

Youth Build

Ecker, Brooke

Jan - Aug 2011

#2

YBM

Enrollment

Participant Name: Ecker, Brooke J. Enrolled in WIA: yes no
 Enrollment Date: 1/31/2011 Exit Date: _____
 Age at Enrollment: 20 DOB: 9/1/1990

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.	N/A
Low Income Verification	<i>Bridge card</i>	✓
School Drop Out Verification (if enrolled in alternative school, mark 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 ____ N/A ____ Youth ____	If offender, must complete and retain offender verification form with parole officer.	N/A
Migrant Youth		N/A
Incarcerated Parent		N/A
ADDITIONAL DOCUMENTS		
Math Test (select one) TABE Score <u>419</u> Grade Level <u>3.3</u> Work Keys Score ____		✓
Reading Test (select one) TABE Score <u>528</u> Grade Level <u>6.4</u> Work Keys Score ____		✓
EEO Waiver		✓
Grievance Waiver		✓
Photo Release		✓
W-9 Form		✓
Release of Information Consent		✓
Hourly Wage and Number of Hours	Only if currently employed.	

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	
W-9 Form	
Release of Information Consent	
TABE Tests	



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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@tbaisd.k12.mi.us

Brooke Ecker ([edit](#))
Participant ID: YB20124
Cohort: October 2010
Team: Manistee/Benzie 2

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

[Add New Case](#)

[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:

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

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

Assessment Overview

Basic Skills Deficient	Yes
Highest grade completed	89 - Attained Certificate of Attendance/Completion
Employment status at enrollment	Not Employed
Housing status	Staying at someone's apartment, room, or house (Unstable)
Limited English proficient	No
Voter Registration	Yes
Drivers License	Yes



Department of Labor

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CASE OVERVIEW

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

* Denotes required information.

Update Case Information

Grantor * DOL

Other Funding Sources AmeriCorps
 Department of Education
 other

(Indicate other funding sources that support this participant)

Cohort *

Team

First Name *

Middle Initial

Last Name *

Address 1 *

Address 2

City * State * Zip

Phone * (nnn-xxx-xxxx)

Phone 2 (nnn-xxx-xxxx)

Other Phone (nnn-xxx-xxxx)

Two Way Pager Number

E-mail

Date of Birth * (mm/dd/yyyy)

Gender * Male Female

Ethnicity Hispanic/Latino * Yes No Not specified
 (Select 'Not Specified' if the participant does not disclose his/her ethnicity)

Race * American Indian or Alaska
 Hawaiian Native or other Pacific Islander
 Asian
 White
 Black or African American
 Not Specified

Individual with a disability * Yes No

High School Dropout * Yes No

PLEASE SELECT ALL CATEGORIES OF ELIGIBILITY THAT APPLY TO THE PARTICIPANT

Participant Type *
(Please note that youth referred by a guidance counselor must be placed in a high school diploma-granting program)

- Migrant Youth
- Low-Income Family
- Youth In Foster Care
- Referred by Guidance Counselor
- Youth Offender
- Child of Incarcerated Parent
- Adult Offender
- Other

(Description for 'Other' Participant Type)

Personal contact name

Personal contact phone

Additional Personal contact name

Additional Personal contact phone

Criminal Justice Information (Required if participant is a Youth Offender Or Adult Offender)

Received pre-release services Yes No

Prerelease contact? Yes No

Referral source

Mandated enrollment Yes No

Alternative Sentence Yes No

Probation/Parole Yes No

Date of Most Recent Probation

Date of Most Recent Contact with Probation/Parole Officer

Type of Contact with Probation/Parole Officer

(If other, please specify)

Specify Name of Probation/Parole Officer Contacted



Assessment at Entry Form

Participant: Brooke Ecker

Cohort: October 2010

Team: Manistee/Benzie 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 * 01/31/2011

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 0

Children Living with Participant

Other Dependents Living with Participant

Highest School Grade Completed * - 89 - Attained Certificate of Attendance/Completion

Limited English Proficient Yes No

Health Issues Significant health issues No significant health issues

Additional Information

Other Public Assistance at Enrollment

SSI, SSD, SSA

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

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

1 Private health insurance from work or family member

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

SSI, SSD, SSA

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

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

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

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

(If other, please specify)



Northwest Michigan YouthBuild Application

To be completed by NW MI WORKS!

Date Received: _____

www.nwm.org/youthbuild.asp

Today's Date: 12-17-10

Please print clearly

SECTION 1 - PERSONAL and FAMILY INFORMATION

Name: Last Ecker First Brooke Middle I Birth Date 9-1-90 Gender M F

Address: 579 Ramsdell Rd n County manistee

City, State, Zip manistee mi 49660 Home Phone () _____

Ethnicity: Hispanic/Latino yes no Cell/pager (231) 690-9044

Race: American Indian or Alaska Hawaiian Native or Other Pacific Islander Asian White Black or African American E-mail: _____

Marital Status: Married Single Divorced Widowed Separated Domestic Partner

Children: yes no Number: _____ Do you currently pay child support? yes no

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

Do you have a valid driver's license? yes no Are you registered to vote? yes no

Circle all that apply:

Current/former foster youth migrant youth youth offender adult offender child of incarcerated parent low income family

I have a physical or mental disability: yes no (If yes, please explain) Four screws in left hip hard for me to run long periods of time.

SECTION II - 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: Dustin Timmons Phone number(s) 989-464-2257

Relationship: boyfriend

Name: Sara Ecker Phone number(s) 231-477-5321

Relationship: mother

SECTION III - COURT INVOLVEMENT (Please answer honestly. Answering "yes" will NOT hurt your chances of being selected for YouthBuild)

Have you ever been convicted of a crime? yes no

If your answer is "yes", please describe the charge(s), 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(s): _____

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: _____

SECTION IV – EDUCATIONAL BACKGROUND INFORMATION

Name, city and state of the last school you attended: casman manistec mi

Dates you attended: _____ Highest grade you completed: All

Why did you drop out of high school? _____

Have you ever had an IEP/special education services? yes no

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 V – JOB TRAINING AND WORK EXPERIENCE

Have you taken any vocational or construction education classes? yes no

If yes, please describe program 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 _____

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

Circle Yes or No

Plumbing	YES	<u>NO</u>	Lift Truck	YES	<u>NO</u>
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	<u>YES</u>	NO	Housing Rehabilitation	YES	<u>NO</u>
Personal Computers	<u>YES</u>	NO	MS Word	<u>YES</u>	NO
Excel	<u>YES</u>	NO	PowerPoint	<u>YES</u>	NO
Web Design	<u>YES</u>	NO	CAD Equipment	<u>YES</u>	NO

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 - EMPLOYMENT HISTORY

Are you currently employed? yes no

If yes, current job title: _____

Start date: _____ Hourly rate: _____ Average hours per week: _____

Describe your duties: _____

Name of employer: _____

Employer address: _____ City: _____

Phone number: _____ Name of supervisor: _____

May we contact your employer as a reference? yes no

Have you ever been employed? yes no

If yes, previous job title: _____

Start date: _____ End date: _____ Hourly rate: _____ Average hours per week: _____

Describe your duties: _____

Name of employer: _____

Employer address: _____ City: _____

Phone number: _____ Name of supervisor: _____

Reason for leaving: _____ May we contact your employer as a reference? yes no

SECTION VII - PHYSICAL and HEALTH INFORMATION

Do you have health insurance? yes no

If yes, who is your provider? (circle) Medicaid Medicare Private/Other: _____

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: Wasp

Circle Yes or No

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

Alcohol and/or drug use? YES NO

If yes, please describe _____

When was your most recent physical? _____

SECTION VIII - FINANCIAL INFORMATION

Monthly household income: \$ 250

Are you receiving any of the following? (Circle all that apply)

- SSI SSD SSA TANF Food Stamps/Bridge Card Unemployment Welfare for Single Adults/General Assistance (GA)
Subsidized housing Other _____

SECTION XI- PERSONAL STATEMENT - Important part of application process

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.

~~The~~ youthbuild does so many great things and changes kids lives and helping them get a great Jump Start on the real life. I need some help.

2. What goal (for your life, future, family, etc.) will you use to stay motivated and give your best effort throughout the entire program? ~~I will be more motivated~~

youthbuild does so many things envolving everthing to helping the comminty and so many other places while still helping you get stuff standed. I wanna be part of it. My boyfriend was in the program last year and I wanted to be envolved so bad.

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

I think this is good program for me because I need training and help getting started in adult life.

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

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 refer you to the support you need.) yes no

Please identify any such barriers: _____

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: *Michael Edin* Date: 12-17-10

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

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



Brooke Ecker

ECKER



Self Attestation Form

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I am a alterative
school gradudet with a ~~certificate~~ Certificate of Completion and low
income.

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.

Brooke Ecker 1-13-11
PARTICIPANT SIGNATURE & DATE

579 Ramsdell Rd Manistee mi
49660
PARTICIPANT ADDRESS

Kim Orule
CORROBORATING WITNESS SIGNATURE

YouthBuild Manager.
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

NORTHWEST MICHIGAN WORKS!
DIVISION OF TBAISD
YOUTH EMPLOYMENT AND TRAINING
PROGRAM
890 Parsons Road
Traverse City Michigan 49686

**STATEMENT OF PUBLIC ASSISTANCE STATUS FOR DETERMINATION
OF ELIGIBILITY FOR WIA PROGRAMS**

Section I: To be completed by *Michigan Works!*

Information is to be provided as of 1/13/11 (date of registration)

For: Brooke Eates and _____
Applicant Applicant's Family Member

SS# 385-11-7325 County Manistee FIA Case Worker: J. Beebe

Section II: To Be Signed by the applicant and the family member of the applicant receiving public assistance if applicable:

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION: I give my approval and permission to authorized representatives of the Family Independence Agency to release to the appropriate *Michigan Works!* Agency all information requested on this form. I understand that the information will be treated as confidential and will be used for determining eligibility for WIA programs.

Brooke Eates 1/13/11
Applicant's Signature Date Family Member Receiving Public Assistance Date

Section III: To Be Completed by Family Independence Agency (FIA)

From the FIA record, please **check all services provided** for the applicant or the applicant's family member noted in Section I above.

- Temporary Assistance to Needy Families (TANF)
- General Assistance (State Family Assistance, State Medical Assistance)
- Refugee Assistance
- Supplemental Security Income (SSI)
- Food Stamps (Active or anytime in the last 6 months)

Case Worker Signature: _____

Telephone Verification

Date: 1-13-11 FIA Contact: Julie Beebe Intake Specialist: CW

STATE OF MICHIGAN) I, TERRI L. LAND, Clerk of the Circuit Court of
) Kent County, do hereby certify that the microfilm
 COUNTY OF KENT) copy of this document is a true copy of the record
 now on file in the office of the Clerk of said County
 and Court.



IN TESTIMONY WHEREOF, I have hereunto set
 my hand and official seal at the City of
 Grand Rapids in said County this 23rd
 day of August AD-19 96

BY Patricia J. Pryborski
 Deputy County Clerk



STATE OF MICHIGAN
 DEPARTMENT OF PUBLIC HEALTH
**CERTIFICATE OF
 LIVE BIRTH**

39

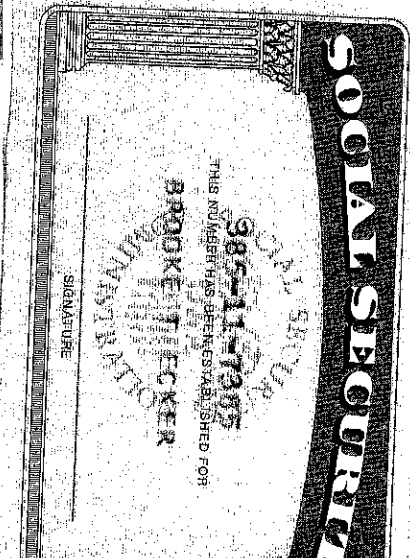
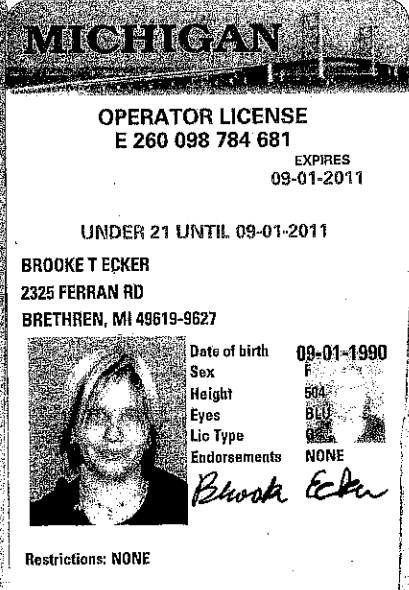
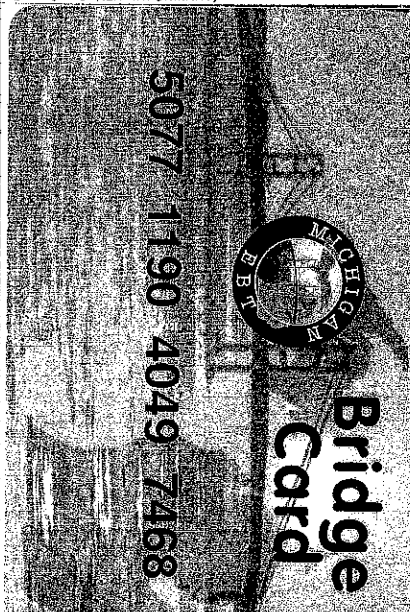
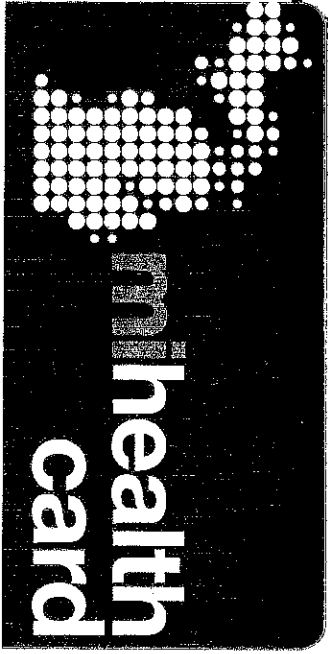
459509

121 -

STATE FILE NUMBER
7094907

LF _____
 2.51
 CF **06484**

1. CHILD - NAME (FIRST)		(MIDDLE)		(LAST)	
Brooke		T.		Ecker	
2. SEX	3a. PLURALITY - SINGLE, TWIN, TRIPLET, ETC (SPECIFY)	3b. IF NOT SINGLE - BORN 1ST 2ND, 3RD, ETC (SPECIFY)	4a. DATE OF BIRTH (Month, Day, Year)	4b. TIME OF BIRTH	
Female	Single		September 01, 1990	7:56 P M	
5a. HOSPITAL NAME - (IF NOT HOSPITAL GIVE STREET AND NUMBER)		5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH		5c. COUNTY OF BIRTH	
Butterworth Hospital		Grand Rapids		Kent	
6a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			6b. CERTIFIER'S NAME & TITLE (print or type)		
SIGNATURE: <u>David Menapace</u>			DATE <u>9-6-90</u>		
6c. NAME (AND TITLE) OF ATTENDANT IF OTHER THAN CERTIFIER			6d. MAILING ADDRESS OF ATTENDANT (STREET NO., CITY OR VILLAGE, STATE, ZIP)		
			2150 Lake Michigan Dr. Grand Rapids, MI 49504		
7a. REGISTRAR'S SIGNATURE			7b. DATE RECEIVED BY LOCAL REGISTRAR - (Month, Day, Year)		
<u>Maurice J. DeJonge</u>			SEP 10 1990		
8a. MOTHER'S NAME (FIRST, MIDDLE, LAST)		8b. SOCIAL SECURITY NUMBER	8c. STATE OF BIRTH - NAME COUNTRY IF NOT USA	8d. DATE OF BIRTH (Month, Day, Year)	
Sara Lynn Ecker		384-62-8409	Michigan	Feb 16, 1953	
8e. MOTHER - SURNAME BEFORE FIRST MARRIED	8f. RESIDENCE (Check one box and specify)		8g. COUNTY	8h. STATE	
Johnson	<input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF Gaines		Kent	Michigan	
9a. FATHER'S NAME (FIRST, MIDDLE, LAST)		9b. SOCIAL SECURITY NUMBER	9c. STATE OF BIRTH - NAME COUNTRY IF NOT USA	9d. DATE OF BIRTH (Month, Day, Year)	
Mark Allen Ecker		372-64-4884	Michigan	Jun 29, 1956	
10a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			10b. THE PARENT(S) REQUEST THAT INFORMATION ON THIS BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMINISTRATION FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD		
SIGNATURE: <u>Sara Ecker</u> (PARENT OR OTHER INFORMANT)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		



CASMAN Alternative Academy

Manistee



Michigan

This Certifies That

Brooke T. Ecker

has satisfactorily completed the Course of Study prescribed by
this Academy and is therefore entitled to this

Certificate of Completion

Given this second day of June, 2010.

Don Lemmer

President of Board

[Signature]

Director

Equal Opportunity Employer/Program Auxiliary aids and service are available upon request to individuals with disabilities. Michigan Relay Center (800) 649-3777.

ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT PROCEDURES

I Brooke Ecker _____ attest that I am a
(insert name)

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

- WIA participant
- 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

and that I received a copy of the complaint procedures for the Northwest Michigan Council of Governments/Northwest Michigan Works! programs on 1-13-11 _____
(insert date)

Signature: Brooke Ecker _____

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

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 Dendrinis 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: 1/13/11

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 Casman Academy

Other _____

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

Brooke Ecker
Signature

Brooke Ecker
Printed Name

1 / 13 / 11
Date

Parent signature (if child is a minor)

Printed Name

1 / 1
Date

Prepared by C. J. Wolf 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.

Brooke Ecker

Printed full name of participant

Address: 579 Ramsdell Rd Manistee 49660

Phone: 231 690-9044

Witness for the undersigned (representative of agency): _____

Brooke Ecker

Signature of participant

1-13-11

Date

Signature of parent (if participant is a minor)

Date

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) <i>Brooke T Ecker</i>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) <i>579 Ramsdell Rd #9 Apt Manistee MI 49660</i>	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (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.

Social security number <i>385 11 7385</i>
OR
Employer identification number :

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

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 ▶ <i>Brooke Ecker</i>	Date ▶ <i>2-1-11</i>
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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

★ EMERGENCY INFORMATION SHEET ★

Date 2-4-11

Name Brooke F Ecker Social Security # 385-11-7385

579 Ramsdell Rd Apt #9 Manistee MI 49660
(Address) (City) (Zip)

Phone # 231-690-9044 Birthdate Sept - 1 - 1990 Age 20

Emergency Contact Person Dustin Timmons / Boyfriend
(Relationship)

Phone # 989-464-2257 / _____
(Home) (Business)

Family Doctor Brad Bliss Welston med

Hospital Preference Ludington

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
left hip has four screws.

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 in the YouthBuild Program.

Brooke Ecker