|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Date of Birth: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number: |   | Email Address: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you Pregnant? |   | Do you have children that live with you? |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |   | Child’s Date of Birth: |   |
| Child’s Name: |   | Child’s Date of Birth: |   |
| Child’s Name: |   | Child’s Date of Birth: |   |
| Child’s Name: |   | Child’s Date of Birth: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have at least 51% Custody of your children? Y/N |   | If no, please explain: |   |
|  |  |
| Are you employed? Y/N |   |
| If yes, where? |   | How many hours per week? |   |

|  |  |
| --- | --- |
| If no, how will you be paying for your program fees and living expenses? |   |

Do you Receive:

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Assistance? Y/N |   | Amount |   |
| Food Share? Y/N |   | Amount |   |
| SSI or SSDI? Y/N |   | Amount |   |
| Tribal Per-Cap? Y/N |   | Amount |   |
| Unemployment? Y/N |   | Amount |   |
| W-2? Y/N |   | Amount |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you on probation or Parole? Y/N |   | If yes, officer name |   |
| Officer Phone Number |   | Officer Email |   |
| Are you in drug court? Y/N |   | If yes, case worker’s name |   |
| Case worker’s phone number |   | Case worker’s email |   |

**If you have questions about this application or our programming, please contact Paula Jolly, Executive Director at 920-737-1884 or email us at** **mandolinfoundation@gmail.com****.**

**By signing below, you are authorizing Mandolin Foundation to run a preliminary background check.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |