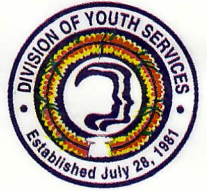




DIVISION OF YOUTH SERVICES

DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



Family & Youth Enhancement Program REGISTRATION

RECEIVED BY:		DATE:		CASE #:		CW:	
REFERRAL INFORMATION: DYS UNIT: _____ AGENCY: _____ WALK-IN: _____ COURT-ORDERED: _____							
REFERRED BY:		CONTACT #		CELL PHONE:		EMAIL:	
REASON FOR REFERRAL:							
All information is strictly confidential to the full extent permitted by law. No identifying information will be released without your consent.							
NAME (Last, First, MI)				EMPLOYMENT/SCHOOL			
GENDER:		DOB:	Age:		ADDRESS/VILLAGE (P.O. Box)		DYS HISTORY (yes or no)
TELEPHONE NUMBER		ALTERNATE CONTACT NUMBER			EMAIL ADDRESS		
MARITAL STATUS (For Parent/Legal Guardian)				ETHNICITY:			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Living with Domestic Partner		<input type="checkbox"/> CAROLINIAN	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> Divorced	<input type="checkbox"/> Other			<input type="checkbox"/> CHAMORRO	<input type="checkbox"/> ASIAN		
CITIZENSHIP							
<input type="checkbox"/> CNMI(US)		<input type="checkbox"/> Republic of Belau (ROP)		<input type="checkbox"/> OTHER _____			
<input type="checkbox"/> Federated States of Micronesia		<input type="checkbox"/> Republic of Marshal Island (RMI)					
PRIMARY LANGUAGE				SECONDARY LANGUAGE			
PRIMARY HOUSEHOLD COMPOSITION							
NAME	GENDER	DOB	AGE	RELATION	OCCUPATION	ETHNICITY	CITIZENSHIP
SELF	***	***	***	***	***	***	***

FAMILY ASSESMENT: To obtain information for determining levels of support. It is critical that family choice, interests and strengths be considered in planning, thereby allowing linkages of resources with needs.

Are you currently receiving services from other public agencies? If so, please list all public/federal assistance.

DISABILITY	Disability Reported: _____ Is there any other family member with disability? _____
	How does your impairment (s) keep you from getting a job/going to school? _____

	NOTE: Discuss with individual/family of possible referral to other services. Please indicate which agency to be referred to and IEP's if any.

EMPLOYMENT	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____
	If none US, is individual legally eligible for employment in the CNMI? _____
	What barriers prevents you from securing employment? _____

EDUCATION & TRAINING	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, last grade completed? _____
	Have you had previous skills training that would assist you in achieving sustainable employment? _____

	Will you be interested in enrolling in Parent Education or Youth Programs? _____
Will you be interested in participating in job fairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSING & TRANSPORTATION	Are you a home-owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Car-Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Living arrangements: _____
	Do you need information on affordable & accessible housing? _____
	Are you a recipient of FEMA assistance from the recent disaster in the CNMI? If you answered NO, please explain. _____

INCOME	Which of the following best describes your gross family income during the last year?	
	Less than \$10,000.00 <input type="checkbox"/>	\$35,082.00 - \$45,081.00 <input type="checkbox"/>
	\$10,000 - \$15,080.00 <input type="checkbox"/>	\$45,082.00 - \$55,081.00 <input type="checkbox"/>
	\$15,081.00 - \$25,081.00 <input type="checkbox"/>	\$55,082.00 or more <input type="checkbox"/>
	\$25,082.00 - \$35,081.00 <input type="checkbox"/>	

Note other services individual or family may need: _____
