

## APPLICATION FORM

### Cortland County Summer Youth Employment Program (SYEP)

**Cortland Works Career Center  
99 Main St, Cortland, NY 13045  
Cortland, NY 13045  
607-756-7585 x14**

#### Personal Information

1. Legal Name: \_\_\_\_\_
2. Preferred Name: \_\_\_\_\_
3. Primary Phone Number: \_\_\_\_\_ Call \_\_\_\_\_ Text \_\_\_\_\_  
Whose number is this? : \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
5. Gender: \_\_\_\_\_
6. Ethnic Group (Check all that apply): African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_  
Alaskan Native/Native American \_\_\_ White (non-Hispanic) \_\_\_

*Eligibility for summer employment is based only on yearly family income guidelines established by the Federal government. If the youth applicant does not receive Family Assistance/Safety Net, Medicaid, SNAP, HEAP, or SSI, the income of all family members listed in Section B of the TANF YOUTH SERVICES APPLICATION cannot exceed the following:*

Number of People in Household	Annual Income
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

**Education**

What is your current education status?

- Middle School (Grade 7 or 8)
- High School (Grades 9-12)
- Graduating in 2022
- College
- High School Drop Out
- Graduated/High School Equivalency and not attending school

***If attending high school:***

School Name \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Do you have or have you ever had an IEP or 504 Plan?  Yes  No

**Disability Status**

Do you require any accommodation for a disability in order to be successful at work? If so, please indicate the accommodation you need:

\_\_\_\_\_

**Additional Information: These questions help us determine your need for supportive services and eligibility of other youth programs that we may be able to offer.**

	Yes	No
Are you 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 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"/>

If you are offered employment, how will you get to work? \_\_\_\_\_

What is your back-up plan? \_\_\_\_\_

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

**Work History:** If you have worked with our program before, please write SYEP and your worksite under Employer and "lack of work" for reason for leaving.

**Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Still Employed?:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Wage:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Still Employed?:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Wage:** \_\_\_\_\_

**Other Experience:** Please list any volunteer activities, clubs, sports, or other experiences that have helped you develop skills you'd like us to know about.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

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 CWCC and returned to you before you leave.

<b>Documentation</b>	<b>Acceptable Documentation</b>	<b>Received</b>
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.	
If under age 18, proof that you have been approved for work.	<b>Original Working Papers</b> for either 14 & 15 year olds or 16 & 17 year olds	
Meets Federal Income Guidelines	SECTION FOUR of TANF Youth Services Application, Release of Information	
Proof of Identity	Driver's license or Non-driver ID card, passport, School ID card with photo, Voter's registration card. Report card can be used for applicants under the age of 18. Photo identification is required for age 18 and over.  If not a citizen, immigration status documentation. <b>(See page 5)</b>	
Proof of Employment Authorization	Copy of Social Security card or birth certificate (a Social Security number is required, even if card is not provided, as documentation for employment authorization)	
Signed Release of Information	Release of Information	
Males age 18 or over: Verification of Selective Service Registration	If male 18 or over, proof of registration for Selective Service is required. A letter can be printed from sss.gov	

**We cannot consider you for employment until this information is received.  
Additional information may be required by individual work sites.**

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

## Release of Information

Dear Parent/Guardian,

In order to participate in the Youth Program, we may need to verify information provided in this application with an outside source.

In addition, we may need information from other agencies that have provided services to you or your dependent, 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, guidance, 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 give permission for my picture and name (or that of my child if under 18) to be used in program publications, which may include print materials, social media, and the agency website.*

\_\_\_\_\_ (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 and educational, employment, legal, and/or medical information for the purpose of evaluating my current skills, needs, and qualifications to assist in determining appropriate employment placement.*

*I understand that all such information released to the Cortland County Office of Employment and Training (Cortland Works Career Center) 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 WIOA 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, 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 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

# TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

## SECTION ONE

### A. Information About the Youth Applicant

1. Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month, Day, Year)

Telephone Number: \_\_\_\_\_

## 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" on pages 5 and 6 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: \_\_\_\_\_

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

Date of Entry into United States: \_\_\_\_\_

## SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- No, complete Item B, on page 2.

**B. If you do not currently receive one of the programs listed above, 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: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

**SECTION FOUR 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, SNAP), 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 TANF 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 am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.**

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or  <b>I-551:</b> stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or  <b>I-571:</b> Refugee Travel Document or  <b>I-688B:</b> Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or  <b>I-766:</b> Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><b>I-94:</b> stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or  <b>I-94</b> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or  <b>I-551:</b> stamped "CU6, CU7, or CH6" or  Temporary <b>I-551</b> stamp in foreign passport. or  USCIS notice or letter indicating ongoing exclusion or deportation proceedings or  A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><b>I-94:</b> stamped "Granted asylum under Section 208 of the INA" or  <b>I-551:</b> Stamped "AS1, AS2, AS3, AS6, AS7, or AS8" or  <b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or  <b>I-766:</b> Employment Authorization Document annotated "(a5)" or  Grant letter from USCIS Asylum Office or  Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><b>I-94:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS or  <b>I-551:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or  Temporary <b>I-551</b> stamp in foreign passport or  <b>I-571:</b> Refugee Travel Document or  Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or  <b>I-766:</b> Employment Authorization Document annotated "(a10)" or  Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or  <b>INS I-551:</b> Stamped "RE5, RE6, RE7, RE8, or RE9" or  Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and  Documents to show lawfully residing in the US  <b>Divorced spouses do not qualify</b></p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p><b>I-551:</b> (Permanent Resident Card) or  Temporary <b>I-551</b> stamp in foreign passport or on <b>I-94,</b> or  <b>I-327</b> (Re-entry Permit) or  <b>I-181:</b> Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<b>Form DD-214</b>) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>



STATUS	Relevant Date for Eligibility	Common Documentation
9. <b>Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children</b>	Status Granted	Military Identification Card ( <b>DD Form 2</b> ) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. <b>Conditional Entrant (status granted to refugees before 1980)</b>	Entry	<b>I-94</b> with stamp showing admitted under Section 203(a)(7) of INA or <b>I-688B</b> (Employment Authorization Card) annotated "274a.12(a)(3)" or <b>I-766</b> (Employment Authorization Document) annotated "(a1)" or "(a3)"
11. <b>A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)</b>	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); or INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. <b>Victim of Human Trafficking</b>	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or <b>I-94</b> Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. <b>Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)</b>	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<b>I-94</b> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or <b>I-688B</b> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or <b>I-766</b> annotated "C11" or A4, and <b>I-94</b> indicating admitted for at least one year
14. <b>North American Indian born in Canada</b>	NA	<b>I-551</b> : (Permanent Resident Card): stamped "S1-3", temporary <b>I-551</b> stamp in a Canadian passport or <b>I-94</b> : stamped "S1-3" or <b>Tribal document</b> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. <b>Member of federally recognized tribe born outside U.S.</b>	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act