

Tompkins Summer Youth Employment Program Application

The information requested on this form is necessary to determine if you are eligible for the Summer Youth Employment Program (SYEP) administered by the Tompkins County Workforce Investment Board.

SECTION ONE Information About the Applicant

1. Applicant's Name: _____		Gender Male		Female	
Home Address:					
_____ (street)		_____ (apt. #)	_____ (city)	_____ (state)	_____ (zip)
Social Security Number: _____		Date of Birth: _____		Age _____	
Telephone Number(s): home _____ other _____			I prefer to be contacted by:		
			Mail	home phone	e-mail
			other phone	other: _____	
E-mail address: _____					
School/College: _____			County you live in: _____		
Do you have a high school diploma? Yes No or a GED? Yes No					
Name of Parent or Guardian: _____					

SECTION TWO Citizen / Non-Citizen Status*

A. Are you a United States citizen? **Yes.** If yes, go to Section Three. **No.** If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

Information

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

(Please continue to the next page)

SECTION THREE Additional Applicant

	YES	NO	Additional Information
Do you have a driver's license?			Access to a reliable car? YES NO
Do you live within walking distance of public transportation?			
If you are 14-17, do you have your working papers (a work permit)?			
Are you in Foster Care?			
Are you homeless?			
Are you a parent or pregnant?			
Have you been involved with the criminal justice system?			
Do you have any special needs? (ie an IEP in school, learning, emotional or physical disabilities)			Please explain:

Work Placement Criteria: Please note if you have any criteria that may assist us in finding an appropriate placement (i.e. health conditions, allergies, wheelchair accessible, other restrictions [should not work in a daycare, handle cash transactions], etc.):

*This program is funded through Temporary Assistance for Needy Families, a Federal program which requires these questions.

DOL Youth TANF Services (2014) TANF Services Eligible Statuses and Proof

SECTION FOUR Family Member and Services Information

A. Do you (the applicant) currently receive benefits under one or more of these programs?
Yes, check which program(s) then go to section 5.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SNAP FOOD STAMPS	HEAP	SSI

No. Please complete section B (on the next page).

B. If you do not currently receive one of the programs listed above (in Section 4A), please tell us about any income of your family members. Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	Income Source: Wage, Social Security, etc.	Amount	Received (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						

SECTION FIVE Applicant Notification and Signature

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

We are asking for Social Security number(s) because any person applying for or receiving federal 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 number(s) 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 the Summer Youth Employment program (SYE) services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I and/or my parent or guardian, as applicable, are attesting under penalty of perjury, that all of the statements in this application (and documentation supporting the application) are true to the best of my/our knowledge and that I am willing to cooperate with any efforts to verify the information provided.

I agree to participate in this program and the above statements:

Applicant signature: _____ **Date:** _____

If under 18- I consent to _____ participating in the SYE Program and attest to the above statements:

Parent/Guardian signature _____ **Date:** _____

Or if applicable: **DSS Commissioner Signature:** _____ **Date:** _____

The Commissioner of the Department of Social Services or his/her designee must sign for children in foster care.