Mother Nation

Service Application

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| Print Name: | | | | Date of Birth  Month Day Year |
| Tribal Affiliation:  Enrollment card/descendants letter/Other: | | | | Contact Phone (s):  Email:  Emergency Contact:  Relationship: |
| Current Address (check if homeless) [ ] | | | |
| City | State | | Zip | Marital Status (Check One)  [ ] Married [ ] Single  [ ] Separated [ ] Divorced  [ ] Other |
| If homeless, how long?  Shelter [ ] Yes [ ] No  Other: | | Reason for leaving last housing situation?  Barriers to housing: | | Recovery?  [ ] Yes [ ] No  Date of last use:  Attend AA meetings? |
| Children?  [ ] Yes [ ] No  Age (s) and gender: | | Are you employed?  [ ] Yes [ ] No  If so, name employer? | | Do you have any other income?  [ ] Yes [ ] No    If “yes” what is the income source? |
| List any needs for children, if applicable: | | | | Any disabilities? |
| Type of services requested:  [ ] Referral [ ] Emergency Transport [ ] Yeha:wi Groups [ ] Prayer [ ] Cultural Response Team [ ] Recovery [ ] Grief & Loss [ ] Domestic Violence [ ] Sexual Assault [ ] Rental Assistance [ ] Gathering of Women Sweat [ ] Homeless Emergency [ ] Hotel [ ] Food  Type of emergency services requested:  Type of advocacy services requested: | | | | |
| Any relationship to Mother Nation Board Members, Staff or Volunteers? [ ] Yes [ ] No  If so, date COI participant application completed/received: | | | | Short Term Goals:  Long Term Goals: |
| Are you interested in volunteering at any Mother Nation future events? [ ] Yes [ X ] No  If so, date volunteer application received: | | | | |
| Cultural and other Mother Nation Services Acknowledgement:  All resources are on a first come first served basis.  Supportive Services are based on availability of funding and approval of services application.  Mother Nation reserves the right to refuse services at its sole discretion.  Mother Nation services are for Native American/Alaskan Native Women and families to enhance cultural wellness free from violence, abuse, grief, addictions and homelessness.  Mother Nation applicant’s showing disrespect or abusive language towards staff will be refused services.  Applicant’s inability to fulfill short term goals, may result in loss of service.  I acknowledge and read all the materials on this application including the limitations set forth above. I answered each question honestly and openly.  Signature: Date: | | | | |
| Mother Staff Use Only – **Staff Must Sign Off for services** | | | | |
| [ ] Approved for services [ ] Not Accepted Staff Initials:  Date of enrollment:  Type of Services Received:  [ ] Mobile Advocacy [ ] Yeha:wi Group [ ] Homeless Response Team [ ] Cultural Response Team  [ ] Mentorship  Yeha:wi Group:  Services Received [ ] Yes [ ] No County served: On-reserve [ ] Yes [ ] No  Off-reserve [ ] Yes [ ] No | | | | |
| Goals Met, please specify (use additional paper) | | | | |