

Saginaw  
YouthBuild

2016

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Program Application

## Background Form

### Student Contact Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Apt. #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Cell Home Other

Telephone 2: \_\_\_\_\_ Cell Home Other

Email: \_\_\_\_\_ other ways to contact you: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Office Use Only	
Application Received:	_____
Program Cohort:	_____
Cycle Start Date:	_____
Projected End Date:	_____
Entered into MIS?	___ Yes ___ No

## Personal Characteristics

Gender \_\_\_ Female \_\_\_ Male Date of Birth \_\_\_\_\_

Ethnicity \_\_\_ Asian American/Pacific Islander Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

\_\_\_ Black/African American U.S. Citizen \_\_\_ yes \_\_\_ no

\_\_\_ Hispanic/Latin American Marital Status \_\_\_ Never Married \_\_\_ Separated

\_\_\_ Native American \_\_\_ Married \_\_\_ Divorced

\_\_\_ Caucasian \_\_\_ Widowed \_\_\_ Separated

\_\_\_ Multiracial

### Type of Housing

\_\_\_ Public Housing \_\_\_ House/Apartment \_\_\_ Other

\_\_\_ Homeless \_\_\_ Homeless Shelter

\_\_\_ Halfway House \_\_\_ Group Home

### Annual Household Income

\_\_\_ \$0 \_\_\_ \$1-\$10,000 \_\_\_ \$10,001-\$20,000 \_\_\_ \$20,001-\$30,000

\_\_\_ \$30,001-\$40,000 \_\_\_ \$40,001 and above

## Health Information

Do you have any physical, medical, or health problems that would interfere with your participation in Saginaw YouthBuild?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If Yes, please explain:

Please list any medications you are currently taking:

Do you smoke? \_\_\_\_\_yes \_\_\_\_\_no

Do you wear glasses? \_\_\_\_\_yes \_\_\_\_\_no

Do you have Health Insurance? \_\_\_\_\_yes \_\_\_\_\_no

Do you have Medicaid? \_\_\_\_\_yes \_\_\_\_\_no

### Education History

Highest Grade Completed \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup>

\_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>

\_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup>

\_\_\_\_\_ 9<sup>th</sup>

Office Use Only – TABE Scores
Date Pre-Test Administered _____
Reading: _____
Math: _____
Post-Test Administered: _____

What was the last school you attended? \_\_\_\_\_

Why did you stop attending? \_\_\_\_\_

Do you already have your GED or Diploma? \_\_\_\_\_yes \_\_\_\_\_ no If so what year \_\_\_\_\_

Do you have any construction experience? \_\_\_\_\_yes \_\_\_\_\_no

### Dependence and Public Assistance

Do you live by yourself? \_\_\_\_\_yes \_\_\_\_\_no

Do you live with your parent(s)? \_\_\_\_\_yes \_\_\_\_\_no

Do you have any dependents? \_\_\_\_\_yes \_\_\_\_\_no

If yes, how many dependents? \_\_\_\_\_

How many total people, including children and dependents, live in your home? \_\_\_\_\_

Do you receive public assistance? \_\_\_\_\_yes \_\_\_\_\_no

Does anyone you live with receive public assistance? \_\_\_\_\_yes \_\_\_\_\_no

Are you a foster child? \_\_\_\_\_yes \_\_\_\_\_no

Were you a foster child who aged-out of foster care? \_\_\_\_\_yes \_\_\_\_\_no

### Criminal Justice History

Have you ever been arrested? \_\_\_\_\_yes \_\_\_\_\_no

Do you have a case pending? \_\_\_\_\_yes \_\_\_\_\_no

Have you ever been convicted of a misdemeanor? \_\_\_\_\_yes \_\_\_\_\_no

Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no

Have you ever been in a juvenile detention facility? \_\_\_\_\_yes \_\_\_\_\_no

If Yes, what was the length of the incarceration? \_\_\_\_\_years \_\_\_\_\_months

Are you on or ever been on probation? \_\_\_\_\_yes \_\_\_\_\_no

Probation officer's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you on or ever been on parole? \_\_\_\_\_yes \_\_\_\_\_no

Parole Officer's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Substance Abuse History

Do you have a history of alcohol abuse? \_\_\_\_\_yes \_\_\_\_\_no

If Yes, are you currently undergoing substance abuse treatment? \_\_\_\_\_yes \_\_\_\_\_no

Have you ever had substance abuse treatment? \_\_\_\_\_yes \_\_\_\_\_no

Are you currently using any of the following substances? If Yes, please circle. \_\_\_\_\_no

Marijuana                      Cocaine                      Heroin                      other illegal substances: \_\_\_\_\_

If Yes, are you currently undergoing substance abuse treatment? \_\_\_\_\_yes \_\_\_\_\_no

Have you ever had substance abuse treatment? \_\_\_\_\_yes \_\_\_\_\_no

### Selective Service Registration (Males Only)

All males between the ages of 18-25 must be registered for selective service.

Are you between the ages of 18-25? \_\_\_\_\_yes \_\_\_\_\_no

If Yes, are you already registered for selective service? (Documentation must be provided) \_\_\_\_\_yes \_\_\_\_\_no

If No, you must register on [www.sss.gov](http://www.sss.gov) to be eligible for participation (Documentation must be provided once registered).  
If you need help registering, please see a YouthBuild staff member for assistance.

### Veteran Status

Are you a Veteran? \_\_\_\_\_yes \_\_\_\_\_no If Yes, please provide a DD-214 Discharge Form.

Are you a spouse, widow, or widower of a Veteran?(Proof is required) \_\_\_\_\_yes \_\_\_\_\_no

### Construction Information

Please list any construction experience or knowledge of the construction field you may have.

(EX: helped put a roof on a house, helped build a ramp, have used a table saw before, etc.)

How did you learn about the Saginaw YouthBuild program? Circle all that apply.

Flyer                      Facebook Page                      WIOA Staff                      Family/Friend

SVRC Staff                      Teacher                      Other: \_\_\_\_\_

What is your uniform/clothing size?

T-Shirt\_\_\_\_\_ Boots\_\_\_\_\_ Gloves\_\_\_\_\_ Jeans\_\_\_\_\_

**Program Consent**

INFORMED CONSENT FOR PARTICIPATION

I hereby authorize Saginaw YouthBuild through its staff and/or contract agents to provide: leadership development, mentoring, meaningful work experience, soft skill trainings, and educational prep to \_\_\_\_\_ (participant).

Signature\_\_\_\_\_ Date\_\_\_\_\_

(Participant/Guardian)

INFORMED CONSENT FOR TRANSPORTATION (IF APPLICABLE)

I hereby authorize Saginaw YouthBuild through its staff and/or contract agents to provide Transportation Services for \_\_\_\_\_ (participant) as necessary.

Signature\_\_\_\_\_ Date\_\_\_\_\_

(Participant/Guardian)

**HIPAA Authorization**

*SVRC INDUSTRIES, INC. / WESTLUND GUIDANCE CLINIC/S.A.I.D.*

I hereby authorize the use or disclosure of protected health information about me as described below.

- (1) The name of the person or other specific identification of the person(s) or class of persons, authorized to make the use or disclosure (i.e. SVRC, Westlund, S.A.I.D.):

Saginaw YouthBuild

- (2) The name or other specific identification of the person(s) or class of persons to whom the requested disclosure may be made (i.e. Court system, school system):

Court system, School system

- (3) Specific description of the information to be used or disclosed (reports, medical information, testing information):

Reports, medical information, testing information, school transcripts

- (4) The information may be used or disclosed for each of the following purposes (i.e. SSA disability hearings, court proceedings):

Program eligibility, Program follow-up

- (5) I understand that the information used or disclosed may be subject to redisclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations.

- (6) I understand that I may revoke this authorization by notifying Case Manager/ Counselor/ Rehab Services Specialist in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any affect on actions taken by *SVRC INDUSTRIES, INC/WESTLUND/S.A.I.D.* in reliance on it before I revoked it.

- (7) I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits.

- (8) I understand this authorization will expire on (check and complete one):

\_\_\_\_\_, 20\_\_\_\_, or

On the happening of the following event that relates to me or the purpose of the use or disclosure:

One year from exit date of the program

This form must be fully completed before signing.

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Consumer Name

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Signature of Consumer

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Consumer Address

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Date of Consumer Signature

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Personal Representative's Signature

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Date of Representative's Signature

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Description of Representative's Authority to  
Act for the Consumer (If applicable)

*(A copy of this fully completed and signed form must be given to the consumer or personal representative)*

**Letters of Recommendation for the Program**

Please attach two letters of recommendation for the Saginaw YouthBuild Program. Letters may not be written by relatives. Examples of references could be: Former Teachers, Pastors or other Church Staff, Former Employers, Family Friend, etc.

**Tell Us About Yourself**

Please choose one of the following topics and write about it. (please use the space provided below and the back of the page if needed). Try your best, but please remember we are not judging this essay on grammar, spelling, or writing ability. We are simply looking for your best effort and sincere thoughts.

1. Why do you believe that Saginaw YouthBuild is the right program for you? You will be faced with barriers throughout the program – no transportation provided to work sites, school work, construction training, day care, etc. Please explain how you plan to overcome these barriers with or without the help of YouthBuild staff.
2. Having clear and realistic education and career goals is an important aspect of the Saginaw YouthBuild program. Please explain your education and career goals and the steps you would like to take while in YouthBuild in order to achieve these goals.

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