



Waganakising Odawak
 Little Traverse Bay Bands of Odawa Indians
Niigaandiwin Education Department
 7500 Odawa Circle, Harbor Springs, Michigan 49740
 {Telephone} 231-242-1488 {Fax} 231-242-1490
 {Email} Aanjigin@lbbodawa-nsn.gov



Aanjigin Intake Form

Participant Information

Name: _____ **Date of Birth:** _____

Tribal ID: _____ **Social Security #:** _____ - _____ - _____

Gender: Male Female Two – Spirited

Address: _____ **City:** _____

State: _____ **Zip:** _____ **County:** _____

Email: _____ **Phone:** _____

Check this box if you would like to opt out of text message alerts from the Niigaandiwin Education Department

Estimated Monthly Income (after taxes/take home pay): _____

Priority List (please check all that apply to you):

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1st time Aanjigin Applicant <input type="checkbox"/> Tribal citizens located outside of the LTBB Workforce Innovation & Opportunity Act (WIOA) program’s service area <input type="checkbox"/> Veterans and eligible spouses <input type="checkbox"/> Displaced or dislocated workers <input type="checkbox"/> Single Parents <input type="checkbox"/> Current/Former Foster Care Youth | <ul style="list-style-type: none"> <input type="checkbox"/> Applicants affected by housing instability <input type="checkbox"/> Individuals who do not possess any formalized certifications, degrees or skillsets <input type="checkbox"/> Applicants who are pursuing stackable credentials or a continuation of an IEP without a change in scope <input type="checkbox"/> Applicant is neurodivergent (learning differences) including but not limited to: ADHD, dyslexia, epilepsy etc. |
|--|---|



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Program of Interest Information

Estimated Start & End Date of Program: *Start Date* _____ *End Date* _____

Cost of Training: _____

Please list what would you need assistance with the most & the approximate cost:

<i>Types of Assistance</i>	<i>Approximate Cost</i>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

What are your needs to be able to complete the program?

With listing 1 – 8; (*1 being top priority, 2 being next priority, etc.*),

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Do you currently have any funding support?

Yes - If yes, what kind and in what amount? _____

No - If no, would you be willing to apply to external services for additional support? Yes No

By signing below, I certify the above information is true and correct, to the best of my ability.

SIGNATURE

DATE

----- *Office Use Only* -----

AANJIGIN STAFF SIGNATURE

INTAKE DATE