



DUE MAY 1

Y.E.S Program Application

About the program: The YES Program is a career exploration and cultural education program for youth ages 14-17 who are tribal members, descendants or non-Native youth living within St. Croix Tribal Communities or in the areas served by St. Croix Tribal Education (Webster, Siren, Turtle Lake, Cumberland, Shell Lake, Spooner). The program includes 6-7 weeks of job-shadowing and Education Days from the end of June through the beginning of August. Students will job-shadow on Tuesdays & Wednesday from 9a-3p at designated tribal or local employers. Students will attend Education Days on Thursdays from 9a-3p at the Education Building in Hertel.

Stipend and Credit: Students will receive a \$150 stipend each week for full attendance. Students will receive community service credits for job-shadow and career exploration as part of the YES Program.

Transportation: Students and/or parents/guardians are responsible for student transportation to the career exploration opportunities/job shadowing & the education days.

Attendance: Students are expected to attend all 3 days each week to receive the full stipend for that week, if a student does not attend, the student's stipend will be deducted for that week to reflect the amount of time they were absent. If a student is attending driver's education, summer camps, sports, school activities etc. these activities are excused and will not result in any stipend deduction. Students who are excused for applicable activities can still receive YES Program credit and will not receive a deduction of their stipend if they inform the YES Program Coordinator of their absence and turn in a signed absence approval form.



YES PROGRAM APPLICANT INFORMATION

Full Name _____
Last Name First Name M.I

Address _____
Street City State Zip

Student Phone _____

School Attended _____ Grade Next Fall _____ Age _____

Preferred Pronouns _____ T-Shirt Size (Unisex adult) _____

Tribal Affiliation _____ St. Croix Tribal Community of residence _____

- St. Croix
- Other
- Non Native

Parent Name _____ Phone Number _____

Parent Email Address _____

The following Career Exploration opportunities may be part of the job-shadow options provided through the YES Program. Please circle the opportunities that are of most interest to you.

- TRAILS/Cultural Camps
- Tribal Clinic/ Behavioral Health
- UWEC College Class (GEN ED 102: College Learning Strategies for Junior/Seniors only)
- Ojibwe Crafts/Regalia
- Ethnobotany/Ojibwe Medicine/Wild Edible Plants and Value Added Products
- Fort Folle Avoine
- 4 Winds Store
- St. Croix Community Centers and Gardens
- Other St. Croix Tribal Departments



DISCLAIMER & SIGNATURE

Please review the following and sign below:

- o I am aware that I am responsible to get my child to their placement site and education day. My child has my permission to allow tribal vans to shuttle my child if necessary or walk on tribal grounds with permission and adult supervision.
- o I give the YES Program permission, in case of medical emergency, to have my child treated or transported by ambulance to receive care.
- o I give my permission to the St. Croix to use digital photos of my child in marketing. Yes or No
- o My child must be at work/ orientation/ full days to receive stipends for this program or have authorized permission from St. Croix Tribal Education for approved absences.
- o The YES program will notify parents through Email and the REMIND APP. Please check your email and/or download the REMIND APP for updates and announcements throughout the summer. Updates will also be posted to the St. Croix Tribal Education Group on Facebook.
- o Use of drugs or alcohol will result in immediate termination. Only ceremonial use of tobacco is accepted.

Student Signature _____ Date _____

Parent Signature _____ Date _____

In Case of Emergency Please Contact:

Name	Relationship	Phone Number
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1. _____

2. _____

PLEASE SUBMIT THIS APPLICATION TO THE ST. CROIX EDUCATION STAFF BY **MAY 1** TO BE CONSIDERED FOR THIS PROGRAM.

Please contact Laura or Karen with any questions!

lauram@stcroixojibwe-nsn.gov

715-349-2195 ext 5105

karenw@stcroixojibwe-nsn.gov



Potentially Eligible (PE) Request

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].
 Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.

Legal First Name		Preferred First Name		Middle Initial
Legal Last Name		Social Security Number - -	Date of Birth	
Address or PO Box				
City	State	Zip Code	County of Residence	
In which Wisconsin county would you like to receive services?				
E-mail Address				
Telephone Number			Cell Phone Number	
Do you give DVR permission to leave a message at the telephone numbers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your preferred method of contact? (only select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Telephone <input type="checkbox"/> Text Message				
Is there someone you want included in the scheduling of appointments during the referral/application process due to your disability? Please provide contact information below for the person. Appointment Contact Name: Appointment Contact Relationship: Appointment Contact Phone Number: Appointment Contact Email Address:				
Accommodation/Foreign Language Needs (check all that apply) <input type="checkbox"/> ASL Interpreter <input type="checkbox"/> Audio Taped Communications <input type="checkbox"/> Braille <input type="checkbox"/> Hmong <input type="checkbox"/> Large Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Spanish Comments:				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose Not to Identify				
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Identify				
Ethnicity – Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose Not to Identify				
The student would like to learn more about the following Pre-ETS: <input type="checkbox"/> Job exploration counseling <input type="checkbox"/> Work-based learning experiences <input type="checkbox"/> Workplace readiness training to develop social skills and independent living <input type="checkbox"/> Instruction in self-advocacy, including instruction in person-centered planning and peer mentoring <input type="checkbox"/> Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs				

Verification of a disability (documentation may be needed and requested for the provision of services):

High School Student with an IEP

High School Student with a disability but no 504 plan or IEP

High School Student with a 504 plan

Postsecondary Student with a disability

School Name:

District Name:

Section to be completed by the student or legal guardian

This signature below confirms permission and/or intent to participate in Pre-ETS services.

Guardian Name (if under 18 or court appointed)

Guardian Phone Number

Guardian Address (Including Agency, City, State, & Zip Code)

Guardian E-Mail Address

Student Signature (or Guardian Signature if under 18 or court appointed)

Date Signed

Section to be completed by referring educational agency- if applicable

Educational Agency Name

Educational Agency Phone

As a representative of the referring educational agency identified above, I certify the following:

1. All the information and statements provided in Section I are true and correct to the best of my knowledge.
2. The existence and availability of documentation supporting items checked in the verification of disability section.

Representative Name (Please Print)

Representative Signature

Date Signed

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Vocational Rehabilitation at (800) 442-3477 to request information in an alternate format, including translated to another language.

DVR-18207 (R. 08/2022)

STATE OF WISCONSIN WORK PERMIT REQUEST FORM

The following items **MUST BE PROVIDED IN PERSON** before a work/street trades permit can be issued to the minor or parent/guardian:

1. **REQUIRED:** A duly attested **birth certificate (preferred form of age documentation)**, or a **verified baptismal certificate**, or a **driver's license**, or **photo ID card** issued by the **Department of Transportation**, or a **school record for proof of the minor's age**.
2. **REQUIRED:** The minor's **Social Security card for proof of Social Security number**. If the minor's Social Security card is lost, then the Social Security number **MUST** be verified by contacting a Social Security representative. To do that, the minor and/or the minor's parent, guardian, or court-ordered foster parent must go to the Lancaster Office of Social Security and request a replacement card. The Social Security Representative will provide you with a print out verifying the minor's social security number.
3. **REQUIRED:** Completion on this form of the employer information below; or a letter from the employer containing the employer's name, address, telephone number, and signature, along with a statement of the intent to employ the minor, the job title, the job duties, the days of work, and the approximate number of hours of work per week.
4. **REQUIRED:** The signature below of the minor's parent, guardian, or court-ordered foster parent; or a letter from the minor's parent, guardian, or court-ordered foster parent giving consent for the minor to accept the employment being offered by the employer.
5. **REQUIRED:** Payment *from the employer* of **\$10.00** for the work permit fee. If the permit fee is paid by the minor rather than the employer, then the employer shall reimburse the minor for the permit fee no later than the first pay check issued to the minor.

EMPLOYER MUST COMPLETE THIS SECTION – WORK PERMIT REQUIRED INFORMATION

Employer Name		Today's Date
Employer Mailing Address/City/State/Zip		
Employer Telephone Number	Employer Fax Number	
Printed Name of Minor Being Hired	Date Minor Will Begin Employment	
Title of the Job Minor Will Be Performing	Approximate Number of Hours Per Week Minor Will Be Working	
Days of the Week Minor Will Be Working Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>		
Provide a Brief Description of Job Duties:		
Printed Name of Employer Representative	Signature of Employer Representative	

PARENT OR GUARDIAN MUST COMPLETE THIS SECTION – REQUIRED INFORMATION

Name and Address of School that the Minor is Attending		
Do Parents Own this Business? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Minor a H.S. Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Work Being Performed as Restitution? Yes <input type="checkbox"/> No <input type="checkbox"/>
Printed name of Parent, Guardian, or Court-Ordered Foster Parent	Signature of Parent, Guardian, or Court-Ordered Foster Parent I give my permission for the minor whose name is listed above to accept the work that is described above.	