



Application Addendum – Youth GO-MKE

Applicant Name (Please Print)		Date of Birth	
Section 1: Applicant Characteristics			
Have you experienced being in the juvenile justice system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you referred from the Dept. of Community Wellness and Safety (DCWS) OR Milwaukee County Health and Human Services (MCHHS) and have not been involved in the justice system? If yes, what organization created the referral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> DCWS	<input type="checkbox"/> MCHHS
Are you in or out of school?		<input type="checkbox"/> In	<input type="checkbox"/> 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?			
<input type="checkbox"/> 53202 <input type="checkbox"/> 53203 <input type="checkbox"/> 53204 <input type="checkbox"/> 53205 <input type="checkbox"/> 53206 <input type="checkbox"/> 53207 <input type="checkbox"/> 53208 <input type="checkbox"/> 53209 <input type="checkbox"/> 53210 <input type="checkbox"/> 53212 <input type="checkbox"/> 53215 <input type="checkbox"/> 53216 <input type="checkbox"/> 53218 <input type="checkbox"/> 53222 <input type="checkbox"/> 53223 <input type="checkbox"/> 53224 <input type="checkbox"/> 53225 <input type="checkbox"/> 53233 <input type="checkbox"/> I do not live in any of the listed zip codes			

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414)-270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414)-270-1726** para pedir asistencia en traducir y entender la información en este documento.

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	
----------------------------	--	-------------	--