
Youth Build

Eisenga, Amanda

Aug 2012 - May 2013

#2

Cadillac

Enrollment

Youth Build File Paperwork Checklist - last date 8/2/2012

Participant Name: Amanda Eisenga Enrolled in WIA: yes no
 YB Enrollment Date: 8/15/12 Exit Date: _____
 Age at Enrollment: 22 DOB: 10/18/89

ELIGIBILITY DOCUMENTATION	STATUS	RECEIVED
Application Form		✓
Age Verification (birth certificate or driver license or State ID card)		DL
Selective Service Registration –males only Must be registered before enrollment date.		X
School Drop Out Verification (if enrolled in alternative school, mark N/A)	NOTE - This is the only status that can be documented by self attestation.	X
25% Enrollment Exemption (with Diploma/GED - must test BSD in math/reading)	Copy of diploma or GED	n/a
Math Test EFL <u>LIBE</u> TABE Score <u>487</u> Grade Level <u>5.3</u>		X
Reading Test EFL <u>LIBE</u> TABE Score <u>522</u> Grade Level <u>6.2</u>		X
Must meet one of the following six qualifiers (highlight which qualifier being used)		
Low Income Verification	<u>Bridge Card</u>	n/a
Foster Youth Status (current or aging out)		n/a
Disability Verification (includes learning disabilities)	<u>need IEP</u>	
Offender Verification (ICHAT Report) Adult ___ N/A ___ Youth ___	If offender, complete and retain offender verification form with probation/parole officer. Also run ICHAT report.	n/a
Migrant Youth (community reference)		n/a
Incarcerated Parent (court record needed if this is the only qualifier)		n/a
ADDITIONAL DOCUMENTS		
	STATUS	RECEIVED
W-9 Form		✓
Emergency Information Form		✓
Photo and Media Release		✓
Employment Verification Form	Required only if employed at enrollment, or later on if/when employed.	
Equal Opportunity is the Law		✓
Acknowledgement of Receipt of Complaint Procedures (signature page only for file)		✓
YouthBuild Grievance Procedure		✓
Release of Information Consent (YB version)		✓
Release of Employment Information Used to obtain info from "The Work Number"		✓
GED Transcript Request (for those who have previously taken one or more sections of the GED)	Not needed until later in the program.	
Release of School and/or Work Information Used to accompany requests for information post program to verify employment, grades, etc.	Not needed until later in the program.	<u>Release of Wage info</u>

Form No: ETA 9136
Expiration Date: 04/30/2014
Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-21766-11-60-A-26
Class: 11
Contact: Lisa Anderson (231) 922-6507
Email: imanderson@tbaisd.k12.mi.us

[View other Grant](#)

CASE OVERVIEW

* 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 * August 2012

Team Cadillac 2012

First Name * Amanda

Middle Initial M

Last Name * Eisenga

Address 1 * 4390 S. 37 Road

Address 2

City * Cadillac State * MICHIGAN Zip 49601

Phone * 231-779-6918 (nnn-nnn-nnnn)

Phone 2 989-397-4943 (nnn-nnn-nnnn)

Other Phone (nnn-nnn-nnnn)

Two Way Pager Number

E-mail

Date of Birth * 10/18/1989 (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 * (Choose all that apply; select 'Not Specified' if the participant does not report on this element)

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

IEP _____ (Description for 'Other' Participant Type)

Personal contact name

Personal contact phone (nnn-*nnn*-nnnn)

Additional Personal contact name

Additional Personal contact phone (nnn-*nnn*-nnnn)

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 Choose...

(If other, please specify)

Specify Name of Probation/Parole Officer Contacted






ASSESSMENTS & IDP

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 Expiration Date: 04/30/2014
 Grantee: NORTHWEST MICHIGAN COUNCI...
 Grant No: YB-21766-11-60-A-26
 Class: 11
 Contact: Lisa Anderson (231) 922-6507
 Email: lmanderson@tbalsd.k12.mi.us

[View other Grant](#)

Amanda Eisenga (Edit)
 Participant ID: YB27282
 Cohort: August 2012
 Team: Cadillac 2012

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

-  [Add New Case](#)
-  [Add New R.A.F. Case](#)
-  [Add New Service](#)

This is the ENROLLMENT screen.

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

[Eligibility Rules](#)

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. For the purposes of the DOL YouthBuild program, a youth who is defined as basic skills deficient must test at or below the High Intermediate Basic Education EFL (Educational Functioning Level), which is equivalent to below the 9th grade, in either literacy or numeracy. Please confirm these test scores before responding to this question.

Date of Enrollment

Date of Enrollment * 08/15/2012 

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

TAP Participation

TAP Participation * Yes No

Date of TAP Participation 

Co-Enrolled in WIA

Co-Enrolled in WIA Yes No

Selective Service

[Selective Service Website](#)

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 - Living with family

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 * - 10 - Tenth school grade completed (10 years)

Limited English Proficient Yes No

Health Issues Significant health issues No significant health issues

Additional Information

Other Public Assistance at Enrollment

Specify Other Government Sources of Public Assistance at enrollment

4000 characters left

Medical Benefits

(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

4000 characters left

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 member
- Other
- None

(If other, please specify)



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 long term 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 and other area agencies 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 and other outside agencies 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
- GT Industries, Inc.
- Little River Band of Ottawa Indians
- Little Traverse Bay Band of Odawa Indians
- Michigan Rehabilitation Service (MRS)
- Michigan State University Extension
- 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)
- Women's Resource Center

Court System: List all courts and counties, if applicable

Court 1: _____
 County: _____
 Court 2: _____
 County: _____
 Court 3: _____
 County: _____

Schools: List the three most recent schools you attended

School 1: Cooley Adult ed
 County and State: Wex / MI
 School 2: _____
 County and State: _____
 School 3: _____
 County and State: _____

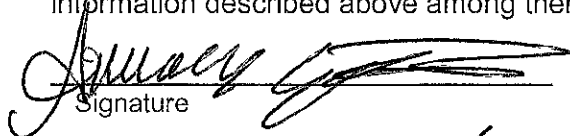
Foster Care Agency: If applicable

Name of Agency: _____
 Location of Agency: _____
 Current Employer: Provide name

Counseling Services: Name and phone # of counselor

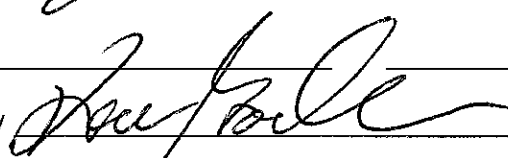
Other: _____

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


 Signature

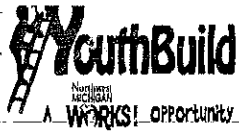
Amanda Eisenberg
 Printed Name

8/2/12
 Date

Prepared by  of Northwest *Michigan Works!*

5/2/12

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 YouthBuild Application

www.nwm.org/youthbuild.asp

Site applying for:	
Cadillac	_____
Petoskey	_____

In cooperation with Traverse Bay Area Intermediate School District, with grant funding provided by the U.S. Department of Labor, Employment & Training Administration

Due: _____

Please print clearly

SECTION 1 - PERSONAL INFORMATION

Name: Last Eisenya First Amanda Birth Date 10/19/89 Gender M F

Address: 4390 S 37 Rd County West

City, State, Zip Cadillac MI 49601 Home Phone (313) 779-6918

E-mail: _____ Cell/pager (989) 397-4943

Race/ethnicity: (circle all that apply)

Hispanic/Latino American Indian or Alaskan Native Hawaiian Native or Pacific Islander Asian

White Black or African American Other _____

Marital Status: Married Single Divorced Widowed Separated Domestic Partner

Monthly Household Income \$ 25.00 What language do you speak at home? _____

How many children do you have? 2 Do they live with you? Yes No Do you pay child support? Yes No

Are you a US Citizen? Yes No If "No", are you authorized to work? Yes No

Do you have a valid driver's license? Yes No Are you registered to vote? Yes No

Have you registered with Selective Service? (males over the age of 18 only) 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 6 moved out

Have you ever been in foster care?: Yes No Have either of your parents ever been incarcerated? 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 (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: I have my children every other week & some days may not have a baby sitter

SECTION II - EDUCATIONAL BACKGROUND INFORMATION

Name, city and state of the last school you attended: Cooley, Adolf Ed Cadillac

Dates you attended: 2008 to 2009 Highest grade you completed: 10th

Have you ever received special education services? Yes No Do you have an IEP? Yes No Don't Know

Why did you drop out of high school? Just couldn't take it any more cause I couldn't do the work

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? 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 Meijer - Cashier

Start date 3-12 End date 6-12

Describe your duties Cashiering

Name of employer Meijer's

Employer address 221 ME 99601

Phone number 231-876-2800

Average hours worked per week? 15-24 Hourly wage? 7.40 hr

May we contact your employer as a reference? Yes No

Name of supervisor Barb

Previous job title _____

Start date _____ End date _____

Describe your duties _____

SECTION V - EMPLOYMENT HISTORY CONTINUED

Previous employer _____
 Employer telephone _____
 Average hours worked per week? _____ Hourly wage? _____
 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	<input type="radio"/> No	Lift Truck	Yes	<input type="radio"/> No
Electrical Wiring	Yes	<input type="radio"/> No	Painting	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Sheet Metal	Yes	<input type="radio"/> No	Rough Carpentry	Yes	<input type="radio"/> No
Roofing	Yes	<input type="radio"/> No	Finish Carpentry	Yes	<input type="radio"/> No
Dry Wall	<input checked="" type="radio"/> Yes	No	Mechanical Repair	Yes	<input type="radio"/> No
Power Tools	<input checked="" type="radio"/> Yes	No	Housing Rehabilitation	Yes	<input type="radio"/> No
Personal Computers	<input checked="" type="radio"/> Yes	No	MS Word	<input checked="" type="radio"/> Yes	No
Excel	Yes	<input type="radio"/> No	PowerPoint	<input checked="" type="radio"/> Yes	No
Web Design	Yes	<input type="radio"/> No	CAD Equipment	Yes	<input type="radio"/> 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 – 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 or Medicaid?	<input checked="" type="radio"/> Yes	No	Do you have a Medical Marijuana Card?	Yes	<input checked="" type="radio"/> No
Do you have Asthma?	<input checked="" type="radio"/> Yes	No	Do you have a fear of heights?	Yes	<input type="radio"/> No
Do you have Diabetes? <i>get it's low</i>	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Are you unable to bend, stoop & stand	Yes	<input type="radio"/> No
Do you have heart related issues (irregular heartbeat, etc?)	<input checked="" type="radio"/> Yes	No	Do you have physical limitations/restrictions?	Yes	<input type="radio"/> No
Do you smoke?	Yes	<input checked="" type="radio"/> No	Do you have any lifting restrictions?	<input checked="" type="radio"/> Yes	No
Have you recently had surgery?	Yes	<input checked="" type="radio"/> No	Do you have allergies?	<input checked="" type="radio"/> Yes	No
Are you required to wear eye glasses/contacts?	<input checked="" type="radio"/> Yes	No	When was your most recent physical?	<i>After I had</i>	

If you answered "yes" to any of the above, please describe my son

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.

Essay questions - (Please use additional paper if needed)

1. How did you hear about YouthBuild? A couple friends told me about this
2. Explain why you want to participate in YouthBuild. I want to & need to get my GED to get my life doing a little better & become some thing
3. What are you good at? working with kids & computers
4. What goal (for your life, future, family, etc.) will you use to stay motivated and give your best effort through 36 weeks of hard work? my kids & wanting to be come something in life that way my kids have some thing to look up to
5. How will you get to YouthBuild each day? my car
6. Please describe your experiences working outdoors .
I have always had yard work to do outside

The YouthBuild program involves physical labor in sometimes extreme weather conditions. Are you willing and able to participate in all **construction** activities? Yes No If "No" why not?

The YouthBuild program includes a variety of **learning** activities. Do you agree to participate in all activities inside and outside of the classroom? Yes No If "No" why not?

SECTION VIII- Motivation

Motivation

1. Who first suggested that you apply to YouthBuild? (Check one)

- I decided myself
- Family member or relative
- Friend
- School counselor/truant officer
- Judge or someone from the justice system
- Someone else _____

2. How important were each of these reasons in your decision to apply to YouthBuild?

- To earn a GED/high school diploma
Not Important Important Very Important
- Wanting to go to college
Not Important Important Very Important
- Wanting to get my life on track
Not Important Important Very Important
- Wanting to get a job
Not Important Important Very Important
- Wanting to get more training
Not Important Important Very Important
- My friends are joining
Not Important Important Very Important
- Other _____
Not Important Important Very Important

3. To what degree do you agree or disagree with each of these statements?

- People can solve most problems if they invest the necessary effort
Strongly Disagree Disagree Agree Strongly Agree
- Becoming a success is a matter of hard work; luck has little or nothing to do with it
Strongly Disagree Disagree Agree Strongly Agree
- People's own efforts and actions are what will determine their future
Strongly Disagree Disagree Agree Strongly Agree
- Getting what you want has little or nothing to do with luck
Strongly Disagree Disagree Agree Strongly Agree

SECTION IX – 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: Sheryl Sawmiller Phone number(s) 779-6918

Relationship: Mother

Name: Ashlie Winkel Phone number(s) 884-0948

Relationship: Sister

Name, address & phone number of someone who can always reach you:

Pat Sawmiller 231-825-2173

SECTION X – 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 & Medical

SECTION XI – 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:  Date: 7-25-12

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**

Northwest Michigan Works!/Northwest Michigan YouthBuild is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request for individuals with disabilities. Michigan Relay Center: 1-800-649-3777 Voice & TDD. Grant funding provided by the U.S. Department of Labor, Employment & Training Administration.

MICHIGAN MI USA

DRIVER LICENSE



E 252 006 585 802 ISS 11-15-2011
DOB 10-18-1989 EXP 10-18-2014 101809

AMANDA MARIE EISENGA
1619 1ST AVE
CADILLAC, MI 49601-4305

Sex: F Hgt: 503 Eyes: BRO
Lic Type: D End: NONE
Restrictions: Corrective Lens



DDV0040446406334

REV 01-21-2011



Self Attestation Form

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I Amarca Esencia
Am a Drop out from High School:

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.

Amarca Esencia
PARTICIPANT SIGNATURE & DATE

Henry [Signature]
CORROBORATING WITNESS SIGNATURE

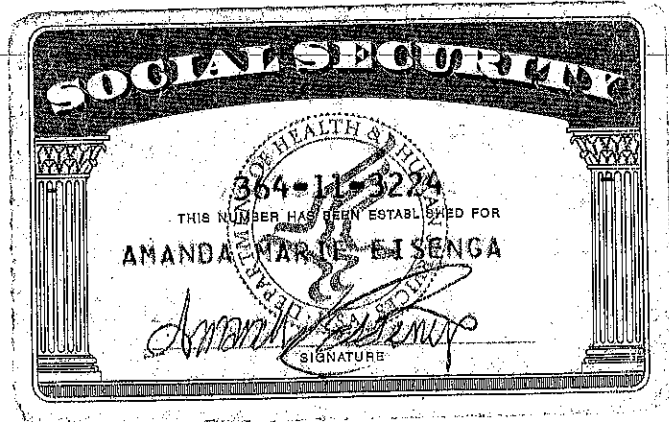
4390 337 Rd
Coal MI 49601
PARTICIPANT ADDRESS

Site 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







Bridge Card

5077 1100 7697 1294
EISENGA AMANDA M

**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)

Amanda Marie Eisenga

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.)

4390 S 37 Rd

City, state, and ZIP code

Cadillac, MI 49601

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.

Social security number

364 11 3224

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

[Handwritten Signature]

Date

8-2-12

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,



Release Form for Photo and Media Recording

I, the undersigned, do hereby consent and agree that **Northwest Michigan Council of Governments**, its employees, or agents have the right to take photographs, videotape, or digital recordings of me

beginning 8/2/12 and ending 7/1/13

and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotion and publicity of programs of **Northwest Michigan Council of Governments**.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Northwest Michigan Council of Governments**, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that **Northwest Michigan Council of Governments** is not responsible for any expense or liability incurred as a result of my participation in this recording, 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.

Name: Amanda Eisenberg

Date: 8-2-12

Address: 4390 S 37 Rd Cael MI 49601

Phone: 989-397-4943

Witness for the undersigned: _____

Signature: 



Release of Employment Information
(Youth)

I authorize the Northwest Michigan Works! Agency and/or the Northwest Michigan Council of Governments to obtain information from the Workforce Development Agency-State of Michigan, or The Work Number®- a private employment related information verification service regarding my employment prior to application for employment and training services or regarding my employment after participation in these services.

This information will be used by the Michigan Works! Agency and Northwest Michigan Council of Governments to assess the effectiveness of the services I receive from Michigan's workforce development system.

Amanda Esencia

Print Name

Signature

8-2-12

Date

Parent/Guardian Signature

Date



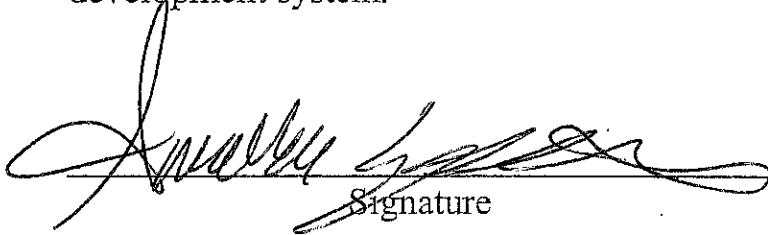
YOUTH EMPLOYMENT & TRAINING

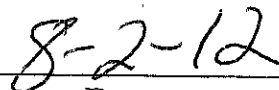


ADMINISTERED BY: Traverse Bay Area Intermediate School District
890 Parsons Road • Traverse City, Michigan 49686 • (231) 922-6240

Release of Wage Information

I authorize the Northwest Michigan Works! Agency to obtain information from the Michigan Department of Labor and Economic Growth regarding wages I earned prior to my application for employment and training services. The source of this information is wage record data reported by my employer(s) to the State of Michigan. This information will be used by the Michigan Works! Agency to assess the effectiveness of services I receive from Michigan's workforce development system.


Signature


Date

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:

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

Or

Paula Mitchell, Equal Opportunity Officer
Workforce Development Agency
201 North Washington Square, 5th floor
Lansing, Michigan 48913.
517-335-5587 (voice), 1-888-605-6722 (TTY)

Or

Director
Civil Rights Center
U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, D.C. 20210

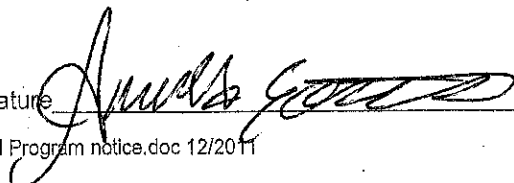
If you file your complaint with the Northwest Michigan Council of Governments/ Northwest Michigan Works!, you must wait until a written Notice or Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the CRC (see address above).

If the Northwest Michigan Council of Governments/ Northwest Michigan Works! does not give you a written Notice of Final Action within 90 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. . However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the Northwest Michigan Council of Governments/ Northwest Michigan Works!, does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

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

Signature



Date:

7-2-12

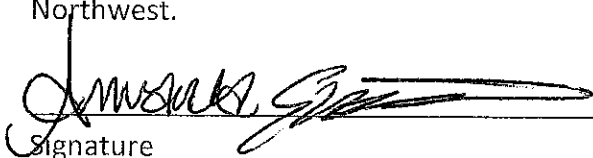


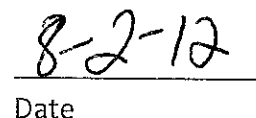
YouthBuild Northwest Grievance Procedure

The YouthBuild Northwest Program is committed to resolving grievances and concerns quickly and appropriately. If a program participant or other interested parties has a grievance or complaint, the first step is to discuss with a YouthBuild Northwest staff person. If the result of this discussion is not satisfactory, the process for pursuing the grievance procedure is as follows:

1. Meet with the YouthBuild Northwest Site Coordinator. If the grievance is not successfully resolved, or if the grievance is with this party proceed to step 2.
2. Schedule an appointment with the YouthBuild Northwest Manager. If an acceptable solution to the grievance is not arrived at, proceed to step 3.
3. Submit a signed, written complaint to the Northwest Michigan Works! Youth Program Coordinator. The complaint should contain the following information: full name, address and phone number of the complainant, date and time of the incident(s), individuals involved, a clear and concise statement of the facts about the situation prompting the grievance, and resolution of the complaint that would satisfy the complainant.
4. If at this point, either party does not feel that a suitable resolution has been reached, Northwest Michigan Works!, in accordance with applicable state and federal regulations and current agency policy, will pursue the process of having a formal grievance hearing with the Director of Northwest Michigan Works! The concerned party should submit a written request for a hearing to the director in a timely fashion but not more than one year following the occurrence. A hearing date will be set within 30 calendar days of the receipt of request. The intent of the hearing is to facilitate a mutually agreeable resolution to the matter of concern.

I, the undersigned, understand and accept the terms of the grievance procedure for YouthBuild Northwest.


Signature


Date

Date issued: January 24, 2012

ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT PROCEDURES

I ~~Amelia~~ Amanda Eisenger _____ attest that I am a
(Insert name)

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

- WIA participant
- TANF 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 _____
(insert date)

Signature Amanda Eisenger

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

YouthBuild Orientation Documentation Status Checklist -form last revised 7/20/12

Printed Name: Amar La Eisenya Date: 8/2/12

Forms

- Application - thoroughly completed, signed and dated
- W-9 Form
- Emergency Information
- Release Form for Photo and Media Recording
- Release of Information Consent
- Release of Employment Information
- Release of Student/Employee Information
- Equal Opportunity is the Law
- Acknowledgement of Receipt of Complaint Procedures
- YouthBuild Northwest Grievance Procedure

Proof of Age

- Birth Certificate OR Driver's License or Government ID Card

School Status

- Diploma or GED Certificate (if attained)
- Drop out status -qualifier can be documented with self attestation
- School Transcript from the last school you attended (if possible)

Social Security Number

- SS Card or a receipt from the Social Security office showing application

Health Insurance or Medicaid Card

- Private health insurance card or Medicaid Card (will assist in obtaining if uninsured)

Proof of Income

- Public assistance records/receipt (Bridge Card, SSI letter, etc.)
- Last two pay stubs from work, if you worked
- Tax return or 1099 Form (applicant's own return unless still he/she is still a dependent)

Selective Service Registration (males only)

- If you don't have your receipt or card - we will verify/register you

Documented Disability (Includes learning disabilities) YES NO If yes:

- Medical records or physician statement
- School IEP

Youth or Adult Offender YES NO If yes:

- Court documentation or police records
- Letter from probation/parole officer
- I-Chat report print out

Incarcerated Parent - current or past YES NO If yes:

- Court record (required only if incarcerated parent is the only qualifier)

Foster Care YES NO If yes:

- Record from Foster Care Agency (required only if foster care is the only qualifier)

Migrant Worker YES NO If yes:

- Self attestation supported by letter from Migrant Agency or employer

Evaluation Study Paperwork - THIS WILL BE DONE AT THE BEGINNING OF MENTAL TOUGHNESS

- Agreement to Participate Packet (multiple forms)



YouthBuild Program

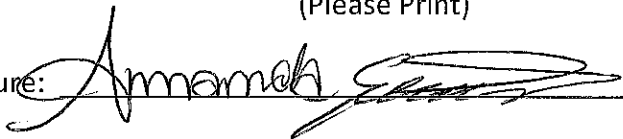
Participant Handbook Acknowledgment

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 a YouthBuild staff member.
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 my HBI PACT and GED certifications, 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 and/or filling out job applications, preparing for interviews, and making interview arrangements with potential employers.

YB Participant Name: Amanda Etompa
(Please Print)

YB Participant Signature: 

Today's Date: 8-1-12

YB Staff Signature and Title: Tim Grili YB Mgr.