



District 6 HRDC
 300 1st Avenue North, Suite 203
 Lewistown, MT 59457
 (406)535-7488
 Fax: (406)535-2843
 Toll Free: 1-800-766-3018



District 6 Human Resources Development Council’s (HRDC) mission is dedicated to promoting individuals, families and communities to become strong and independent.

Serving Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum and Wheatland counties

The goal of District 6 HRDC’s Employment and Training staff is to help qualified individuals to obtain long-term self-sufficient occupations based on their interests and skills. Services are available for **youth**, ages 16-24 and **adults**, ages 18+. Eligibility is based on gross annual income (before taxes) for the entire household and other eligibility criteria.

Family Size	Annual Non-Metro Area	6 Months Non-Metro Area
1	\$12,760	\$6,380
2	\$18,720	\$9,360
3	\$25,702	\$12,851
4	\$31,724	\$15,862
5	\$37,441	\$18,721
6	\$43,788	\$21,894

Income Table Valid 7-30-20 through 7-30-21

The Workforce Innovations and Opportunity Act (WIOA) can assist with education cost and supportive services, such as transportation, rent, utilities and clothing. All services are based on availability of funding and are not guaranteed.

Case managers are available Monday through Friday, 8:00 am to 5:00 pm for appointments or questions. Please feel free to contact us at the above phone numbers or by email.

Cassie Bergstrom
 Case Manager
cbergstrom@hrdc6.org

Terry Murphy
 Case Manager
tmurphy@hrdc6.org

Visit us at District 6 HRDC website www.hrdc6.org. There you can download an application, get information on required documentation and see what District 6 HRDC has to offer.

District 6 HRDC is an Equal Employment Opportunity organization.



District 6 Human Resources Development Council
 300 1st Avenue North Suite 203
 Lewistown, MT 59457
 406-535-7488
 1-800-766-3018



Employment and Training Application

Personal Information

DATE: _____ Birthdate _____ Social Security Number _____

Last Name _____ First Name _____ MI _____

Phone Number _____ Message Phone _____

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address where you receive mail (if different from above)

Cell Phone Number: _____ E-mail Address: _____

1st Contact (who would know how to contact you, even if you move)

 Name Relationship

 Mailing Address City State Phone Number

2nd Contact (with phone number and address different from above)

 Name Relationship

 Mailing Address City State Phone Number

SELECTIVE SERVICE/MILITARY SERVICE

Please circle correct response

Are you registered with Selective Service? Yes No N/A
 Veteran of Military Service? Yes No

EDUCATION:

Please circle correct response

Current student? Yes No

Highest grade completed _____ Received High School Diploma _____ HiSET/GED _____ Year: _____

Are you interested in furthering your education or pursuing training? _____ Yes _____ No

If yes, what area? _____

WORK RELATED INFORMATION:

What is your current employment status? Unemployed, looking for work _____ Self-employed _____
Employed, part time _____ Employed, full time _____ Other _____

Type of job you are interested in _____

PROGRAM INFORMATION:

To help us better serve you please provide a brief explanation of why you are applying for this program.

EMPLOYMENT INFORMATION: List names of employers starting with current or last employer.

Employer _____ Job Title _____

City/State/Zip _____

Dates Employed: Start _____ End _____ Wage _____ Hours worked per week _____

Duties performed: _____

Reason for leaving _____

Employer _____ Job Title _____

City/State/Zip _____

Dates Employed: Start _____ End _____ Wage _____ Hours worked per week _____

Duties performed: _____

Reason for leaving: _____

Signature _____

Date _____

DISTRICT 6 HUMAN RESOURCES DEVELOPMENT COUNCIL

300 1ST Ave. N., Suite 203
 Lewistown, MT 59457
 (406)535-7488 (800)766-3018
 Fax: (406) 535-2843

BASIC INTAKE FORM – complete page 2

HOUSEHOLD ADDRESS INFORMATION

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Message Phone: _____ Contact Name: _____

Housing Type: Single Family (house) _____ Multi-Unit (apartment) _____ Mobile Home _____ Homeless _____ Live with friends or family _____ Other _____

Do you Rent _____ or Own? _____

LIST ALL PERSONS LIVING IN YOUR HOME

Use the codes listed below

LAST NAME	FIRST NAME	MI	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	DATE OF BIRTH			GENDER	ETHNICITY	RACE	TRIBAL MEMBER YES/NO	VETERAN YES/NO	DISABLED YES/NO	HEALTH INSURANCE (CHECK ALL THAT APPLY)	VOCATIONAL OR LITERACY TRAINING	CURRENTLY IN SCHOOL YES/NO	LAST GRADE COMPLETED	EMPLOYMENT STATUS
					M	D	YR											
			SELF/ HEAD OF HOUSE										<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK					
													<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK					
													<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK					
													<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK					
													<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK					
													<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK					

RACE CODES (You may choose more than one)

AI = Native American/Alaskan
 AS = Asian
 BL = Black or African American
 H/PI = Hawaiian or Pacific Islander
 W = White

ETHNIC CODES

H = Hispanic or Latino
 NH = Nonhispanic/Latino

EMPLOYMENT STATUS

FT = Full-Time employment
 PT = Part-Time employment
 U = Unemployed
 R = Retired/Not Working

FOR OFFICE USE ONLY

CDS HH# _____
 DATE ENTERED _____
 PROGRAM INITIALS _____

HMIS Data Operator Only

HMIS HID# _____
 Date Entered _____

INDICATE ALL MONTHLY INCOME and/or NON-CASH BENEFITS - received by all household members, regardless of age or relationship.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Wages / Earned Income | <input type="checkbox"/> Property Income | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other Source / Explain: |
| <input type="checkbox"/> Social Security Retirement (SS) | <input type="checkbox"/> Investment / Interest Income | <input type="checkbox"/> Alimony Payments | _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Educational Grants | <input type="checkbox"/> TANF | _____ |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> SNAP | _____ |
| <input type="checkbox"/> Veteran's Pension or Disability payment (VA) | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Cash-Spot Jobs | <input type="checkbox"/> No Financial Source(s) |
| <input type="checkbox"/> Retirement / Pension from former job | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Cash-Gifts | |

LIST MONTHLY INCOME

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, ETC.)	TOTAL GROSS INCOME FOR THIS MONTH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PLEASE READ THE FOLLOWING AND SIGN AND DATE WHERE INDICATED.

- ◆ The collection of personal information on clients is essential to the provision of services at District 6 HRDC. Information is collected and stored in the agency Central Database System. Only District 6 HRDC and its funding sources access this information.
- ◆ I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Applicant Signature _____ **Date** ____/____/____

Please Read the Following & Initial, Sign and Date Where Indicated

Initial

_____ The collection of personal information is essential in providing services with District 6 Human Resources Development Council (HRDC). All information for all members of the household will be held strictly confidential and stored securely within the organization according to District 6 HRDC regulations.

_____ I give consent to the District 6 HRDC Employment and Training to obtain the following information from other agencies and from the Combined Healthcare Information and Montana Eligibility System (CHIMES-EA) for information on my SNAP and/or TANF benefits, family size and residency to determine financial eligibility.

_____ I understand that this application is used to determine eligibility only and does not automatically enroll me in the program. The information I have provided is subject to review and verification and I may have to provide documentation to support this application.

_____ I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

X

Signature of Applicant

Date

X

Signature of Parent or Guardian (if applicant is under 18)

Date

X

Signature of Interviewer

Date