

Youth Build

Berens, Richard

Oct - May 2011

#2

YBTC

Enrollment

YouthBuild File Paperwork Check

Participant Name: Richard Berens Enrolled in WIA: yes no
 Enrollment Date: 10-1-10 Exit Date: _____
 Age at Enrollment: 19 DOB: 6/13/91

ELIGIBILITY DOCUMENTATION	STATUS	RECEIVED
Application Form		✓
Age Verification		✓
Selective Service Registration N/A _____ (female or under 18) Future registration date _____	Must be registered before enrollment date.	✓
Low Income Verification		✓ Good Stamps
School Drop Out Verification (if enrolled in alternative school, mark N/A)		N/A
25% Enrollment Exemption (with Diploma/GED - must be BSD)		N/A
Foster Youth Status (current or aging out)		N/A
Disability Verification (includes learning disabilities)		N/A
Offender Verification Adult _____ Youth _____ N/A _____		N/A
Migrant Youth		N/A
Incarcerated Parent		N/A
ADDITIONAL DOCUMENTS		
Math Test (select one) TABE Score <u>461</u> Grade Level <u>4.6</u> Work Keys Score _____		✓
Reading Test (select one) TABE Score <u>642</u> Grade Level <u>12.9</u> Work Keys Score _____		✓
EEO Waiver		✓
Grievance Waiver		✓
Photo Release		✓
Release of Information Consent		✓

File Folder Set Up (top to bottom) Eligibility - left side	Case Management
Checklist	Summary of Services (printed from MIS)
MIS Assessment Form (printed from MIS)	
Assessment Overview (printed from MIS)	
YB Application	
Self Attestation (if applicable) Used for all statuses that make applicant eligible OR	
Other verification for eligibility	
Social Security	
Birth Certificate	
EEO Waiver	
Complaint Procedures Verification	
Photo Release	
Release of Information Consent	
TABE Tests	

Assessment at Entry Form

Participant: Richard Berens
Cohort: October 2010
Team: TCAPS 2

* Denotes required information. ⚡ Denotes information that must be filled out within two weeks.

Mental Toughness

Completed Mental Toughness? * Yes No

Basic Skills Deficient

Basic Skills Deficient * Yes No

Note: Any participant who has a high school diploma must be basic skills deficient to be eligible for this program.

Date of Enrollment

Date of Enrollment * 10/01/2010

Note: Date of Enrollment cannot be updated once the assessment at entry form is saved for the first time.

Co-Enrolled in WIA

Co-Enrolled in WIA Yes No

Selective Service

Is participant registered for selective service? Yes No

Note: This field is required IF the participant is a Male AND between the ages of 18 - 25.

Employment

⚡ Employment Status at Enrollment Employed
 Not Employed
 Employed but Received Notice of Termination of Employment or Military Separation

Occupation at Enrollment

Occupation Title (Optional)

Hours Worked at Enrollment (per week)

Hourly Wage at Enrollment \$ (xx.xx)

Start Date for Job at Enrollment

Additional Information

Citizen Status (US Citizen?) Yes No

Authorized to Work Yes No

Voter Registration Yes No

Drivers License Yes No

Family, Education and Other

Housing Status at Enrollment

Alcohol Abuse/Drug Use at Enrollment Yes No

Marital Status Married Single Divorced
 Widowed Separated Domestic Partner

Children

Children Living with Participant

Other Dependents Living with Participant

Highest School Grade Completed *

Limited English Proficient Yes No

Health Issues Significant health issues No significant health issues

Additional Information

Other Public Assistance at Enrollment

To select multiple services, hold the 'CTRL' key and click with mouse

SSI, SSD, SSA
TANF
Welfare for single adults or general assistance (GA)
Unemployment insurance
Food stamps
Division of AIDS Services Income Support or DAS
Other government sources
No Benefits

Specify Other Government Sources of Public Assistance at enrollment

Medical Benefits

To select multiple services, hold the 'CTRL' key and click with mouse

Medicaid
Medicare
5 Private health insurance from work or family membe
Other
None

(If other, please specify)

Mental Health Treatment Yes No

Child Support Obligation at Enrollment: Number of Children

Child Support Obligation At Enrollment: Amount \$

Public Assistance Prior to enrollment

To select multiple services, hold the 'CTRL' key and click with mouse

SSI, SSD, SSA
TANF
Welfare for single adults or general assistance (GA)
Unemployment insurance
Food stamps
Division of AIDS Services Income Support or DAS
Other government sources
No Benefits

Specify Other Government Sources of Public Assistance Prior to enrollment

Amount of Public Assistance Prior to enrollment \$

Duration of Public Assistance Prior to enrollment (number of months)

Types of Medical Benefits Prior to enrollment

Medicaid

Medicare

To select multiple services, hold the 'CTRL' key and click with mouse

Private health insurance from work or family membe

Other

None

(If other, please specify)



Logged in as Lisa Anderson

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ASSESSMENTS & IDP

Grantee: [NORTHWEST MICHIGAN COUNCI...](#)
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbalsd.k12.mi.us

Richard Berens ([edit](#))
Cohort: October 2010
Team: TCAPS 2

[Participant Alerts](#) - 0 total
 [No current alerts \(add new \)](#)

[Add New Case](#)

Delete Request: [Add](#) | [Edit](#)
Status:

[Add New Service](#)

- [Summary](#)
- [Assessments & IDP](#)
- [Services](#)
- [Outcomes](#)
- [Notes](#)
- [Exit](#)

[Assessment at Entry](#) | [Basic Skills](#) | [IDP](#)

Assessment Overview

Basic Skills Deficient	Yes
Highest grade completed	11 - Eleventh school grade completed (11 years)
Employment status at enrollment	Not Employed
Housing status	Living with family
Limited English proficient	No
Voter Registration	
Drivers License	No



Department of Labor

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Northwest Michigan YouthBuild Application

www.nwm.org/youthbuild.asp

Due: _____

In cooperation with Traverse Bay Area Intermediate School District & Traverse City Area Public Schools

Application includes pages 1-5

Please print clearly

SECTION 1 - PERSONAL INFORMATION

Name: Last Berens First Richard Birth Date 6/13/91 Gender M F

Address: 626 Rose St County Grand Traverse

City, State, Zip Traverse City MI 49686 Home Phone (831) 313-1337

Race/ethnicity: White Marital Status: _____ Cell/pager: _____

Monthly Household Income \$ 0 E-mail: ABerens7@yahoo.com

Name, address & phone number of someone who can always reach you:
Richard Berens 626 Rose St 231-313-1337

Site applying for: Beaver Island _____ Benzie/Manistee _____ Traverse City

Do you have a valid driver's license? Yes No

I am currently living (circle all that apply) with parent/guardian with spouse and/or children alone with friends in a homeless shelter in a work/release program other _____

Have you ever been in foster care: Yes No

Have you ever been convicted of a crime? (Please answer honestly. Answering "yes" will NOT hurt your chances of being selected for YouthBuild) Yes No

If your answer is "yes", please describe the charge, the date and the status of the case (Please attach additional sheet if needed). _____

Do you have any active court cases? Yes No If yes, please list the charge: _____

Are you on probation and /or parole? Yes No If yes, please list the name and telephone number of your probation and/or parole officer: _____

Do you have any barriers (no reliable transportation, a need for child care, etc.) that could make it hard for you to attend the program on time every day? (Please note that, depending on the barrier, YouthBuild may be able to provide or refer you to the support you need.) Yes No

Please identify any such barriers: _____

SECTION II – EDUCATIONAL BACKGROUND INFORMATION

Name, city and state of the last school you attended: Travers City High School

Dates you attended: all yr. Highest grade you completed: 11

Why did you drop out of high school? _____

Are you presently in a GED program? Yes No If yes, which program? _____

Do you want to continue with school or training after finishing high school or earning your GED?

Yes No Not sure

If yes, in what type of program: (circle all that apply)

6 to 8 months training certificate 2-year college degree 4-year college degree Graduate degree Military service

SECTION III – JOB TRAINING AND WORK EXPERIENCE

Have you taken any vocational or construction education classes? (Circle one) YES NO

If yes, please describe where & when _____

Have you taken any machine shop classes? YES NO

If yes, please describe when and where _____

Have you been in any training program(s)? YES NO

If yes, please describe when and where _____

Did you complete any training programs? YES NO

If no, please explain _____

SECTION IV - EMPLOYMENT HISTORY

Have you ever been employed? YES NO

Most recent job title MI WORKS employee

Start date _____ End date _____

Describe your duties hall building

Name of employer Jobie Hofmeister

Employer address _____

Phone number _____

How much are you paid per week? 7.40

May we contact your employer as a reference? YES NO

Name of supervisor _____

Previous job title _____

Start date _____ End date _____

Describe your duties _____

SECTION V - EMPLOYMENT HISTORY CONTINUED

Previous employer _____
 Employer telephone _____
 How much were you paid per week? _____
 Why did you leave? _____
 May we contact your employer as a reference? YES NO
 Name of supervisor _____

Do you have experience or skills in any of the following?

Circle Yes or No

Plumbing	YES	<u>NO</u>	Lift Truck	<u>YES</u>	NO
Electrical Wiring	YES	<u>NO</u>	Painting	<u>YES</u>	NO
Sheet Metal	YES	<u>NO</u>	Rough Carpentry	YES	<u>NO</u>
Roofing	YES	<u>NO</u>	Finish Carpentry	YES	<u>NO</u>
Dry Wall	YES	<u>NO</u>	Mechanical Repair	YES	<u>NO</u>
Power Tools	YES	<u>NO</u>	Housing Rehabilitation	YES	<u>NO</u>
Personal Computers	YES	NO	MS Word	<u>YES</u>	NO
Excel	<u>YES</u>	NO	PowerPoint	<u>YES</u>	NO
Web Design	YES	<u>NO</u>	CAD Equipment	YES	<u>NO</u>

How comfortable are you using computers?

Very – I can run programs, surf the Web, etc.

I don't really use computers.

A little – I can type papers and send some email.

List any other tools/machines you have operated: _____

SECTION VI – PHYSICAL INFORMATION

Circle Yes or No

Do you have any physical, medical or other health problems (including allergies) that would affect your ability to do the physical activities needed to perform construction work: YES NO

If yes, please describe: _____

Do you have health insurance? YES NO If yes, who is your provider? _____

Do you have Asthma? YES NO Do you have a fear of heights? YES NO

Do you have Diabetes? YES NO Are you able to bend, stoop & stand? YES NO

Do you have heart related issues (irregular heartbeat, etc?) YES NO Do you have physical limitations/restrictions? YES NO

Do you smoke? YES NO Do you have any lifting restrictions? YES NO

Have you recently had surgery? YES NO Do you have allergies? YES NO

Are you required to wear eye glasses/contacts? YES NO

If yes, please describe _____

When was your most recent physical? _____



SECTION VII– PERSONAL STATEMENT – MUST BE SUBMITTED WITH YOUR APPLICATION

Northwest Michigan YouthBuild is a program that will support and challenge you to transform your life and your future.

Three essay questions – (Please use additional paper if needed)

1. Explain why you want to participate in YouthBuild.

2. What goal (for your life, future, family, etc.) will you use to stay motivated and give your best effort through 32 weeks of hard work?

3. Why do you think you will be successful in YouthBuild?

Do you understand that Northwest Michigan YouthBuild will involve several months of hands-on construction training and that you will be expected to fully participate in both indoor and outdoor construction settings? Yes No

If so, do you agree to participate in all activities inside and outside of the classroom? Yes No.



SECTION VIII – EMERGENCY CONTACT INFORMATION

Please list two individuals we can reach in case of emergency, and let them know you have listed them. Include cell and home phone numbers.

Name: ABISIE BERENS Phone number(s) 313-1357

Relationship: MOM

Name: JAN PERVALT Phone number(s) 938-1883

Relationship: AUNT

SECTION IX – FINANCIAL INFORMATION

Are you receiving any financial benefits such as food stamps, subsidized housing or others? Yes No

If yes, please list these benefits: (Attach additional sheet if you need more room to list benefits received)

Food card

SECTION X – CERTIFICATION AND SIGNATURE

I certify that the information in this application is true and correct to the best of my knowledge. I also authorize the N.W. Michigan Works! staff to verify this information when reviewing my eligibility for the program. I understand that I may be asked to provide documentation and agree to sign, if asked, one or more release forms to allow N.W. Michigan Works! to verify the information provided in this application.

Applicant's signature: Richard Berens Date: 10/1/10

Please mail application to:

Michigan Works! Support Services
Attn: YouthBuild
890 Parsons Rd.
Traverse City, MI 49686

Or....Turn in application in to a youth advisor at one of the following locations:

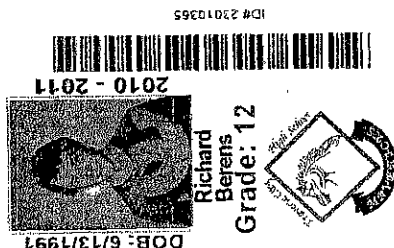
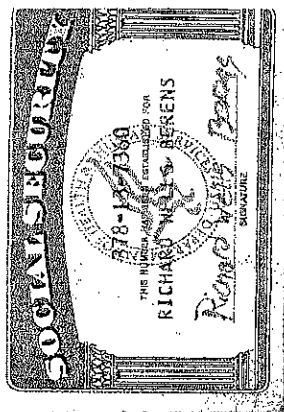
Traverse City Michigan Works! Office – 1209 S. Garfield/Suite C, Traverse City, MI 49686

Kalkaska Michigan Works! Office – 103 3rd St./Unit C & D, Kalkaska, MI 49646

Manistee Michigan Works! Office – 1660 US 31 South, Manistee, MI 49660

Petoskey Michigan Works! Office – 2225 Summit Park Dr., Petoskey, MI 49770

Cadillac Michigan Works! Office – 401 Lake St./Suite 700, Cadillac, MI 49601



CERTIFIED COPY OF RECORD OF BIRTH

STATE OF MICHIGAN
GRAND TRAVERSE COUNTY
TRAVERSE CITY, MI

I, Virginia A. Watson, Clerk of the County of Grand Traverse and of the Circuit Court thereof, the same being a Court of Record having a Seal, do hereby certify that the following is a copy of a birth record remaining in my office.

RECORD NUMBER	DATE OF BIRTH MONTH DAY YEAR	LAST NAME	FIRST NAME	MIDDLE NAME
871	05 13 1991	BERENS	RICHARD	WELLS

SEX: MALE BIRTH PLACE: TRAVERSE CITY

PARENT FIRST NAME	MIDDLE NAME	LAST NAME	AGE	BIRTH PLACE
ABBIE	JANE	BERENS	37	MICHIGAN

6/24/91 Date Recorded

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court.

12/07/92

Virginia A. Watson, Clerk

Deputy Clerk



- Search Site
- home
- about the agency
- registration info
- news & public affairs
- what's new
- contact
- careers
- privacy policy
- history records
- publications
- fast facts
- what happens in a draft
- site map

----- KEY INFORMATION -----

Selective Service Record Search Results

Search Criteria

Last Name: *berens*
Social Security Number: *** - ** - 7360
Date of Birth: 06/13/1991

Matched Record

Selective Service Number:
91-0515216-2

Date of Registration
6/15/2009

To obtain written proof of Selective Service registration [CLICK HERE](#) and follow the instructions on our "Registration Information" page.

[New Search ?](#)

[FAQs](#)



Last Updated: 6/14/2007

©2009 Selective Service System

Self Attestation Form

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I Richard
Berens, Git Food Asstgts., have had
Special ED. And have Familial tremors

If participant cannot obtain a satisfactory witness or provide a telephone contact, explain above

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

* Richard Berens 10/1/10
PARTICIPANT SIGNATURE & DATE

Justin H. Moninger
CORROBORATING WITNESS SIGNATURE

626 Rose St.
PARTICIPANT ADDRESS

Teacher / Coordinator
WITNESS' RELATIONSHIP TO PARTICIPANT

OFFICE USE ONLY

The above participant statement is being utilized for documentation of the following eligibility criteria:

SIGNATURE & DATE OF CERTIFYING OFFICIAL

Equal Opportunity is the Law

It is against the law for this recipient of Federal financial assistance, the Northwest Michigan Council of Governments/Northwest Michigan Works!, to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any individual who is a lawfully admitted immigrant authorized to work in the United States, on the basis of citizenship.

The Northwest Michigan Council of Governments/Northwest Michigan Works! must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any Federal or State financially assisted Employment and Training program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do if You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under any Federal or State financially assisted Employment and Training program or activity, you may file a complaint within 180 days from the dated of the alleged violation with either:

Jane McNabb, Equal Opportunity Officer
Northwest Michigan Council of Governments/
Northwest Michigan Works!
2194 Dendrin Drive
PO Box 506
Traverse City, Michigan 49685-0506
231-929-5000, or 800-692-7774

Or

Mildred E. Williams, Equal Opportunity Officer
Michigan Department of Energy, Labor, & Economic Growth
201 North Washington Square, 5th floor
Lansing, Michigan 48913
517-373-7675 (voice), 1-888-605-6722 (TTY)

Or

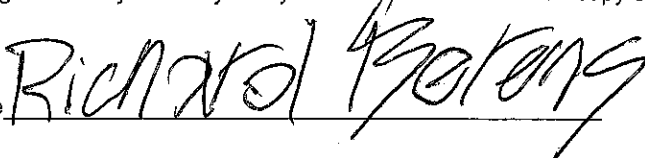
Annabelle T. Lockhart, Director
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, D.C. 20210

If you file your complaint with the recipient, the Northwest Michigan Council of Governments/ Northwest Michigan Works!, you must wait until a written Notice or Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Michigan Department of Career Development (see address above).

If the recipient, the Northwest Michigan Council of Governments/ Northwest Michigan Works!, within 45 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC.

By signing this form you certify that you have received a written copy of this Equal Opportunity notice.

Signature



Date: OCT 1, 2010

ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT PROCEDURES

I Richard Berens attest that I am a
(insert name)

Check one from the categories listed below, and fill in blanks as needed:

- WIA participant *Not currently in WIA*
- TANF participant
- WtW participant
- Trade Program participant
- Food Stamp Employment & Training services participant
- subgrantee representative Company name: _____
- subcontractor representative Company name: _____
- employee Employer name: _____
- one-stop partner representative Company name: _____
- service provider representative Company name: _____
- training services provider representative Company name: _____
- other interested party *YouthBuild participant*

and that I received a copy of the complaint procedures for the Northwest Michigan Council
of Governments/Northwest Michigan Works! programs on 11-0-10
(insert date)

Signature: Richard Berens

For program participants insert the completed form in the individuals' participant file. For employers of program-subsidized employees, insert the completed form in the employers' file. For all other individuals or organizations, please forward this form to Charlene Schlueter at Northwest Michigan Council of Governments, P.O. Box 506, Traverse City, MI 49685-0506

Northwest Michigan Works!

Release of Information Consent

I would like Northwest Michigan Works! to help me look for a job or to help me in other ways to improve my employment outlook.

I understand that Northwest Michigan Works! is a partnership of several organizations. I understand that in order to help me reach my goals, the Northwest Michigan Works! partners need to share among themselves confidential information that I give them about myself. They may also need to share confidential information which I have given any one of the partner agencies in the past. I also understand that the Northwest Michigan Works! partners need to share among themselves confidential information about services provided to me in order to help me reach my goals. The Northwest Michigan Works! partners are:

Adult Education Programs
Child Care Connections
Commission for the Blind
Community Mental Health
Department of Human Services (DHS)
Friend of the Court
Goodwill Industries of Northern Michigan, Inc.
Grand Traverse Band of Ottawa & Chippewa Indians
GTP Industries, Inc.
Little River Band of Ottawa Indians
Little Traverse Bay Band of Odawa Indians
MDLEG Michigan Rehabilitation Service (MRS)
NW MI Council of Governments (COG)
NW Michigan Works! Agency (MWA)
Northwest Michigan Human Services Agency
Senior Community Services Program
TBAISD – Michigan Works! Division
Telamon Corporation
Unemployment Insurance Agency (UIA)

Court _____
School Traversity High School
Other _____

These Northwest Michigan Works! partner agencies have my permission to share the information described above among themselves.

Richard Berens Richard Berens 10/1/10
Signature Printed Name Date

Parent signature (if child is a minor) Printed Name Date 1/1

Prepared by _____ of Northwest Michigan Works!

Note: If a customer declines to sign this release of information consent, the Northwest Michigan Works! staff person preparing it will make a note at the bottom of the form. The Northwest Michigan Works! staff person will then assist the customer in identifying which of the Northwest Michigan Works! partners the customer would like services from.



Northwest Michigan Council of Governments

Let Our Resources Work For You.



**Northwest Michigan Works! Youth Services Programs
Traverse Bay Intermediate School District**

Photographic Release

I, hereby, irrevocably consent to and authorize Northwest Michigan Council of Governments, Northwest Michigan Works!, Traverse Bay Area Intermediate School District, Charlevoix Public School, and Beaver Island Lighthouse Schools the use of any and all photographs that have been or will be taken of me as a program participant/program staff for any purpose whatsoever, without financial or other compensation to me. All negatives, digital files, and prints shall constitute the property of the organizations named above.

I also consent to allow Northwest Michigan Council of Governments, Northwest Michigan Works!, Traverse Bay Area Intermediate School District, Charlevoix Public Schools, and the Beaver Island Lighthouse School to use my name in any publication, including but not limited to newsletters, yearbooks, Web sites, and videos.

I also understand that the above named entities are not responsible for any expense or liability incurred as a result of my participation in this recording or photography, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Richard Yereeny

Printed full name of participant

Address: 626 Rose St.

Phone: 313-1337

Witness for the undersigned (representative of agency): _____

19
yes odd

Richard Yereeny

Signature of participant

10-1-10

Date

Richard Yereeny N/A

Signature of parent (if participant is a minor)

Date

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>BORAN</u>	First <u>Richard</u>	Middle Initial <u>W</u>	Maiden Name <u>NA</u>
Address (Street Name and Number) <u>626 Rose St.</u>		Apt. #	Date of Birth (month/day/year) <u>6/13/91</u>
City <u>Traverse City</u>	State <u>MI</u>	Zip Code <u>49686</u>	Social Security # <u>378-13-7360</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature Richard Boran Date (month/day/year) 6/13/91

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>Student ID</u>		<u>Soc. Sec. Card</u>
Issuing authority: _____		<u>Traverse City High School</u>		<u>SSA</u>
Document #: _____		<u>23010365</u>		<u>378-13-7360</u>
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10-27-10 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Joyce Julian</u>	Print Name <u>Joyce Julian</u>	Title <u>HR Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>TCAPS 412 Webster St. Traverse City, MI 49686</u>		Date (month/day/year) <u>10-27-10</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

YouthBuild Program Participant Handbook Acknowledgment

By signing below, I acknowledge that:

1. I have received a copy of the **YouthBuild Program Participant Handbook**.
2. I was presented with all the information in the handbook and had the opportunity to ask questions concerning its content.
3. If I have future questions regarding any of this information, I will contact my YouthBuild supervisor.
4. I will adhere to all YouthBuild policies and procedures.
5. The policies and procedures contained in this handbook are subject to change.
6. Failure to fulfill these responsibilities could result in early termination of my participation in the YouthBuild Program.
7. My signature on this document indicates my full consent to adhere to the terms, conditions and policies contained in the handbook.

Additionally, I agree that upon completion of the summer extension, I will work independently within the context of the YB program in pursuit of outside employment and/or college, vocational training, or military admission. This will include completion of both career development and post secondary preparatory computer programs, filling out financial aid information, admission applications and scheduling informational interviews OR filling out job applications, preparing for interviews, and making interview arrangements with potential employers.

YB Participant Name: _____

Richard Teremys

(Please Print)

YB Participant Signature: _____



Today's Date: _____

June 27, 2011

YB Staff Signature and Title: _____

Joseph Caland

Orientation Packet Checklist

1. W-9 Forms
2. Participant Handbook rolled out and signed for
3. Timesheets
4. Emergency Information Forms

REGISTRATION FOR THE YOUTH PROGRAM OF THE WORKFORCE INVESTMENT ACT
 Department of Labor and Economic Growth – Bureau of Workforce Transformation

THIS INFORMATION IS REQUIRED BY PUBLIC LAW 105-200 OF AUGUST 7, 1998, TO DETERMINE PROGRAM ELIGIBILITY AND/OR MEET FEDERAL REPORTING REQUIREMENTS. THE DEPARTMENT OF LABOR AND ECONOMIC GROWTH WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP ON THE BASIS OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITY OR POLITICAL BELIEFS.

Last Name: Berehs First Name: Richard MI: W
 Address: 626 Rose St. City: Traverse City State: MI Zip: 49686
 Phone: (231) 313-1337 County: Graham Alternate Contact Name: JAN PURAIT
 Alternate Phone: (231) 938-4006 Birth Date: 6/13/1971 Social Security #: 1883

Personal Characteristics

Gender (M/F): M
 Hispanic/Latino (Y/N): N
 Racial Group: (check all that apply)
 African American:
 American Indian/Alaskan Native:
 Asian:
 Hawaiian Native/Other Pacific Islander:
 White: X
 Disability (Y/N): N
 Citizen (US/Eligible. Non) (Y/N): N
 Selective Service Registered (Y/N or NA):
 Veterans Status (select one)
 Yes, Equal to, Less Than 180 Days:
 Yes, Eligible Veteran:
 Yes, Other Eligible Person: No:
 Campaign Veteran (Y/N):
 Disabled Veteran (Select one): Yes
 Yes Special Disabled: No
 Recently Separated Veteran (Y/N):
 Employment at Registration (select one)
 Employed:
 Employed but Received Notice of Termination or Military Separation:
 Not Employed: X
 Wages per hour Prior Six Months:
 Unemployment Compensation Programs (select one)
 Eligible claimant referred by WPRS:
 Eligible claimant not referred by WPRS:
 Exhaustee:
 Neither claimant nor exhaustee: X
 Migrant/Seasonal Status
 Not a Migrant/Seasonal Farmworker: X
 Seasonal Farmworker:
 Seasonal Farmworker – Field Worker Only:
 Migrant Farmworker:
 Migrant Farmworker – Field Worker Only:
 Migrant Food Processor:
Dislocated Worker Section
 Date of Dislocation:
 Has Notice or is Terminated or Laid-off from employment (Y/N) N and is
 Eligible for or Exhausted Unemployment compensation (Y/N) N or

Assistance Information

Income (annual): \$ 0
 Family Size: 1
 TANF (Y/N): N
 General Assistance (GA), Refugee Assistance (RCA), or Supplemental Security Income (SSI) (Y/N): N
 Food Assistance (Y/N): N
 Pell Grant (Y/N): N
 Disaster Relief Assistance (NEG Only):
 Low Income (Y/N):
 5% Funding:
Barriers to Employment
 Limited English Language Proficiency (Y/N): N (not for eligibility)
 Single Parent (Y/N): N
 Foster Child (Y/N): N
 Homeless (Y/N): N
 Runaway Youth (Y/N): N
 Offender (Y/N): N
 Pregnant or Parenting Youth (Y/N): N
 Youth-Needs Special Assistance (Y/N): N
 Behind a Grade Level (Y/N): N
 Other Barrier (Y/N): N (5% window low income is no)
 If YES, Barrier:

Education

Education Level:
 No school grades completed: 11
 Number of elementary/secondary school grades completed (1 – 12): 11
 High School Graduate
 Certificate of Equivalency or (GED):
 One Year Post HS:
 Two Years Post HS:
 Three Years Post HS:
 Bachelor's Degree or equivalent:
 Education beyond the Bachelor's degree:
 No formal Education:
 Attained certificate of attendance/completion:
 Attained other post-secondary degree or certification:
 Attained Associates degree or diploma:
 Education Status at Registration (Select the one that applies)
 Student, High School or less:
 Student, Attending Post High School:
 Not Attending School, High School Dropout:
 Not Attending School, HS Graduate:
 Student Alternative School: X

Meets One-Stop Center Attachment to Workforce (Y/N) <input checked="" type="checkbox"/> _____ and is Unlikely to Return to Prior Industry or Occupation (Y/N) <input checked="" type="checkbox"/> _____ or Has Notice or is Terminated or Laid-off from employment Due to Plant, Facility, or Enterprise Closure (Y/N) <input checked="" type="checkbox"/> _____ or Employed at Facility Announced to Close within 180 Days (Y/N) <input checked="" type="checkbox"/> _____ or Self-employed but Unemployed because of General Economic Conditions or Natural Disaster (Y/N) <input checked="" type="checkbox"/> _____ or A Displaced Homemaker (Y/N) <input checked="" type="checkbox"/> _____ or Employed at Facility Announced to Close, No Date (Y/N): _____	Enrolled in Education (Y/N): <input checked="" type="checkbox"/> _____ Basic Literacy Skills Deficiency (Y/N): _____ English Reading Grade Level: _____ OR Test Score: _____, Name and Test Form _____ <hr/> Math Grade Level: _____ OR Test Score: _____, Name and Test Form _____ <hr/> Regional Skills Alliance Participant (Y/N) <input checked="" type="checkbox"/> _____ Dislocated Worker Scholarship Participant (Y/N) <input checked="" type="checkbox"/> _____ Career Advancement Account (Y/N) <input checked="" type="checkbox"/> _____
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CERTIFICATION: READ CAREFULLY. I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to provide documents to support this application. I understand the refusal to provide requested documents may result in my termination from the program. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud or perjury. I allow release of this information for verification purposes and understand it will be used to determine eligibility.

Are you related to anyone involved in the administration of the WIA program in the State of Michigan? (Y/N): _____
 If Y (Yes), indicate name and county, or agency and relationship: _____

WIA Registration Date: ____/____/____	Applicant Signature: <u>Richard Peters</u>
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Intake Worker Signature: _____ Date: ____/____/____ Eligible: Yes No

Comments / Notes:

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Richard W. Berens

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see Instructions) ▶

Address (number, street, and apt. or suite no.) 626 Rose St
 City, state, and ZIP code Traverse City MI 49686

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number 276 13 7360 *
 or
 Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Richard W. Berens Date ▶ 8/27/11

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



YOUTH SERVICES PROGRAMS
890 Parsons Rd. - Traverse City, MI 49686
Phone: 231-922-6240 - Fax: 231-922-6325

Worksite # _____
For Office Use Only

*** EMERGENCY INFORMATION SHEET ***

Date 6-27-11

Name RICHARD W. BERENS

626 Rose St (Address) Traverse City (City) MI 49686 (Zip)

Phone # 313 1337 Birthdate 6/13/91 Age 20

Emergency Contact Person ABBE BERENS, MAM (Relationship)

Phone # 313-1337, N/A (Home) (Business)

Emergency Contact Person JAN, AUNT (Relationship)

Phone # 938-1883 (Home) (Business)

Family Doctor NA Phone# _____

Hospital Preference _____

If you have any medical conditions listed below please check the appropriate spaces.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Skin Allergies
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Food Allergies (Be specific) _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision Problem	_____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Speech Problem	Other Allergies (Be specific) _____
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Bee Sting Allergies	_____

Are you allergic to any medications? Yes No Are you currently taking any medications? Yes No

If yes, please list _____ If yes, please list _____

Other Pertinent Information _____

The information on this form is confidential and is collected only for the purpose of insuring the health and safety of each and every worker on the Work Experience Program.

Please keep this form at your worksite in case of an emergency