

# Next Steps II Project Application Form

*The Next Steps II Project provides academic and nonacademic support services to American Indian, lineal descendants of a federally recognized tribe & non-Indian students in CAN, CMA, Pre-Nursing, LPN, AND, BSN programs, Social Work, Nutrition & Dietetics, and other Allied Health professions at tribal/junior colleges and four year colleges & universities in North Dakota.*

## **To apply for the Next Steps II Project:**

1. Complete and submit this Next Steps II Project Application Form.
  - **NEED** tribal enrollment verification or, degree of Indian blood (BIA Form 4432)  
**\*Preference given to American Indians\***
  - Attach income verification-1<sup>st</sup> page of your income tax
  - Attach TANF verification (if applicable) **\*Preference given to TANF participants\***
  - Submit **Unofficial Academic Transcripts** (copies) from high school and/or colleges/universities attended; upon completion you **MUST** submit **Official Academic Transcripts** to your mentor.
2. Budget Verification Form from College if attending a college or university
3. Educational Care Plan completed with Next Steps II Mentor if attending a college or university
4. You will need to complete an assessment once you have been accepted into the program
5. You will be notified regarding your status in the project

**All application materials must be submitted to  
The Next Steps II Mentor in your area**

### **Northwest Mentor-Lacey**

**Cell: (701) 230-5595 Fax (701)-857-7550**  
[lacey.corneliusen@littlehoop.edu](mailto:lacey.corneliusen@littlehoop.edu)

### **Northeast/Spirit Lake Mentor-Iris**

**Cell: (701) 230-5715 Fax: (701)-766-2368**  
[iris.walkingeagle@littlehoop.edu](mailto:iris.walkingeagle@littlehoop.edu)

### **Southwest Mentor-Travis**

**Cell: (701) 230-5658 Fax: (701)-328-5050**  
[travis.albers@littlehoop.edu](mailto:travis.albers@littlehoop.edu)

### **Southeast Mentor-Patty**

**Cell: (701) 230 5659 Fax: (701)-239-7350**  
[patty.stensland@littlehoop.edu](mailto:patty.stensland@littlehoop.edu)

*If you have any questions regarding your application to Next Steps please contact us.*



**Next Steps II Project**  
**ATTN: Ann Wadsworth**  
**Cankdeska Cikana Community College**  
**PO Box 269**  
**Fort Totten, ND 58335**  
**Phone: (701) 766-1375 Fax: (701) 766-2368**  
[www.littlehoop.edu](http://www.littlehoop.edu)



**\*\*All paperwork MUST BE submitted to be considered a complete application\*\***

## HPOG 2.0 Registration / Intake Form [Page 1 of 10]

Contact Information	
First Name	Social Security Number ____-____-____
Middle Initial	Gender ____Male ____Female ____Not Reported
Last Name	Date of Birth (MM/DD/YYYY) ____/____/____
Address 1 (street address)	Phone 1 (____home ____work ____cell ____other) (____) ____-____
Address 2 (apartment or condo number)	Phone 2 (____home ____work ____cell ____other) (____) ____-____
Address 3 (building or complex name)	Can we contact you via text message? ____Yes ____No
City	What is the best way to reach you? ____Phone ____Text ____Email ____Social media (Facebook or Twitter)
State	
Zip Code ____-____	
Facebook account name or email address associated with account:	
Twitter handle or ID:	
Email	

**For Staff Use Only**

Informed Consent \_\_\_\_Yes \_\_\_\_No

Eligible \_\_\_\_Yes \_\_\_\_No

**Alternative Contact 1 (please list at least three people who can help locate you)**

First Name		Last Name		Relationship to you (parent, sibling, extended family, partner, friend, other )
Address 1 (street address)			Address 2 (apartment or condo number)	
Address 3 (building or complex name)			City	
State	Zip Code	Phone 1 ( ___home ___work ___ cell ___ other)		
	_____-____-	(_____)_____-____-		
Email				

**Alternative Contact 2**

First Name		Last Name		Relationship to you (parent, sibling, extended family, partner, friend, other )
Address 1 (street address)			Address 2 (apartment or condo number)	
Address 3 (building or complex name)			City	
State	Zip Code	Phone 1 ( ___home ___work ___ cell ___ other)		
	_____-____-	(_____)_____-____-		
Email				

**Alternative Contact 3**

First Name		Last Name		Relationship to you (parent, sibling, extended family, partner, friend, other )
Address 1 (street address)			Address 2 (apartment or condo number)	
Address 3 (building or complex name)			City	
State	Zip Code	Phone 1 ( ___home ___work ___ cell ___ other)		
	_____-____-	(_____)_____-____-		
Email				

Applicant Name \_\_\_\_\_

## Personal Characteristics

United States Citizen? (check one): <input type="checkbox"/> Yes, born in the United States <input type="checkbox"/> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas <input type="checkbox"/> Yes, born abroad of U.S. Citizen Parents or Parent <input type="checkbox"/> Yes, U.S. Citizen by Naturalization <input type="checkbox"/> Not a Citizen of the United States [Staff: if checked, ensure that the participant is eligible]	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race - Check all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> No American Indian or Alaskan Native <input type="checkbox"/> Yes <input type="checkbox"/> No Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Yes <input type="checkbox"/> No Asian <input type="checkbox"/> Yes <input type="checkbox"/> No White <input type="checkbox"/> Yes <input type="checkbox"/> No Black or African American	
Relationship status <input type="checkbox"/> Currently Married <input type="checkbox"/> Living with unmarried partner <input type="checkbox"/> Divorced or separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Not reported	Head of household: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported
Are you or your spouse/partner pregnant and/or expectant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported Number of people living in your household at least half of the last year: ____ Number of children under age 18 who live in your household at least half of the last year: ____ For how many of these children are you or your spouse/partner the legal guardian: ____ For each child in above question for which you or your spouse/partner is the legal guardian:  Child 1 Name: Date of Birth (MM/YY):  Child 2 Name: Date of Birth (MM/YY):  Child 3 Name: Date of Birth (MM/YY):  Child 4 Name: Date of Birth (MM/YY):  Child 5 Name: Date of Birth (MM/YY):  Child 6 Name: Date of Birth (MM/YY):	

Applicant Name \_\_\_\_\_

Special characteristics/status (Mark all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Refugee                     | <input type="checkbox"/> Formerly incarcerated           |
| <input type="checkbox"/> Veteran                     | <input type="checkbox"/> WIA/WIOA eligible               |
| <input type="checkbox"/> Individual with disability  | <input type="checkbox"/> Have a child with special needs |
| <input type="checkbox"/> Current foster care youth   | <input type="checkbox"/> Trouble with stable housing     |
| <input type="checkbox"/> Homeless individual         | <input type="checkbox"/> None of the above               |
| <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Not reported                    |

**For Tribal HPOG Only**

Tribal Member: ☐ Yes ☐ No ☐ Not Reported

Tribal Affiliation: \_\_\_\_\_

Live on reservation: ☐ Yes ☐ No ☐ Not Reported

Spouse of tribal member: ☐ Yes ☐ No ☐ Not Reported

Current employee of a tribal organization:

☐ Yes ☐ No ☐ Not Reported

Applicant Name \_\_\_\_\_

## Income and Benefits

<p>Approximate total earnings from work, including tips and overtime pay during the past 12 months:</p> <p>___\$0</p> <p>___\$1 to \$4,999</p> <p>___\$5,000 to \$9,999</p> <p>___\$10,000 to \$14,999</p> <p>___\$15,000 to \$19,999</p> <p>___\$20,000 to \$24,999</p> <p>___\$25,000 to \$29,999</p> <p>___\$30,000 to \$34,999</p> <p>___\$35,000 or over</p>	<p>Is anyone in your household, including yourself, receiving public benefits at intake (for each):</p> <p>TANF: ___Yes ___No ___Not Reported</p> <p>SNAP: ___Yes ___No ___Not Reported</p> <p>WIC: ___Yes ___No ___Not Reported</p> <p>Free/Reduced Price School Lunch: ___Yes ___No ___Not Reported</p> <p>Supplemental Security Income: ___Yes ___No ___Not Reported</p> <p>Social Security or Social Security Disability Insurance: ___Yes ___No ___Not Reported</p> <p>Medicaid: ___Yes ___No ___Not Reported</p> <p>Subsidized Child Care / Voucher: ___Yes ___No ___Not Reported</p> <p>Section 8 / Public Housing: ___Yes ___No ___Not Reported</p> <p>Low-Income Heating Emergency Assistance Program: ___Yes ___No ___Not Reported</p> <p>Refugee Cash Assistance: ___Yes ___No ___Not Reported</p> <p>Bureau of Indian Affairs General Assistance: ___Yes ___No ___Not Reported</p> <p>Alaska Permanent Fund: ___Yes ___No ___Not Reported</p>
<p>TOTAL household income including your earnings and other income and earnings of all household members for the past 12 months</p> <p>___\$0</p> <p>___\$1 to \$9,999</p> <p>___\$10,000 to \$14,999</p> <p>___\$15,000 to \$19,999</p> <p>___\$20,000 to \$24,999</p> <p>___\$25,000 to \$29,999</p> <p>___\$30,000 to \$34,999</p> <p>___\$35,000 to \$39,999</p> <p>___\$40,000 to \$44,999</p> <p>___\$45,000 to \$49,999</p> <p>___\$50,000 to \$59,999</p> <p>___\$60,000 to \$69,999</p> <p>___\$70,000 or over</p>	<p>Other sources of financial support received by anyone in household (for each):</p> <p>Alimony: ___Yes ___No ___Not Reported</p> <p>Child Support: ___Yes ___No ___Not Reported</p> <p>Workers compensation: ___Yes ___No ___Not Reported</p> <p>Support from family and friends not living in household ___Yes ___No ___Not Reported</p> <p>Grants or loans for school: ___Yes ___No ___Not Reported</p>
<p>Receiving public benefits at intake (for each):</p> <p>TANF Cash Assistance: ___Yes ___No ___Not Reported</p> <p>Medicaid: ___Yes ___No ___Not Reported</p>	<p>Unemployment Insurance compensation recipient (check one):</p> <p>UI claimant: _____</p> <p>UI exhaustee: _____</p> <p>Not a UI claimant or exhaustee: _____</p> <p>Not reported: _____</p>

Applicant Name \_\_\_\_\_

## Education

Highest level of education completed:

- |   |   |
|---|---|
| <input type="checkbox"/> Grades 1 to 12 (no HS diploma)                               | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> High school diploma  | <input type="checkbox"/> Bachelor's degree  |
| <input type="checkbox"/> GED/HiSET/TASC or alternative credential                     | <input type="checkbox"/> Graduate degree    |
| <input type="checkbox"/> Some college credit but less than one year of college credit | <input type="checkbox"/> Not reported       |
| <input type="checkbox"/> One or more years of college credit, but no degree           |   |

Ever received a professional, state, or industry certification or license?

☐ Yes ☐ No ☐ Not Reported

If yes to above, what is the name of the professional, state, or industry certification or license?

\_\_\_\_\_

Received an occupational certificate or diploma, excluding any state, professional, or industry certification or license?

☐ Yes ☐ No ☐ Not Reported

If yes to above, what is the name of the occupational certificate or diploma?

\_\_\_\_\_

Currently in school or training? ☐ Yes ☐ No ☐ Not ReportedIf yes to above, currently in a healthcare occupational training course? ☐ Yes ☐ No ☐ Not ReportedIf no or skipped above, ever taken classes to prepare for work in a particular occupation? ☐ Yes ☐ No ☐ Not ReportedIf yes to above, ever taken classes to prepare for work in a healthcare occupation? ☐ Yes ☐ No ☐ Not ReportedLiteracy assessed at 8th grade level or higher? **[For Staff Use Only]**☐ Yes ☐ No ☐ No Assessment ☐ Not ReportedNumeracy Assessed at 8th Grade Level or Higher? **[For Staff Use Only]**☐ Yes ☐ No ☐ No Assessment ☐ Not Reported

Ever participated in following classes/educational programs?

a. Classes to improve basic reading/writing/math skills or prepare for a high school equivalency or college placement test

☐ Yes ☐ No ☐ Not Reportedb. English as Second Language ☐ Yes ☐ No ☐ Not Reportedc. Classes for college credit ☐ Yes ☐ No ☐ Not Reportedd. Occupational training not for college credit ☐ Yes ☐ No ☐ Not Reportede. Classes in how to succeed at work class/workshop ☐ Yes ☐ No ☐ Not Reportedf. Classes in how to succeed at school ☐ Yes ☐ No ☐ Not Reported

Applicant Name \_\_\_\_\_

## Employment

Ever worked for pay:

☐ Yes☐ No (Skip to Next Section)☐ Not Reported (Skip to Next Section)If ever worked, are you currently employed? ☐ Yes ☐ No ☐ Not ReportedEver worked in a healthcare occupation? ☐ Yes ☐ No ☐ Not reportedIf yes, specify most recent healthcare occupation (choose Occupational Code from list provided):  
\_\_\_\_\_If currently employed, do you work in healthcare occupation? ☐ Yes ☐ No ☐ Not Reported

If yes, identify healthcare occupation (choose Occupational Code from list provided): \_\_\_\_\_

If currently employed:

Usual number hours worked per week: \_\_\_\_\_

Current hourly wage: \$\_\_\_\_\_ per hour

Receive health insurance from employer?

☐ Yes ☐ No ☐ Not Reported

For Staff Use Only

Staff Name: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name \_\_\_\_\_



Applicant Name\_\_\_\_\_

## Next Steps II Student Agreement

In order to participate in the Next Steps II Program and for us to provide you the best possible support services and/or financial assistance offered we must seek and disclose educational, personal, and financial information to certain individuals/groups in order to assist in your academic success. Although we generally will not share academic and/or financial information (apart from directory information) with third parties, including parents, without student consent, we will share records where the student has given consent and in other cases permitted by federal law and Campus policy; therefore, this agreement must be signed by all individuals participating in the Next Steps Program. The specifications of the agreement are further detailed below:

By enrolling in the Next Steps II Program and accepting support services and/or financial assistance,

I, \_\_\_\_\_, hereby agree to the following:  
(Please Print Name)

- 1) **Essential Advisement and Monitoring/Release of Information:** As a participant in the Next Steps II Program, I authorize the following persons and/or agency to engage in written, electronic, and/or verbal communication in matters pertaining to my academic progress, financial status, and general information in reference to my academic or personal needs, with the Next Steps II Program Staff. I understand that the types of records released may be related to my academics, university finances, or any other information in accordance with the Next Steps II Program's 'Essential Advisement and Monitoring' strategies that may impact my success as a student. I further understand that this information will remain confidential and will be released only between the agencies/groups designated below:
  - Campus Faculty And Staff
  - Campus Student Service Offices (I.E. Financial Aid, Student Account Services, Registrar's Office, Etc.)
  - Tribal Entities (I.E. Higher Education Officials and Financial Officers, Etc.)
  - Other Community Agencies (I.E. Social Services, Etc.)
  - Federal Agencies (I.E. Indian Health Services, Etc.)
- 2) **Background Check/Drug Testing: DISCLAIMER**
- 3) **Photography:** I consent to have photographs taken of me to be used by the Next Steps II Program and/or pertinent campus authorities or for the purposes of public information about the services of the program, publications, and other media.
- 4) **Academic Commitment:** I hereby make a commitment to my success and to the Next Steps Program by agreeing to fully participate in all activities, mandatory lectures, lab, and clinical experiences as necessary to ensure satisfactory progress and successful completion of my chosen program.
- 5) **Moral Agreement:** In accordance with the Next Steps II Program's purpose to enhance the educational opportunities for American Indians pursuing degrees in health professions and to provide health services to American Indian people by providers who are from similar cultural backgrounds, knowledgeable of the socioeconomic realities of reservation living, and who are committed to the improvement of health in their home communities, I further agree to a moral commitment to serve American Indian people upon completion of my chosen career.
- 6) **Statement of Understanding:** I understand that my decision to enroll in the Next Steps II Program and release of the above information will be valid hereafter the date signature obtained below as well as during my entire enrollment in the program and upon cessation of enrollment of the purpose of statistical tracking and as a requirement of federal monitoring guidelines, or until a rescind any of the above authorizations in writing. I shall hold harmless any persons in the Next Steps II Program providing student services and campus faculty, campus staff, tribal entities, and other officials providing such information on my behalf.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Next Steps II Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only

Date received in CCCC: _____	Received by: _____
Date reviewed by Mentor: _____	Reviewed by: _____
Date entered in database: _____	Entered by: _____
Date created Student file: _____	Created by: _____

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for employment and, if you are employed, in considering you for Subsequent promotion, assignment, reassignment, retention, or discipline, **(NEXT Steps/CCCC Group)** may request and rely upon one or more consumer reports or investigative consumer reports about you that it obtains from Preble Medical Services, Inc., a consumer reporting agency.

For explanation purposes:

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before **(Preble Medical Services)** can obtain a consumer report or investigative consumer report (a background check) about you for employment purposes, we must have your written authorization. Before we take an adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## **AUTHORIZATION**

I, \_\_\_\_\_ (print your name here) have read and understand the foregoing Disclosure and authorize (**Next Steps/CCCC Group**) to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize (Preble Medical Services) to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact my current employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/References Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me or on my behalf of (**Next Steps/CCCC Group**).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental or Legal Guardian Signature  
(If applicant is under the legal age of 18 years  
old - must be signed by a Parent or Legal  
Guardian)

\_\_\_\_\_  
Date

**Personal Data (PLEASE PRINT NEATLY)****Next Steps/CCCC**

I, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Address Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, and zip code) Dates of Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Male or Female circle

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name) Years Used

\_\_\_\_\_  
Social Security Number Driver's License Number States Issued

I have the right to make a request to **Preble Medical Services, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Preble Medical Services, Inc.**, has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and to my discharge after employment.

\_\_\_\_\_  
Printed Name Applicant Signature Date



# Cankdeska Cikana Community College



## NEXT STEPS PROJECT

PO Box 269

Fort Totten, ND 58335

Phone: 701-766-1375

Name of Student: \_\_\_\_\_ ID # \_\_\_\_\_  
(Print Name)

Social Security # \_\_\_\_\_ Academic Year you are applying for: \_\_\_\_\_

This form is to be completed by a **Financial Aid Officer** at \_\_\_\_\_  
(Print Name of College/University)

The institution has my permission to provide "Next Steps" Project with this information.

**Signature of Student** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*PLEASE RETURN BUDGET TO MENTOR\*

### EXPENSES

	1 <sup>st</sup> SEMESTER	2nd SEMESTER	SUMMER
Tuition			
Fees	\$ _____	\$ _____	\$ _____
Room & Board	_____	_____	_____
Books	_____	_____	_____
Transportation	_____	_____	_____
Personal Items	_____	_____	_____
Other	_____	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____	_____
	\$ _____	\$ _____	\$ _____

### INCOME

BIA Scholarship Grants			
Tribal Grant	\$ _____	\$ _____	\$ _____
SEOG*	_____	_____	_____
PELL	_____	_____	_____
HIS Scholarship	_____	_____	_____
ND State Grant	_____	_____	_____
GSL, Perkins, other loans*	_____	_____	_____
Veteran Benefits	_____	_____	_____
Social Security	_____	_____	_____
College Work Study*	_____	_____	_____
Parental Contribution	_____	_____	_____
Student Contribution	_____	_____	_____
Other	_____	_____	_____
<b>TOTAL INCOME</b>	_____	_____	_____
	\$ _____	\$ _____	\$ _____
<b>Unmet Financial Need</b>	_____	_____	_____
	\$ _____	\$ _____	\$ _____

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Financial Aid Officer)

Name of Institution \_\_\_\_\_ Phone: \_\_\_\_\_