

**APPLICATION ADDENDUM - YOUTHBUILD**

Applicant Name		Date of Birth	
Section 1: Applicant Characteristics			
Are you registered to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you experienced the foster care system through an out-of-home placement?			
<input type="checkbox"/> No <input type="checkbox"/> Currently in foster care <input type="checkbox"/> Aged out of the foster care system			
<input type="checkbox"/> Left foster care on or after turning age 16 for kinship, guardianship, adoption, or to return to your family			
<input type="checkbox"/> Eligible for assistance through the Chafee Foster Care Independence Program			
Pregnant or Parenting: Are you a parent (including foster or adoptive) or legal guardian of one or more individuals under 18 OR are you a pregnant woman? Note: Parents should answer this question regardless of their custody status.			See Participant's Medical/Disability Supplemental Form
Free or Reduced-Price Lunch Provided in Schools			
Are you attending school? AND Do you receive, or are you eligible to receive, a free or reduced-price lunch?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.	
Are you not attending school? AND Are you a parent living in the same household as your child? AND Is the child eligible to receive free or reduced-price lunch?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.	
If you selected yes to one of the above, does the entire school automatically receive a free or reduced-price lunch? (Select yes if the school is a Milwaukee Public School.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know.	

Section 2: Individual "who requires additional assistance to complete an educational program, or to secure or hold employment." Please select any of the following characteristics that apply to you.
<input type="checkbox"/> I have experienced or witnessed a recent traumatic event, including domestic violence or abuse, or live in abusive environment.
<input type="checkbox"/> I have previously been dismissed from or had a non-voluntary separation from employment.
<input type="checkbox"/> I have previously dropped out, been suspended or been expelled from school. (ISY Program Only)

Section 3: Additional YouthBuild Questions	
How many of your own children less than 18 years of age (including biological, adopted, step and foster children) live in your household?	
How many dependents other than the children live with you?	
Have you ever been convicted of a crime?	
<input type="checkbox"/> Yes, by the juvenile justice system. <input type="checkbox"/> Yes, by the adult correctional system. <input type="checkbox"/> No	
Have you dropped out of high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a parent or legal guardian who is incarcerated at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any significant limitations that could impact your ability to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.
What is your current housing status at this time?	
<input type="checkbox"/> Own/rent a room, apartment or house <input type="checkbox"/> Staying at someone's apartment, room or house (stable)	
<input type="checkbox"/> Halfway house/transitional house <input type="checkbox"/> Staying at someone's apartment, room or house (unstable)	
<input type="checkbox"/> Group Home <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Homeless <input type="checkbox"/> Prefer not to disclose.	

SEE LIMITED ENGLISH PROFICIENCY STATEMENT ON NEXT PAGE

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.

Signature	Date Signed
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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.

Form Date: 01.01.26