



## Summer Youth Application

### How to apply:

- Paper applications are available at Oshkiimaajitahdah in Redby;
- Email [477@redlakenation.org](mailto:477@redlakenation.org) to request an application to be emailed to you;

Complete intake form including supporting documentation and return:

- In person at Oshkiimaajitahdah
- By Mail to P.O. Box 416, Redby, MN 56670
- Fax to 218-679-4317
- Email to [477@redlakenation.org](mailto:477@redlakenation.org)

### Summer Youth Checklist *(use this to mark off all items for your application)*

Complete Summer Youth Intake Application Form	
Photo Identification (two forms are needed) Tribal ID, State ID, Birth Certificate. If you do not have a Tribal ID ask the 477 staff and they can help you with one.	
Verification of Tribal Enrollment	
Verification of Social Security Number	
Verification of Income from Parent(s)	
Verification of Employment Form	
Tennessee Warning/Data Privacy Statement	
Registered with Selective Services Registration (males 18-25 years old; <a href="http://www.ssa.gov">www.ssa.gov</a> )	

### If you have any questions, please feel free to contact:

Kimberly Schoenborn 218-679-3350 ext. 2620;  
 Leichelle Oakgrove 218-679-3350 ext. 2694; or  
 Haylee Brun 218-679-3350 ext. 2689

**Office Hours:** 8:00AM – 4:30PM, Monday – Friday

# Oshkiimaajitahdah Summer Youth Application 2024



**Deadline to turn in application is  
May 17, 2024**



## Summer Youth Employment Opportunities

Beginning on March 18<sup>th</sup>, 2024, Oshkiimaajitahdah will be accepting applications for the Summer Youth Employment Program. Deadline for applications is May 17<sup>th</sup>, 2024.

Important dates to remember:

- The startup date is May 27, 2024 with the first crew completing July 12, 2024.
- The second will start on July 8, 2024 and end on August 23, 2024.

Each crew will be working for a period of 6 weeks at 32 hours per week.

**The eligibility requirements are as follows:**

1. Must meet the general tribal enrollment requirement
2. Legal Guardian(s) income must be below 200% Federal Poverty Guideline
3. Must be within income requirements, except for those individuals that have one or more of the following criteria:
  - a. Dropout
  - b. Deficient in basic literacy skills
  - c. Have educational attainment that is one or more grade levels below the grade level appropriate to their age group
  - d. Pregnant or Parenting
  - e. Have disabilities, including learning disabilities
  - f. Homeless, runaway, or you're foster
  - g. Offenders
4. 18+ males must be registered with selective services
5. Must be 14-21 years of age
6. Must be residing within the Red Lake Nation service area
7. Priority will be given to students that are on the A or B Honor Roll and have good attendance



**OSHKIIMAAJITAHDAH**

**Oshkiimaajitahdah**

15525 Mendota Avenue

PO Box 416

Redby, MN 56670

**YOUTH EMPLOYMENT APPLICATION**

Name		Today's Date	
Address		SSN	
		Phone Number	
District <i>(Select One)</i>	<input type="checkbox"/> Little Rock <input type="checkbox"/> Red Lake <input type="checkbox"/> Redby <input type="checkbox"/> Ponemah	Date of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	

Males 18+ : Please attach a copy of your selective service number.

*\*Note: The Job Training Partnership Act states that all individuals are required by law to register for the draft and provide proof that they are registered before being accepted into the Youth Employment Program.*

**EDUCATION:**

*(Select One)*    ( ) Student: Name of High School: \_\_\_\_\_

Circle the grade you are in:    7    8    9    10    11    12

( ) High School Drop out

Last grade completed: \_\_\_\_\_

( ) H.S Graduate w/ no post high school education

( ) Post High School: \_\_\_\_\_

Circle number of years attended:    1    2    3    4

**FAMILY DATA:**

*(Check one)*

( ) Public Assistance

( ) TANF    ( ) GA    ( ) SSI

( ) F/S    ( ) Foster    ( ) Other: \_\_\_\_\_

**FAMILY STATUS**      ( ) Single Parent      ( ) Two Parent

( ) Non-Dependent      ( ) Other: \_\_\_\_\_

Total number in household including self: \_\_\_\_\_

**FAMILY INCOME** (Please list all members in household)

Name	Relationship	Source of Income	Amount

\*If family income is zero, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Ethnic Group:**      ( ) American Indian or Alaska Native  
( ) Other, Specify: \_\_\_\_\_

**Are you a citizen:**      ( ) Yes      ( ) No

**Handicapped:**      ( ) Yes      ( ) No

If so, what is your disability? \_\_\_\_\_

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**CERTIFICATION**

I certify that the information provided is accurate and true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow the release of information for verification purposes and understand it will be used to determine eligibility.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Case Manager \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT FOR STUDENT PARTICIPATION:**

As the legal guardian, I give my permission to have the applicant participate in all activities associated with the 2024 SUMMER YOUTH PROGRAM with Oshkiimaajitahdah. I understand that this will include participation in work and training activities related to program goals of employment readiness, and may include travel under supervision of either Oshkiimaajitahdah Case Managers or Employment Supervisors.

I hereby release and discharge Oshkiimaajitahdah Program, their employees, and Tribal Council with respect to the activities of the 2024 SUMMER YOUTH PROGRAM from any cause of action of any nature whatsoever arising from my child's participation in activities of the 2024 SUMMER YOUTH PROGRAM.

Parent/Guardian Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Print Youth Participant Name: \_\_\_\_\_

Date Application was signed: \_\_\_\_\_

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**Eligibility Determination**

Citizen

14-21 Yrs of Age

Economically Disadvantaged

ELIGIBLE

NOT ELIGIBLE because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Certifying Officer

\_\_\_\_\_  
Date



## **Tennessee Warning/Data Privacy**

Please read the following data privacy rights for applicants/recipients of the Oshkiimaajitahdah program carefully and acknowledge your understanding by signing your name on the “Understanding Tennessee Warning/Data Privacy” page.

### **YOUR RIGHTS:**

Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on your application will be used. The information you provide on the application for a program is classified as private under Minnesota law and cannot be disclosed with your permission, except as provided below.

### **PURPOSE AND USE:**

The information on the application will be used to determine your eligibility for the program and level of assistance. Information you provide will also be used for statistical and research purposes and will not reveal any personal identifying information and you or members of your household.

### **WHAT IS REQUIRED:**

We encourage you to answer all the questions because your correct answers will enable us to properly verify and prioritize your application. Emergency phone, language spoken in the home, township, and number of persons employed in the household, race, years of education and child’s schools are optional. However, this information is requested for the purpose of you.

Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in effective non-discriminatory manner. Number/Code/Status blanks are office use only. We may not be able to properly process your application without all other information.

### **WHO WILL HAVE ACCESS:**

Tribal staff and county, stat (or federal) employees, whose job requires access to your application as well as auditors, may have access to your application. These people are all required not to disclose any personal information about you or members of your household. State and/or federal employees and auditors may review applications to ensure that the Oshkiimaajitahdah programs are serving properly.

The Oshkiimaajitahdah TANF system for collecting and utilizing personal participant data is limited to facilitate efficient administration of the program, while simultaneously safeguarding the privacy of its subjects. As mandated by Minnesota Government Data Practices Act of 1974, the program has established a system for data management methods and procedures outlined below.



### TYPES OF DATA MAINTAINED:

The following type of data may be contained in participant files. This is compilation of data requested on all forms by this program, and collectively required by funding purposes:

- 1) Name
- 2) Social Security Number
- 3) Tribal affiliation
- 4) Medical reports and information to relative to Employment & Training
- 5) Psychological reports relative to Employment & Training
- 6) Home telephone number
- 7) Home address
- 8) Household income (gross family income)
- 9) Age
- 10) Sex
- 11) Housing situation (own, rent...)
- 12) Number and relationship of household members
- 13) Name and relationship of household members
- 14) Handicap
- 15) Nature and dollar amount of assistance received
- 16) Copies of bills submitted for reimbursement
- 17) Source of income
- 18) Substance Abuse history relevant to Employment & Training
- 19) Criminal and traffic violations relevant to Employment & Training
- 20) Date of enrollment
- 21) Past/Present work history
- 22) Veteran status
- 23) Educational levels
- 24) Participation in other programs relative to employability, planning and funding

### RECORD RETENTION:

- A. All past and present participation records will be reviewed quarterly.
- B. At no time will any employee of Oshkiimaajitahdah collect data on or maintain a private file on any participant of the program.

### SECURITY:

Participant files are stored in locked cabinets located in the Oshkiimaajitahdah central file room are unlocked at the beginning of the work day and locked at the end of the day. Program staff are responsible for the program file, its contents and the internal and external access and security.

*The next page will require a signature to verify the participant has been informed of the Tennesen Warning.*

*Tennesen Warning will be given to the participant to keep. The signature page will be kept in the program file.*



**Understanding Tennessee Warning/Data Privacy:**

I acknowledge that I have received a copy of the Tennessee Warning/Data Privacy and have read and understand it completely.

\_\_\_\_\_  
Participate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date



**Release of Income**

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby request release of information for purposes of eligibility determination for Oshkiimaajitahdah.

**Name and Address of Employer or Income Source:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Applicant Do Not Write Below This Line**

-----  
**THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER**

The income for the above names individuals is as follows:

For the month of:	For the month of:	For the month of:

The above named individual is currently not employed and his/her last date of employment was on

\_\_\_\_\_.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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**THIS SECTION IS TO BE COMPLETED BY OSHKIIMAAJITAHDAH STAFF:**

Income for the past three months is \_\_\_\_\_

Multiplied by four to annualize is \_\_\_\_\_

In accordance with the intake the household size is \_\_\_\_\_

Based upon income and Federal Poverty guidelines, I declare the applicant to be

Eligible       Ineligible

\_\_\_\_\_  
Signature of Staff calculating eligibility

\_\_\_\_\_  
Date



## Short Essay

Write a Short Essay (minimum of 100 words) on the topic below:

**Tell us everything you know about the Seven Grandfathers Teachings:**

Best essay will win a \$100 gift card for Red Lake Trading Post.



## SUMMER YOUTH ORIENTATION

May 27<sup>th</sup>, 2024 and July 8<sup>th</sup>, 2024  
At Oshkiimaajitahdah

<b>TIME</b>	<b>AGENDA ITEM</b>
9:00 AM	Welcome – Jerry Loud, <i>Oshkiimaajitahdah Executive Director</i> What are the goals and Objectives of Summer Youth Program?
9:15 AM	Complete all paperwork
10:00 AM	Career/Chemical Dependency – Connie Berg, <i>RL Voc. Rehab. Director</i>
11:00 AM	Time and Attendance – Tracey Kingbird, <i>Oshkiimaajitahdah Asst. Exec. Director</i>
12:00 PM	Lunch
1:00 PM	Chemical Health (UA's)
1:30 PM	Chemical Health (UA's)
2:00 PM	Cultural Assessment – Alyssa Beaulieu, <i>Oshkiimaajitahdah Cultural Program</i>
2:30 PM	Child Labor Laws – Bob Neadeau, <i>FEMA</i>
3:00 PM	Financial Skills/Resume Development – Shawn Carlson
4:30 PM	Adjourn

### Dates to remember:

- 1<sup>st</sup> Group will begin on May 27<sup>th</sup>, 2024 and end on July 12<sup>th</sup>, 2024.
- 2<sup>nd</sup> Group will begin on July 8<sup>th</sup>, 2024 and end on August 23<sup>rd</sup>, 2024.

# CHEMICAL HEALTH PROGRAMS

PO Box 114  
Red Lake, MN 56671

Phone: (218) 679-3995  
FAX: (218) 679-3976



## AUTHORIZATION FOR DISCLOSURE OF CLIENT INFORMATION

I \_\_\_\_\_ REQUEST THAT THE  
Name of Parent/ Guardian of Minor

RED LAKE CHEMICAL HEALTH PROGRAMS RELEASE:

U.A. Results

\_\_\_\_\_  
(Type of Information/Document)

TO Kim Schoenborn, Oshkiimaajitahdah

\_\_\_\_\_  
(Individual's Name and Agency/Program)

FOR THE PURPOSE OF: (JOB) / RANDOM UA / FCS / FOSTER CARE / RULE 25  
(Reason, please circle one)

A willfully false statement or representation is a criminal offense punishable by a maximum fine of \$10,000 or minimum imprisonment of 5 years or both. (U.S. Code, Title 18, Section 1001, formerly section 80)

\_\_\_\_\_  
Signature of Parent/Guardian of Minor (If other than client indicated, state Relationship or Authority)

\_\_\_\_\_  
Address – Street/Box # – City – State – Zip code

\_\_\_\_\_  
Date

This consent I subject to revocation at any time except to the extent that Chemical Health Programs has already taken action in reliance on it. However, if this consent was granted to show satisfaction of a legal or court order, then this permission cannot be revoked until that order has been satisfied.

TO EXPIRE SIX MONTHS FROM DATE MENTIONED ABOVE

Note: Public Health Services Act 42. U.S.C. Section 290dd-2, previously recognized as 42 C.F.R. Part 2, protects the confidentiality of all individual, client data. Any disclosure of information which is not authorized by those regulations is subject of not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense.

# CHEMICAL HEALTH PROGRAMS

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Red Lake, MN 56671

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## URINALYSIS TEST

### Medication information and Release of Liability

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Have you taken medication in the past 30 days?     Yes     No

Are you taking medication prescribed by a doctor?     Yes     No

If yes to any of the above questions, list names of all drugs/medications taking:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I will not hold the Chemical Health Programs and Operators doing the Drug Testing liable for the outcome of my UA test.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Collector

\_\_\_\_\_  
Time Sample Taken

## HHS POVERTY GUIDELINES FOR 2024

The 2024 poverty guidelines are in effect as of January 13, 2024

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,540 for each additional person.	
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440