



## Application Addendum – Youth GO-MKE

<b>Applicant Name</b>		<b>Date of Birth</b>	
<b>Section 1: Applicant Characteristics</b>			
Have you experienced being in the juvenile justice system?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> OCWS	<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: _____	
<b>Section 2: Do you reside within one of the following zip codes?</b>			
<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			
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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.

<b>Applicant Signature</b>	<b>Date Signed</b>