



Mother Nation Service Application

Print Name:			Date of Birth Month Day Year		
Tribal Affiliation:			Contact Phone (s):		
Enrollment card/descendants letter:			Email:		
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 (DV) [] Cultural Workshop [] Prayer [] Advocacy [] Recovery [] Grief & Loss [] Domestic Violence [] Housing Resources [] Employment [] Gathering of Women Sweat [] Mentorship [] Parenting Class Type of referral resource 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 [] 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 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:

NWIN Staff Use Only

Approved for services

Not Accepted

Staff Initials:

Date of enrollment:

Type of Services Requested:

Gathering of Women Sweat Advocacy Emergency Transport (DV)

Workshop Mentorship

Type of Resources Requested:

Housing Recovery

Legal Other:

Supportive Services

Services Received Yes No County served:

On-reserve Yes No

Off-reserve Yes No

Type of services received:

Goals Met, please specify (use additional paper)