



**District 6 HRDC**  
 300 1<sup>st</sup> 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.

<b>Family Size</b>	<b>Annual Non-Metro Area</b>	<b>6 Months Non-Metro Area</b>
1	\$12,490	\$6,245
2	\$18,507	\$9,254
3	\$25,409	\$12,705
4	\$31,367	\$15,683
5	\$37,013	\$18,507
6	\$43,292	\$21,646

Income Table Valid 7-31-19 through 7-30-20

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](mailto:cbergstrom@hrdc6.org)

Terry Murphy  
 Case Manager  
[tmurphy@hrdc6.org](mailto:tmurphy@hrdc6.org)

Visit us at District 6 HRDC website [www.hrdc6.org](http://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.



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**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: \_\_\_\_\_

**1<sup>st</sup> Contact (who would know how to contact you, even if you move)**

\_\_\_\_\_  
 Name Relationship

\_\_\_\_\_  
 Mailing Address City State Phone Number

**2<sup>nd</sup> 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 1<sup>ST</sup> 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					
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													<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