|  |  |  |  |
| --- | --- | --- | --- |
| 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**](mailto:mandolinfoundation@gmail.com)**.**

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

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