



District 6 HRDC
 300 1st 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

Family Size	Annual Non-Metro Area	6 Month Non-Metro Area
1	15,060	7,530
2	\$22,516	\$11,258
3	\$30,913	\$15,456
4	\$38,157	\$19,078
5	\$45,033	\$22,516
6	\$52,669	\$26,334

Income Table Valid 7-30-24 through 7-30-25

For all families larger than 6 persons: Add the amount equal to the difference between the sixth and fifth person family income levels, \$7,636 for each additional person in the family.

District 6 HRDC’s Employment and Training staff aims to help qualified individuals obtain long-term self-sufficient occupations based on their interests and skills. Services are available for **In-School Youth** ages 14-24, **Out of School Youth** 16-24, and **Adults** ages 18+. Eligibility is based on gross annual income (before taxes) for the entire household and other eligibility criteria.

The Workforce Innovations and Opportunity Act (WIOA) can assist with education costs and supportive services, such as transportation, rent, utilities, and clothing. All services are based on the 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.

Josh Wright
 Case Manager
jwright@hrdc6.org

Visit us at District 6 HRDC website 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
 (Please print clearly)

Date of Application _____

Personal Information

Birthdate: _____ Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Phone Number: _____ Message Phone: _____

Cell Phone Number: _____ E-mail Address: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address where you receive mail (if different from above)

In order for application to be considered complete, you must have two contacts.

1st Contact (who would know how to contact you, even if you move)

 Name Relationship

 Mailing Address City State Phone Number

2nd Contact (with phone number and address different from above)

 Name Relationship

 Mailing Address City State Phone Number

SELECTIVE SERVICE/MILITARY SERVICE

Please circle the correct response

Are you registered with Selective Service? Yes No N/A
 Veteran of Military Service? Yes No

EDUCATION:

Please circle the correct response

Current student? Yes No

Highest grade completed: _____ Received High School Diploma: _____ HiSET/GED _____ Year: _____

College completed: _____ Received College Diploma: _____ Year: _____

WORK-RELATED INFORMATION:

What is your current employment status? Unemployed, looking for work: _____ Self-employed: _____

Employed: part-time _____ Employed: full time _____ Other: _____

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: _____

Employer: _____ Job Title: _____

City/State/Zip: _____

Dates Employed: Start _____ End _____ Wage _____ Hours worked per week _____

Duties performed: _____

Reason for leaving: _____

Signature _____

Date _____

PROGRAM GOALS:

1. To help us better serve you please provide a brief explanation of your goals for applying to this Program.

2. Type of job you are interested in: _____

3. Educational Goal: _____

4. Career Goal: _____

5. Personal Goal: _____

DISTRICT 6 HUMAN RESOURCES DEVELOPMENT COUNCIL

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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					
													<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 = Non-Hispanic/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

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**DOCUMENTATION NEEDED *BEFORE* PROGRAM APPLICATION CAN BE
PROCESSED**

- Documentation of past 6 month's income for the HOUSEHOLD**
- Birth certificates for EACH APPLICANT**
- Social Security Card for the applicant only.**
- Driver's License, Picture ID, or school picture of the applicant**
- Copy of TANF check, Medicaid Card, SNAP (Food Stamp) letter, SSI Check or printout from Office of Public Assistance**
- Documentation of physical or mental disability (if applicable) applicant only**
- Documentation (if applicable) of arrest or conviction of a felony**
- Selective Service/Military Service---SS registration, Discharge type or DD214 (applicant only)**
- Divorce Decree or Death Certificate of spouse. (State Displaced Homemaker only)**