>\$38,060</b>	<b>\$3,172</b>	<b>\$732</b>
<b>8</b>	<b>\$42,320</b>	<b>\$3,532</b>	<b>\$815</b>
<b>EACH ADD'L</b>	<b>\$4,320</b>	<b>\$360</b>	<b>\$83</b>

**You must write a 100 word essay entitled "Why I should be selected to participate in the summer youth Program".**

# CHEMICAL HEALTH PROGRAMS

PO Box 114  
Red Lake, MN 56871

Phone: (218) 679-3995  
FAX: (218) 679-3976



Program: \_\_\_\_\_

## URINALYSIS TEST

### MEDICATION INFO and RELEASE of LIABILITY

NAME: \_\_\_\_\_ LAST 4 #'s of SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you taken medication in the past 30 days? \_\_\_\_\_yes \_\_\_\_\_no

Are you taking medication prescribed by a doctor? \_\_\_\_\_yes \_\_\_\_\_no

If yes to any of the above questions, list names of all drugs/medications taking:

_____	_____
_____	_____
_____	_____
_____	_____

I will not hold the Chemical Health Programs and the Operators doing the Drug Testing liable for the outcome of my UA test.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CHEMICAL HEALTH PROGRAMS

PO Box 114  
Red Lake, MN 56671

Phone: (218) 679-3995  
FAX: (218) 679-3976



## AUTHORIZATION for DISCLOSURE of CLIENT INFORMATION

.....  
I \_\_\_\_\_ REQUEST THAT THE

RED LAKE CHEMICAL HEALTH PROGRAMS RELEASE:

U.A. RESULTS  
(TYPE of INFORMATION / DOCUMENT)

TO Robert N.  
(INDIVIDUAL'S NAME and AGENCY)

FOR THE PURPOSE OF: JOB / RANDOM UA / FCS / FOSTER CARE / RULE 25  
Please Circle (REASON)

A willfully false statement or representation is a criminal offense punishable by a maximum fine of \$10,000 or minimum imprisonment of 5 years or both. (U.S. Code, Title 18, Section 1001, formerly Section 60)

\_\_\_\_\_  
SIGNATURE of CLIENT (If other than client indicated, state Relationship or Authority)

\_\_\_\_\_  
Address - Street/Box# - City - State - Zip Code

\_\_\_\_\_  
DATE

This consent is subject to revocation at any time except to the extent that Chemical Health Programs has already taken action in reliance on it. However, if this consent was granted to show satisfaction of a legal or court order, then this permission cannot be revoked until that order has been satisfied.

**TO EXPIRE SIX MONTHS FROM DATE MENTIONED ABOVE**

NOTE: Public Health Services Act 42. U.S.C. Section 290dd-2, previously recognized as 42 C.F.R. Part 2, protects the confidentiality of all individual, client data. Any disclosure of information which is not authorized by those regulations is subject to a fine of not more \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense.



Red Lake Band Of Chippewa Indians Employment & Training

## VERIFICATION OF EMPLOYMENT

I hereby authorize the following information be released to the Red Lake Band of Chippewa Employment & Training, Oshkiimaajitahdah to determine eligibility for services and assistance.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

***BELOW THIS LINE IS TO BE COMPLETED BY AUTHORIZED COMPANY REPRESENTATIVE***

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_

Hourly Salary: \_\_\_\_\_

Type of Employment:

Permanent: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Temporary: \_\_\_\_\_ Part-Time: \_\_\_\_\_

If temporary, state estimated length of employment: \_\_\_\_\_

Employee will/has received their first check on \_\_\_\_\_ for \_\_\_\_\_ hours  
Date Amount

Company Official: \_\_\_\_\_

Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title

Please complete and return to:

Oshkiimaajitahdah

P.o. Box 416 Redby, MN. 56670

FAX: (218) 679-4317 Phone: (218) 679-3350

Staff Requesting Verification: \_\_\_\_\_

OSHKIIMAAJITAHDAH

RELEASE OF INCOME

I hereby authorize the following Business/Program to release my earnings/wages for the prior 3 months. This is being requested to determine eligibility for services.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Client

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

**This section is to be completed by the Employer:**

The income for the above names individual is as follows:

For the month of:	For the month of:	For the month of:

The above named individual is currently not employed and his/her last date of employment was on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Employee

\_\_\_\_\_  
Date

**This section is to be completed by Oshkiimaajitahdah Staff:**

The income for this client for the past 3 months is \_\_\_\_\_.

Multiplied by 4 to annualize is \_\_\_\_\_.

In accordance with the intake the client household size is: \_\_\_\_\_.

Based upon income and LLSIL poverty guidelines, I declare this client to be Eligible \_\_\_\_ Ineligible \_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Staff calculating eligibility

\_\_\_\_\_  
Date

Revised: 7/13

Please return to: Oshkiimaajitahdah, ATTN: \_\_\_\_\_



1. Name
2. Social Security Number
3. Tribal affiliation
4. Medical reports and information to relative to Employment and Training
5. Psychological reports relative to Employment and Training
6. Home Telephone number
7. Home address
8. Household income
9. Age
10. Sex
11. Housing situation (own, rent.)
12. Number of persons in household
13. Names and relationship of household members
14. Handicap
15. Nature and dollar amount of assistance received
16. Copies of bills submitted for reimbursement
17. Source of income
18. Substance abuse history relevant to employment and training
19. Criminal and traffic violations relevant to employment and training
20. Date of enrollment
21. Past/present work history
22. Veteran status
23. Educational levels
24. Participation in other programs relative to employability, planning and funding.

**RECORDS RETENTION:**

- a. All past and present participant records will be reviewed quarterly.
- b. At no time will any employee of Oshkiimaajitahdah collect data on or maintain a private file on Any participant of the program.

**SECURITY:**

Participant files are stored in locked cabinets located in the Oshkiimaajitahdah Central File Room and are under lock at all times. A request for the key to gain access to the file room will be made to Security or the Executive Director. Program staff are responsible for the program files, its contents and the Executive Director and the Security Guard will be responsible for the internal and external access and security.

Verification of client being informed of the Tennessee Warning is indicated by his/her signature below.

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Signature of Applicant/Date

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Signature of Case Manager/Date



## **TENNESSAN WARNING/DATA PRIVACY**

### **DATA PRIVACY RIGHTS FOR APPLICANTS/RECIPIENTS OF THE OSHKIIMAAJITAHDAH PROGRAM**

#### **YOUR RIGHTS:**

Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on your application will be used. The information you provide on the application for a program is classified as private under Minnesota law and cannot be disclosed without your permission, except as provided below.

#### **PURPOSE AND USE:**

The information on the application will be used to determine your eligibility for the program and level of assistance. Information you provide will also be used for statistical and research purposes and will not reveal any personal identifying information and you or members of your household.

#### **WHAT IS REQUIRED?**

We encourage you to answer all the questions because your correct answers will enable us to properly verify and prioritize your application. Emergency phone, language spoken in your home, township, and number of persons employed in the household, race years of education and child's schools are optional. However, this information is requested for the purpose of you. Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in effective non-discriminatory manner. Number/code/status blanks are for office use only. We may not be able to properly process your application without all other information.

#### **WHO WILL HAVE ACCESS:**

Tribal staff and county, state (federal) employees, whose job requires access to your application as well as auditors, may have access to your application. These people are all required not to disclose any personal information about you or members of your household. State and/or federal employees and auditors may review applications to ensure that the Oshkiimaajitahdah programs are serving properly.

The Oshkiimaajitahdah system for collecting and utilizing personal participate data is limited to facilitate efficient administration of the program, while simultaneously safeguarding the privacy of its subjects. As mandated by Minnesota Government Data Practices Act of 1974, the program has established a system for data management methods and procedures outlined below.

#### **TYPES OF DATA MAINTAINED:**

The following type of data may be contained in the applicant files. This is compilation of data requested on all forms by this program, and collectively required by funding purposes.

**Eligibility Determination**

Citizen                       14-21 Yrs of Age                       Economically Disadvantaged

ELIGIBLE

NOT ELIGIBLE because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Certifying Officer**

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

\_\_\_\_\_  
**Title of Certifying Officer**

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

## Certification

I certify that the information provided is accurate and true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and /or perjury. I allow the release of information for verification purposes and understand it will be used to determine eligibility.

Signature of Applicant	-	Date
Signature of Parent/Guardian	-	Date
Signature of Case Manager	-	Date

### Parental Consent for Student Participation:

As the legal guardian, I give my permission to have the applicant participate in all activities associated with the 2018 SUMMER YOUTH PROGRAM with Oshkiimaajitahdah. I understand that this will include participation in work and training activities related to program goals of employment readiness, and may include travel under supervision of either Oshkiimaajitahdah Case Managers or Employment Supervisors.

I hereby release and discharge Oshkiimaajitahdah Program, their employees, and Tribal Council with respect to the activities of 2018 SUMMER YOUTH PROGRAM from any cause of action of any nature whatsoever arising from my child's participation in activities of the 2018 SUMMER YOUTH PROGRAM.

Parent/Guardian Signature: \_\_\_\_\_

Print: Parent/Guardian Name: \_\_\_\_\_

Print Youth Participant Name: \_\_\_\_\_

Date Application was signed: \_\_\_\_\_

**FAMILY DATA:**  
(Check one)

Public Assistance

MFIP  GA  SSI

F/S  Foster  OTHER: \_\_\_\_\_

**FAMILY STATUS**

Single Parent  Two Parent

Non-Dependent  OTHER: \_\_\_\_\_

Number in household including self: \_\_\_\_\_

**FAMILY INCOME**

**LIST ALL MEMBERS IN HOUSEHOLD**

Name	Relationship	Source of Income	Amount

**\*IF FAMILY INCOME IS ZERO, PLEASE EXPLAIN:** \_\_\_\_\_

**Ethnic Group:**

American Indian or Alaska Native

Other, Specify: \_\_\_\_\_

**Are you a citizen:**

Yes  No

**Handicapped:**

Yes  No

**If so, what is your disability?** \_\_\_\_\_

~Oshkimaajitahdah~  
15525 Mendota Ave  
PO Box 416  
Redby, MN 56670

**YOUTH EMPLOYMENT APPLICATION**

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

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Reservation District: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male ( ) Female ( )

Education: ( ) Student: Name of High School: \_\_\_\_\_

Circle the grade you are in: 7 8 9 10 11 12

( ) High School Drop out  
Last grade completed: \_\_\_\_\_

( ) H.S Graduate w/ no post high school education

( ) Post High School: \_\_\_\_\_

Circle number of years attended: 1 2 3 4

**MALES 18+**

*Please attach a copy of your selective service number*

**Note: The Job Training Partnership Act States that all individuals are required by law to register for the selective serviced and provide proof that they are registered before being accepted into the Youth Employment Program.**

## **SUMMER YOUTH EMPLOYMENT OPPORTUNITIES**

**Starting April 23<sup>rd</sup>, 2018 Oshkiimaajitahdah will start accepting applications for the Summer Youth Employment Program. The tentative startup date is June 4<sup>th</sup>, 2018 with the first crew completing on July 12<sup>th</sup>, 2018.**

**The second will start on July 16<sup>th</sup>, 2018 and end on August 24<sup>th</sup>, 2018. Each crew will be working for a period of 6 weeks at 32 hours per week.**

**The eligibility requirements are as follows:**

- 1. Must meet the general tribal enrollment requirement.**
- 2. Must be within income requirements, except for those individuals that have one or more of the following criteria:**
  - A. Dropout**
  - B. Deficient in basic literacy skills**
  - C. Have educational attainment that is one or more grade levels below the grade level appropriate to their age group.**
  - D. Pregnant or Parenting**
  - E. Have disabilities, including learning disabilities.**
  - F. Homeless, runaway youth or foster.**
  - G. Offenders**
- 3. 18+ males must be registered with selective service.**
- 4. Must be 14 – 21 years of age.**
- 5. Must be residing within the Red Lake service area.**
- 6. You must provide two forms of Identification such as a Birth Certificate, Tribal ID, State ID, Social Security Number is a must.**
- 7. Priority will be given to students that are on the A or B Honor roll and have good attendance.**

**If you have any questions regarding this notice please contact:  
Bob Neadeau at 218-679-3350 ex. 2618  
Deven Eagletail at 218-679-3350 ex. 2654**

## **SUMMER YOUTH ORIENTATION**

**JULY 16<sup>TH</sup>, 2018**

### **(Tentative) AGENDA**

- 9:00a.m. Welcome (Jerry)**  
**What are the goals and objectives of SYP?**
- 9:15a.m. Chemical Health UA**
- 10:00 a.m. Complete all paperwork**
- 11:00 a.m. Time and Attendance**
- 12:00 a.m. Lunch**
- 1:00 p.m. Resume Development**
- 1:30 p.m. Career**
- 2:00 p.m. Child Labor Laws**
- 2:30 p.m. Chemical Dependency**
- 3:00 p.m. Financial skills**
- 4:30 p.m. Adjourn**

**1<sup>st</sup> Round will start on June 4<sup>th</sup>, 2018 and end on July 12<sup>th</sup>, 2018.**

**2<sup>nd</sup> Round will start on July 16<sup>th</sup>, 2018 and end on August 23<sup>rd</sup>, 2018.**

## **SUMMER YOUTH ORIENTATION**

**JUNE 4<sup>TH</sup>, 2018**

### **(Tentative) AGENDA**

- 9:00a.m. Welcome (Jerry)**  
**What are the goals and objectives of SYP?**
- 9:15a.m. Chemical Health UA**
- 10:00 a.m. Complete all paperwork**
- 11:00 a.m. Time and Attendance**
- 12:00 a.m. Lunch**
- 1:00 p.m. Resume Development**
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~OSHKIIMAAJITAHDAH~

SUMMER YOUTH APPLICATION

2018



DEADLINE TO TURN IN APPLICATION IS

MAY 25<sup>TH</sup> 2018