

FAMILY MEMBERS AND INCOME: List all *immediate* family members living in the household (parents, step-parents, siblings, half-siblings; if you have a child, include him or her). The income of unmarried domestic partners should not be included. The income of grandparents, aunts, and uncles should not be included unless they have legal custody. Include *gross* income (before taxes), SSDI, Social Security Old Age, alimony, workers’ compensation, pensions, disability, self-employment, and wages from employment. If no income, please write “none.”

Family Member First and Last Name	Check if under 19	Relationship	Source of Income	Amount	Received yearly	Received monthly	Received weekly
					Check only ONE		

Income documentation is required for summer employment and for some WIOA applicants. Acceptable documents are listed on page 5.

Do you or any family members in your household currently receive any of the following?

- | | | |
|------------------------------|-----------|----------|
| Family Assistance/Safety Net | _____ Yes | _____ No |
| SNAP (Food Stamps) | _____ Yes | _____ No |
| Unemployment Insurance | _____ Yes | _____ No |
| Medicaid | _____ Yes | _____ No |
| SSI | _____ Yes | _____ No |
| HEAP | _____ Yes | _____ No |
| Free/Reduced School Lunch | _____ Yes | _____ No |

Eligibility for summer employment is based only on annual family income before taxes and deductions.

Annual gross income levels for eligibility are listed below.

TANF Summer Employment

- Family of 1 \$25,520
- Family of 2 \$34,480
- Family of 3 \$43,440
- Family of 4 \$52,400
- Family of 5 \$61,360
- Family of 6 \$70,320
- Family of 7 \$79,280
- Family of 8 \$88,240

Education

If attending high school:

School Name _____

Guidance Counselor _____ Last grade completed? _____

If not attending high school, did you graduate? _____ Last School Attended _____

If you graduated from high school, what year did you graduate? _____

If you don't have a high school diploma, do you have an equivalency diploma? _____

If you have neither a high school diploma nor equivalency diploma, are you preparing to take the TASC? _____ If not, do you need help getting your equivalency diploma? _____

Disability Status

Do you/did you ever have an IEP, 504 Plan or receive Special Education Services? _____

Do you have a physical disability, mental health disability or a learning disability? **Yes** **No**

Please list any special accommodations you may need in order to work such as an interpreter, ramp, and wheel chair? _____

Work History

Please list any paid work experience or volunteer experience. Include jobs such as childcare, lawn care, etc. If the job was through our summer program, please indicate SYEP under the Employer Name.

Employer Name: _____	Supervisor: _____
Address: _____	Phone: _____
Job Title: _____	
Duties: _____	
Start Date: _____	End Date: _____ Still Employed: _____
Reason for Leaving: _____	Wage: _____

Employer Name: _____	Supervisor: _____
Address: _____	Phone: _____
Job Title: _____	
Duties: _____	
Start Date: _____	End Date: _____ Still Employed: _____
Reason for Leaving: _____	Wage: _____

Eligibility Information: In order to consider your application, we need to have both income and personal data; therefore, please answer the questions below.

	Yes	No
Are you currently in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, foster care worker _____		
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Are you now or have you ever worked with PINS, probation, or ATI?	<input type="checkbox"/>	<input type="checkbox"/>
Who is (was) your probation officer or worker? _____		
Have you ever received youthful offender status?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a pregnant or parenting?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you need help providing daycare for your child?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been enrolled in the Youth Program	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Do you have a valid NYS Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you have access to a car?	<input type="checkbox"/>	<input type="checkbox"/>

If we place you in employment, how will you get to work? _____

What is your back-up plan? _____

I certify that all of the information I have supplied in completing this application is true and correct to the best of my knowledge. I understand that any information I have supplied may be subject to verification and that deliberate misrepresentation of the information may subject me to prosecution under State and Federal Laws.

Youth Signature: _____ **Date:** _____

AND if applicant is under 18, a signature is required below.

Signature of Parent/Guardian/ or Director of Foster Care

For Office Use Only

TANF Eligible Yes ____ No ____ If no, reason(s) why: _____

Youth Name: _____ Date: _____

Important Documentation Information

In order to determine and document your eligibility, we **must** verify those items indicated in the left-hand column. Therefore, you will need to provide **ONE** of the items listed in the middle column for each category. Original documents can be copied at the Center and returned to you before you leave.

Documentation	Acceptable Documentation	Attached, if not why
Application	Application completely filled out and signed by youth, parent, guardian, or director of foster care, if applicable. Over 18 may sign their own documentation. (Page 4)	
If under age 18, proof that you have been approved for work.	Original Working Papers for either 14 & 15 year olds or 16 & 17 year olds. If you are 18 or older, photo ID is required.	
Meets Federal Income Guidelines	Written documentation from DSS verifying cash assistance or food stamps or foster care status; written verification of Social Security benefits; alimony, workers' compensation, pensions, disability, or unemployment OR For all family members working: A paystub or other written verification showing year-to-date earnings; documentation of self-employment earnings	
Age/Citizenship	Identification with proof of age (i.e. driver's license, birth certificate, passport, NYS Benefit card) If not a citizen, immigration status documentation. (See page 5)	
Copy of Social Security Card	Copy of social security card, previous W-2	
School Status	Copy of last progress report or report card if in school or verification of attendance in an equivalency program (if of compulsory age)	
Disability Status	Copy of current IEP issued by the school or a letter from medical professional, if applicable	
Signed Release of Information	Attached form signed by the youth, parent or guardian, or director of foster care. Page 7	
Copy of Selective Service Card if applicable	If male 18 or over, verification of registration for selective service	

Please remember: You will not be considered eligible for employment until this information is received and verified.

Immigration Status List - This list is used when the applicant is not a United States citizen.

You will be asked to provide documentation to verify the individual's immigration status. We are asking about your immigration status to determine if you or a family member is eligible for federally funded TANF services. You may be a legal immigrant, but not be eligible for federally funded TANF services.

- | | |
|---|--|
| 1. Refugee | |
| 2. Cuban/Haitian Entrant | 1. Immigration and Naturalization Service (INS) Form I-94, INS Form I-551, INS Form I-688B or INS Form I-766
2. INS Form I-94, INS Form I-551 |
| 3. Asylee | 3. INS Form I-94, INS Form I-551 |
| 4. Amerasian Immigrant | 4. INS Form I-94, INS Form I-551 |
| 5. Deportation or Removal Withheld | 5. Judges order showing deportation or removal withheld |
| 6. Hmong or Highland | 6. INS Status Granted |
| 7. Lawfully Admitted for Permanent Residence (LPR) who entered the U.S. before 8/22/96 | 7. INS Form I-94, INS Form I-551 |
| 8. Lawfully Admitted for Permanent Residence (LPR) and entered the U.S. on or after 8/22/96 and has been in the United States for 5 years or more | 8. INS Form I-94, INS Form I-551 |
| 9. Parolee (for one year or more) who entered U.S. before 8/22/96 | 9. INS Form I-94, INS Form I-688B, INS I-766 |
| 10. Parolee (for one year or more) and entered U.S. on or after 8/22/96 and has been in the U.S. for 5 years or more | 10. INS Form I-94, INS Form I-688B, INS I-766 |
| 11. North American Indian born in Canada (Eligibility depends on Status Granted.) | 11. INS Status Granted |
| 12. Member of a federally recognized Tribe born outside U.S. (Eligibility depends on Status Granted.) | 12. INS Status Granted |
| 13. A non-citizen serving or discharged from U.S. Armed Forces or a discharged individual's spouse or child. Discharge must have been honorable and not for reason of "alienage" or lack of citizenship | 13. DD-214 |
| 14. A battered spouse or child of a U.S. citizen or lawfully admitted permanent resident who entered the U.S. before 8/22/96 | 14. INS "Notice of Prima Facie Case" dated within 150 days of application |
| 15. A battered spouse or child of a U.S. citizen or lawfully admitted permanent resident who entered the U.S. on or after 8/22/96 and has been in the United States for 5 years or more | 15. INS "Notice of Prima Facie Case" dated within 150 days of application |
| 16. A conditional entrant who entered U.S. before 8/22/96 | 16. INS Form I-94, INS Form I-688B, INS I-766 |
| 17. A conditional entrant who entered U.S. on or after 8/22/96 and has been in the United States for 5 years or more | 17. INS Form I-94, INS Form I-688B, INS I-766 |
| 18. Immigration status is not included in the listing above. If you are a non-citizen whose immigration status is not listed above, you are not eligible for federal TANF services. | |

Release of Information

Dear Parent/Guardian,

In order to participate in the Youth Program, we may need to assess the math and reading level for each person. For in-school youth, this information can be obtained from the guidance office via this signed form. If current levels are not available for out-of-school youth, he or she will be tested in this office.

In addition, we may need information from other agencies that have provided services to your son/daughter or we may need to share information with other agencies. The agencies we work with may include, **but are not limited to:** educational, medical, social services, probation, school guidance office, and law enforcement.

In order to place your youth in employment, we may need to share **need-to-know** information with his or her supervisor.

I also give permission for my picture and name (or that of my child if under 18) to be used in program publications.

_____ (Yes) _____ (No)

Please read and sign the authorization below.

To whom it may concern:

I hereby authorize the Cayuga/Cortland County Employment and Training Office to obtain information or records including identity data, educational, employment, legal, and medical, for the purpose of evaluating my current skills and needs to assist in the formulation of my Individual Service Strategy (ISS).

I understand that all such information released to the Cayuga/Cortland County Office of Employment and Training will be treated as confidential and privileged.

The individual signing this application may be asked to prove any or all statements made. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security numbers because any person applying for or receiving federal WIA or TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security Numbers to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive WIA or TANF services, you may have your certification reviewed by a person at a level above the person who made the decision.

Youth Name – Please Print

Date

Signature of Youth

Signature of Parent or Guardian (if under 18)

If in the foster care system, signature of Foster Care Director