



HELP New Mexico, Inc.

Rio Arriba YouthBuild Project

YouthBuild Application

Date:		Social Security Number:		Date of Birth:	
Name (First, Middle, Last):				Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address:		Mailing Address :		Primary Phone:	
City, State, Zip Code:		City, State, Zip Code:		Secondary Phone:	
County of Residence:		Selective Service: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Separated <input type="checkbox"/>	
Emergency Contact Name/Relationship:		Address:		Phone:	
Race:					
Native American/Alaskan Native <input type="checkbox"/>		African American <input type="checkbox"/>		Pacific Islander <input type="checkbox"/>	
Caucasian (White) <input type="checkbox"/>		Hispanic/Latino <input type="checkbox"/>		Other _____	
Asian <input type="checkbox"/>		Hawaiian Native <input type="checkbox"/>			
United States Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		If No – INS Alien Documentation Number: Expiration Date: _____		In No – Is Applicant eligible for Work in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/> Visa # _____	
Is English the Applicant's First Language: Yes <input type="checkbox"/> No <input type="checkbox"/>		Place of Birth: _____		If Native American: Tribe: _____ Does the Applicant have a CIB Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no List: _____		City, State, Country			
Individual with a Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>		Information Regarding Disability:		Does Applicant have a current Division of Vocational Rehad Case? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Applicant need Supported Employment Services: Yes <input type="checkbox"/> No <input type="checkbox"/>		Does Applicant Require any Additional Equipment to assist with Employment or Training? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, please explain:	
Felony Conviction: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:		Misdemeanor Conviction: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		Drivers License: State Issued: _____ DL#: _____ Expiration Date: _____	
Number of People in Household:		Is Applicant a Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Applicant a Single Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Is Applicant Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Applicant Dependents:	

Bio-Parents <input type="checkbox"/>	Grandparent/Grandparents <input type="checkbox"/>	Emancipated Minor <input type="checkbox"/>
Bio-Mother <input type="checkbox"/>	DHS Custody/Foster Care <input type="checkbox"/>	Protective Services <input type="checkbox"/>
Bio-Father <input type="checkbox"/>	Juvenile Probation Services <input type="checkbox"/>	
Legal Adult (18 and Up) <input type="checkbox"/>	Legal Guardian other than Bio <input type="checkbox"/>	

Please List ALL Members in Your Household:

1.		
2.		
3.		
4.		
5.		
6.		

Does Applicant Receive Medicaid? Yes <input type="checkbox"/> No <input type="checkbox"/>	DHS Assistance:	DHS Case Worker:
Housing Status: Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>	Has Applicant ever been Enrolled in Job Corps? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Receiving HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>

<input type="checkbox"/> Educational Counseling <input type="checkbox"/> Alternative School Services <input type="checkbox"/> High School Proficiency Tutoring <input type="checkbox"/> Jr. High School Proficiency Tutoring <input type="checkbox"/> Adult Education & Literacy <input type="checkbox"/> Needs Work Experience <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Family Counseling <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Gang Affiliation <input type="checkbox"/> Transportation Issues <input type="checkbox"/> HS Grad w/Difficulty Completing an Education Program <input type="checkbox"/> HS Grad w/Difficulty Obtaining Employment <input type="checkbox"/> <input type="checkbox"/> One or More Parents Incarcerated <input type="checkbox"/>	<input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> On the Job Training <input type="checkbox"/> Skill Upgrade/Retraining <input type="checkbox"/> Summer Employment <input type="checkbox"/> Internship <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Leadership Development <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Alcohol/Drug Counseling <input type="checkbox"/> At Risk of Dropping Out	<input type="checkbox"/> TANF Exhustee <input type="checkbox"/> Pregnant <input type="checkbox"/> Parenting Teen <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> Applicants Parents Receive TANF <input type="checkbox"/> Learning Disability <input type="checkbox"/> Poor Work History <input type="checkbox"/> Foster Youth Year _____ State _____
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Name of School Attending or Last Enrolled:	Last Grade Completed:	School Drop Out: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for Drop Out:

High School Graduate/GED Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Employment Issues: Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Basic Skills Deficiency: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Branch of Service _____ Service From _____ to _____	Veteran Status: <180 <input type="checkbox"/> Veteran status: > 180 <input type="checkbox"/> Recent Separation <input type="checkbox"/> Campaign Veteran <input type="checkbox"/>	Vietnam Era <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled <input type="checkbox"/>
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Spouse of any person who died on active Military duty or of a Military service-connected Disability:				
Spouse of any person who has total disability permanent in nature resulting from a military service-connected disability:				
Spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability:				
Spouse of any family member of the Armed Forces serving on active duty who at this time of this registration is in any one or more of the following categories:				
Missing in Action:				
Captured in the line of duty by a hostile force:				
Forcibly detained or interned in the line of duty by a foreign government or power:				
Labor Force Status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Does Applicant have any previous work history? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has Applicant worked in a Subsidized Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of weeks Not Employed:		UI Claimant:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Worked (Month/Date/Year): _____ to _____			Company: _____	
Address: _____			Supervisor: _____	
City, State, Zip Code: _____			Phone Number: _____	
Reason for Leaving: _____			Duties: _____	
Dates Worked (Month/Date/Year) : _____ to _____			Company: _____	
Address: _____			Supervisor: _____	
City, State, Zip Code: _____			Phone Number: _____	
Reason for Leaving: _____			Duties: _____	
Dates Worked (Month/Date/Year) : _____ to _____			Company: _____	
Address: _____			Supervisor: _____	
City, State, Zip Code: _____			Phone Number: _____	
Reason for Leaving: _____			Duties: _____	

Dates Worked (Month/Date/Year): _____ to _____	Company:	Job Title:
Address:	Supervisor:	Hours Worked Per Week:
City, State, Zip Code:	Phone Number:	Wage/Salary:
Reason for Leaving:	Duties:	

List any Certifications, Special Skills or Areas of Interest:

Referred By:

Earned Income:

Household Income (<i>List Family Members that are Working</i>)	How many weeks on the job?	Hourly Rate/Hours Per Week	Paid Daily, Weekly, Bi-Weekly or Monthly
1.			
2.			
3.			
4.			
Total Income:	***Add additional family members on back of this page.		

FY 2016 80% Low Income Limits for Rio Arriba County

Additional Source of Financial Support:

Financial Support (<i>List Family Member</i>):	Type of Support (SSI, SSDI, etc.)	Amount/Timeframe
1.		
2.		
3.		
4.		
Total Additional Financial Support:	***Add additional income on the back of this page.	

Worked at least 25 days in agriculture or in a food processing plant during the past year?		
More than one half of past year's income earned by working in agriculture?		
Worked for more than one agriculture employer?		
Able to return home every day you worked in agriculture?		
Full-time student who traveled with a group, other than family to work in agriculture?		

Certification

I have read and understand each application item thus far and certify that this information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of this application and subsequent termination from services.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Signature of Interviewer

Date

Help-New Mexico's YouthBuild Information Sheet

WHAT YOU CAN EXPECT NEXT...

1. **COME TO YOUR INTERVIEW:** Please be on time and ready to participate. The ideal YB student will demonstrate that he/she is mature, ready to learn, responsible, and eager to participate in our school. The interview will take approximately 30 minutes, and all applicants are encouraged to dress professionally.
2. **TURN IN THE NECESSARY DOCUMENTS:** The documents indicated on the document sheet must be submitted for admittance to YouthBuild.
3. **BE INVITED TO MENTAL TOUGHNESS:** Applicants who have attended orientation, completed the interview process, submitted the required documents to enroll in YouthBuild, applicants must attend the full week of Mental Toughness and arrive on time every day. Applicants who do not attend the full week or arrive late will not complete the application process and will have to reply next session.
4. **CALL IF YOU HAVE QUESTIONS:** Call us if you have general questions about this process at 505-753-6517.

Remember: YouthBuild is a program that is based on doing construction work in order to rebuild our community. Even if you do not plan to have a career in construction, you will be expected to attend construction training as part of the program. It is important you consider your interest in this field to determine if this is the program that best suits your needs and interests.