

**YOUTH APPLICATION ADDENDUM GO-MKE**

Applicant Name		Date of Birth	
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Section 1: Applicant Characteristics

Have you experienced being in the juvenile justice system?	☐ Yes	☐ No
Were you referred from the Office of Community Wellness and Safety (OCWS) OR Milwaukee County Health and Human Services (MCHHS) and have not been involved in the justice system? If yes, what organization created the referral?	☐ Yes	☐ No
	☐ OCWS	☐ MCHHS
Are you in or out of school?	☐ In	☐ Out

If out of school, last school attended and last date of attendance?

School: _____ Last Date: _____

Section 2: Do you reside within one of the following zip codes?☐ 53202 ☐ 53203 ☐ 53204 ☐ 53205 ☐ 53206 ☐ 53207 ☐ 53208 ☐ 53209 ☐ 53210 ☐ 53212 ☐ 53215☐ 53216 ☐ 53218 ☐ 53222 ☐ 53223 ☐ 53224 ☐ 53225 ☐ 53233 ☐ I do not live in any of the listed zip codes

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TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this completed form.

Applicant Signature	Date Signed