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# Youth Build

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# Wilson, Cassondra

09/24/2012

#2

Petoskey

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# Enrollment

**Youth File Paperwork Checklist** .las .ate 8/2/2012

Participant Name: Cassandra Wilson Enrolled in WIA: yes no  
 YB Enrollment Date: 9/24/2012 Exit Date: \_\_\_\_\_  
 Age at Enrollment: 18 DOB: 5/24/1992

ELIGIBILITY DOCUMENTATION	STATUS	RECEIVED
Application Form		X
Age Verification (birth certificate or driver license or State ID card)		X
Selective Service Registration –males only Must be registered before enrollment date.		NA
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	—
Reading Test EFL <u>4</u> TABE Score <u>542</u> Grade Level <u>7.4</u>	HIBE → 567	X
Math Test EFL <u>4</u> TABE Score <u>551</u> Grade Level <u>8</u>	HIBE → 566	X
Must meet one of the following six qualifiers (highlight which qualifier being used)		
Low Income Verification		X
Foster Youth Status (current or aging out)		NA
Disability Verification (includes learning disabilities)		NA
Offender Verification (ICHAT Report) Adult ___ N/A ___ Youth ___	If offender, complete and retain offender verification form with probation/parole officer. Also run ICHAT report.	NA
Migrant Youth (community reference)		—
Incarcerated Parent (court record needed if this is the only qualifier)		—
<b>ADDITIONAL DOCUMENTS</b>	<b>STATUS</b>	<b>RECEIVED</b>
W-9 Form		X
Emergency Information Form		X
Photo and Media Release		X
Employment Verification Form	Required only if employed at enrollment, or later on if/when employed.	
Equal Opportunity is the Law		X
Acknowledgement of Receipt of Complaint Procedures (signature page only for file)		X
YouthBuild Grievance Procedure		X
Release of Information Consent (YB version)		X
Release of Employment Information Used to obtain info from "The Work Number"		X
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.	

9/24/12

**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:** [lmanderson@tbaisd.k12.mi.us](mailto:lmanderson@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 Petoskey 2012

First Name \* Cassandra

Middle Initial M

Last Name \* Wilson

Address 1 \* 5081 West Carpenter

Address 2

City \* Flint      State \* MICHIGAN      Zip 48504

Phone \* 906-322-0948 (nnn-nnn-nnnn)

Phone 2 906-293-8290 (nnn-nnn-nnnn)

Other Phone (nnn-nnn-nnnn)

Two Way Pager Number

E-mail wilsoncassandra@yahoo.co

Date of Birth \* 05/24/1992 (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

Homeless (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



## ASSESSMENTS & IDP

**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:** [lmAnderson@thaisd.k12.mi.us](mailto:lmAnderson@thaisd.k12.mi.us)

[View other Grant](#)




**Cassandra Wilson** (Edit)

**Participant ID:** YB28437

**Cohort:** August 2012

**Team:** Petoskey 2012

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

-  [Add New Case](#)
-  [Add New R.A.E. Case](#)
-  [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	09 - Ninth school grade completed (9 years)
Employment status at enrollment	Not Employed
Housing status	Homeless
Limited English proficient	No
Voter Registration	No
Drivers License	No

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: International Academy  
 County and State: Genesee, MI  
 School 2: Central highschool  
 County and State: Genesee, MI  
 School 3: Dewberry highschool  
 County and State: Luce, MI

**Foster Care Agency:** If applicable

Name of Agency: \_\_\_\_\_  
 Location of Agency: \_\_\_\_\_  
 Current Employer: Provide name

**Counseling Services:** Name and phone # of counselor

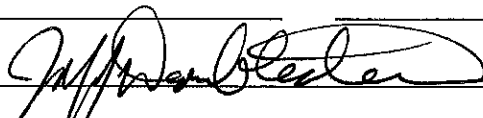
**Other:** \_\_\_\_\_

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

Cassandra Wilson  
 Signature

Cassandra Wilson  
 Printed Name

9/6/12  
 Date

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.



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PO BOX 1745

Ref 49710-1745

Honolulu Street

9/24/2012

Mary Margaret  
Hawaii



www.nwm.org/youthbuild.asp

# Northwest Michigan YouthBuild Application

Site applying for:  
Cadillac   
Petoskey

YouthBuild is a program of Northwest Michigan Council of Governments, operated by Northwest Michigan Works!, with grant funding provided by the U.S. Department of Labor, Employment & Training Administration

Due: \_\_\_\_\_

5916

Please print clearly

## SECTION I - PERSONAL INFORMATION

Name: Last Wilson First Cassandra Birth Date 5/24/92 Gender M F

Address: 14779 W. Carpenter St. Apt. 10 County Charlevoix

City, State, Zip Charlevoix, MI Home Phone ( ) \_\_\_\_\_

E-mail: WilsonCassandra@yahoo.com Cell/pager (906) 322-0948

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 \$ \_\_\_\_\_ What language do you speak at home? English

How many children do you have? 1 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 \_\_\_\_\_

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: transportation back home

**SECTION II – EDUCATIONAL BACKGROUND INFORMATION**

Name, city and state of the last school you attended: Newberry high school, Newberry

Dates you attended: Aug. - Sept. 2011 Highest grade you completed: 9<sup>th</sup>/10<sup>th</sup>

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? I got pregnet

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 \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Describe your duties \_\_\_\_\_

Name of employer \_\_\_\_\_

Employer address \_\_\_\_\_

Phone number \_\_\_\_\_

Average hours worked per week? \_\_\_\_\_ Hourly wage? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact your employer as a reference? Yes  No

Name of supervisor \_\_\_\_\_

**SECTION IV - EMPLOYMENT HISTORY CONTINUED**

Previous job title \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Describe your duties \_\_\_\_\_

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 checked="" type="radio"/> No	Lift Truck	<input checked="" type="radio"/> Yes	No
Electrical Wiring	Yes	<input checked="" type="radio"/> No	Painting	<input checked="" type="radio"/> Yes	No
Sheet Metal	<input checked="" type="radio"/> Yes	No	Rough Carpentry	<input checked="" type="radio"/> Yes	No
Roofing	<input checked="" type="radio"/> Yes	No	Finish Carpentry	Yes	<input checked="" type="radio"/> No
Dry Wall	<input checked="" type="radio"/> Yes	No	Mechanical Repair	Yes	<input checked="" type="radio"/> No
Power Tools	<input checked="" type="radio"/> Yes	No	Housing Rehabilitation	Yes	<input checked="" type="radio"/> No
Personal Computers	<input checked="" type="radio"/> Yes	No	MS Word	Yes	<input checked="" type="radio"/> No
Excel	Yes	<input checked="" type="radio"/> No	PowerPoint	<input checked="" type="radio"/> Yes	No
Web Design	Yes	<input checked="" type="radio"/> No	CAD Equipment	Yes	<input checked="" 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: Chainsaw

**SECTION V – 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? Yes <input checked="" type="radio"/> No	Do you have a fear of heights? Yes <input checked="" type="radio"/> No
Do you have Diabetes? Yes <input checked="" type="radio"/> No	Are you able to bend, stoop & stand? <input checked="" type="radio"/> Yes No
Do you have heart related issues (irregular heartbeat, etc?) <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Do you have physical limitations/restrictions? Yes <input checked="" type="radio"/> No
Do you smoke? <input checked="" type="radio"/> Yes No	Do you have any lifting restrictions? Yes <input checked="" type="radio"/> No
Have you recently had surgery? Yes <input checked="" type="radio"/> No	Do you have allergies? Yes <input checked="" type="radio"/> No
Are you required to wear eye glasses/contacts? <input checked="" type="radio"/> Yes No	When was your most recent physical? <u>last year</u>

If you answered "yes" to any of the above, please describe I'm not sure what kind of medical insurance I have. I should wear glasses but haven't been able to afford them.

**SECTION VI- 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?

The receptionist at Michigan Works

2. Explain why you want to participate in YouthBuild.

To get my life together, I want to get my daughter back from my mother

3. What are you good at?

landskaping, carpentry (some), Cosmatology.  
building things

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?

A better life for my daughter

5. How will you get to YouthBuild each day?

My boyfriend (Cash Turcott) will be driving me

6. Please describe your experiences working outdoors.

I have mowed lawns, planted flowers, moved tree logs, cleaned up branches after they've been cut down with a chain saw. I've worked a little on cars, changing oil, and tires, little things.

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 VII – 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: Cash Turcott Phone number(s): (906) 322-7087

Relationship: boy friend

Name: Jennifer Hutchinson Phone number(s): (906) 293-8290

Relationship: Mother

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

Sister - Stephanie Hutchinson - Normandy room 31 St. Ign. - (906) 204-6687

**SECTION VIII – FINANCIAL INFORMATION**

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

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

Bridge card

**SECTION IX – 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: Cassandra Wilson Date: 9/6/12

Please mail or drop off the application to:

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

Kalkaska Michigan Works! Office – 103 3<sup>rd</sup> 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.

STATE OF MICHIGAN  
CERTIFICATE OF LIVE BIRTH

COUNTY OF EMMET  
PETOSKEY, MICHIGAN

I, GAIL A. MARTIN, Clerk of the County of Emmet and of the Circuit Court thereof, the same being a Court of Record having a Seal, do hereby certify that the following is a true and correct copy of the birth record on file in my Office.

File Number: 429

Date Filed: 5/29/1992

Full Name: CASSONDRA MARIE WILSON

Place of Birth: PETOSKEY, MI.

Date of Birth: 05/24/1992

Sex: FEMALE

Mother's Maiden Name: JENNIFER KAY CAOQUETTE

Age: 22 Birth Place: MICHIGAN

Father's Name: DALE EDWARD WILSON

Age: 26 Birth Place: MICHIGAN

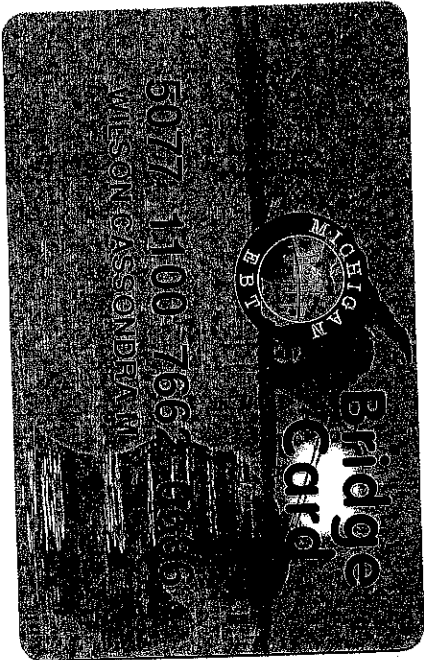
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Circuit Court September 18, 2012, in Petoskey, Michigan.

*Gail A. Martin*  
Clerk/ Deputy County Clerk

11260447

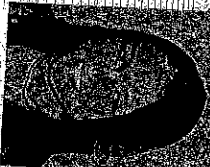
DO NOT ACCEPT IF THERE APPEARS TO BE ANY ALTERATIONS OR ERASURES OF THE FACTS LISTED ABOVE. IF THE THREE HEAT SENSITIVE IMAGES ON THE BACK DO NOT DISAPPEAR WHEN RUBBED OR PRESSED, OR IF YOU CANNOT VERIFY THE PRESENCE OF WATERMARKS IN THE PAPER BY HOLDING TO LIGHT.







MEDICAL  
IDENTIFICATION CARD



W-425 108 585 391  
JOB 05-24-1992  
ISS 01-31-2012  
EXP 05-24-2015

Wgt 110  
Sex F  
Hgt 503  
Eyes BRO

*Cassandra Wilson*  
CASSANDRA MARIE WILSON  
305 W JOHN ST  
NEWBERRY, MI 49868-1216

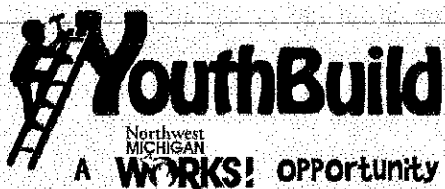
UNDER 21 UNTIL  
05-24-2013

01-009651088379

8825452

MI 21-2013





# Self Attestation Form

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I dropped out of  
high school because I got pregnant and was too  
ashamed to finish.

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.

Cassandra Wilson 9/6/12  
PARTICIPANT SIGNATURE & DATE

\_\_\_\_\_  
CORROBORATING WITNESS SIGNATURE

\_\_\_\_\_  
PARTICIPANT ADDRESS

\_\_\_\_\_  
WITNESS' RELATIONSHIP TO PARTICIPANT

### OFFICE USE ONLY

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

\_\_\_\_\_

Doreen Roberts  
SIGNATURE & DATE OF CERTIFYING OFFICIAL



05/16/2011

Student Name : WILSON, CASSONDRA, M  
 Parent Name : JENNIFER HUTCHINSON  
 Address : 1720 OHIO AVE  
 Flint, MI 48506

Transcript  
 CENTRAL HIGH SCHOOL  
 601 GRAD STREET  
 FLINT, MI 48503  
 (810) 760-1042

Graduating Class Of 2012  
 District, Building : 25010,00618  
 Student ID : 0035928  
 Birthdate : 05/24/1992  
 Gender : Female  
 Grade : 09  
 DIC :

Course	Description	Year 2008/2009 Grade 09					
		Alt	Cr	SEMI	SEM2	Ext	CR
32451A-04	ALGEBRA I	0.500	E	0.000			
16001-02	ENGLISH 10 SUCCESSFUL WR	0.500	E	0.000			
6465-09	HEALTH	0.500	E	0.000			
37041C-03	PHYSICAL SCIENCE	0.500	E	0.000			
121-02	SPANISH II	0.500	E	0.000			
1001A-02	U.S. HISTORY	0.500	E	0.000			
		3.000		0.000			
		3.000		0.000			

Grand Total :		Cumulative GPA : 0.000	
Attendance	Grade	Class Ranking	Rank Out Of
85.00	352	478	
85.00	367	478	
TOTAL	85.00	367	478

Attendance figures are based on 4 periods missed equaling one day  
 Class Rank applies to the number of students in a particular graduating class

# OFFICIAL TRANSCRIPT

STUDENT NAME: Wilson, Cassandra Marie  
 GRADE: 10 SS# BIRTH DATE: 5/24/1992

## Newberry High School

700 Newberry Avenue  
 Newberry, MI 49868

(906) 293-3243

	SEMESTER 1	SEMESTER 2		SEMESTER 1	SEMESTER 2
07-08 International Academy of Flint					
Algebra I		E 0.00			
American History		E 0.00			
English I		D 1.30			
Intro to Computers and Tech		CR 0.50			
Physical Education		CR 0.60			
Spanish I		D 1.30			
Transfer Fine Arts		NC 0.00			
Transfer Science		E 0.00			
			A+ = 4.000 A = 4.000 A- = 3.667 B+ = 3.333 B = 3.000 B- = 2.667 C+ = 2.333 C = 2.000 C- = 1.667 D+ = 1.333 D = 1.000 D- = 0.667 E = 0.000  CR= Credit NC= No Credit	<u>Michigan Merit Examination</u>  Math Science Reading Writing ELA Social Studies  <u>ACT SCORES</u>  ACT-English ACT-Reading ACT-Math ACT-Science  ACT-Composite ACT Date	

\*Classes with \* indicate credit was earned during a summer session prior to the start of school year stated.

Total Credits Earned: 3.700  
 Cumulative GPA: 0.400  
 Rank: Not Ranked

*Jane M. Freeborn* 4/13/10  
 SIGNATURE DATE

Graduated date:

**Request for Taxpayer  
 Identification Number and Certification**

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

Name (as shown on your income tax return)  
**Cassandra Wilson**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  Exempt payee  
 Other (see instructions) ▶ \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**14779 W. Carpenter Appt 10**

City, state, and ZIP code  
**Charlevoix, MI, 49720**

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 the "Name" line 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										
3	6	5	-	1	5	-	5	9	1	6

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 ▶ **Cassandra Wilson**      Date ▶ **9/6/12**

**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,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

##### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.



## 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 9/6/12 and ending 9/5/13

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: Cassandra Wilson

Date: 9/6/12

Address: 14779 W. Carpenter Appt. 10

Phone: (906) 322-0948

Witness for the undersigned: *Jeff Doublet*

Signature: *Cassandra Wilson*





**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.

Cassandra Wilson  
Print Name

Cassandra Wilson  
Signature

9/6/12  
Date

\_\_\_\_\_  
Parent/Guardian 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 Cassandra Wilson

Date: 9/6/12

**ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT PROCEDURES**

I Cassandra Wilson \_\_\_\_\_ 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 9/6/12  
(insert date)

Signature: Cassandra Wilson \_\_\_\_\_

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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 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.

Cassandra Wilson

Signature

9/6/12

Date

Date issued: January 24, 2012

# 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: Cassandra Wilson  
(Please Print)

YB Participant Signature: Cassandra Wilson

Today's Date: 9/6/12

YB Staff Signature and Title: W. Roberts