

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

Legal Name: _____

Preferred Name: _____ Pronouns: _____

Adult Guardian Phone Number: _____ Call _____ Text _____

Whose number is this? (Name and Relationship) : _____

Youth/Alternate Phone Number: _____ Call _____ Text _____

Whose number is this? (Name and Relationship) : _____

Mailing Address: _____

Date of Birth: _____ Age: _____ Sex at Birth: _____

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 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	\$27,180
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

For families/households with more than 8 persons, add \$9,440 for each additional person.

Education

What is your current education status?

- Middle School (Grade 7 or 8)
- High School (Grades 9-12)
- Graduating in 2023
- College
- High School Drop Out
- Graduated/High School Equivalency and not attending school

If attending high school:

School Name: _____

Will you attend summer school? _____ No _____ Yes _____ Not sure

Do you have a disability? Check all that apply.

- | | |
|---|----------------|
| _____ Learning Disability (IEP) | _____ Mobility |
| _____ Mental Health (anxiety, depression, ADHD) | _____ Hearing |
| _____ Chronic Health (autoimmune disorders, diabetes) | _____ Vision |

Do you require an 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 for other youth programs that we may be able to offer.

Are you in foster care? _____

If yes, who do you work with? _____

Have you ever been convicted of a crime? _____

Do you have a PINS or probation officer? _____

If yes, who do you work with? _____

Are you pregnant or parenting? _____

If yes, do you need help providing daycare for your child? _____

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

What is your back-up plan? _____

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:	Start Date: End Date: Still Employed?:
Duties:	Reason for Leaving:

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Supervisor:	Start Date: End Date: Still Employed?:
Duties:	Reason for Leaving:

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.

Youth Name: _____

Date: _____

Important Documentation Information

In order to determine and document your eligibility for employment, 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.

Documentation	Acceptable Documentation	Received
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.	Original Working Papers for either 14 & 15 year olds or 16 & 17 year olds	
Meets Federal Income Guidelines	SECTION THREE <u>OR</u> 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, or Voter's registration card. Report card can be used for applicants under the age of 18. <u>Photo identification is required for age 18 and over.</u> If not a citizen, immigration status documentation. (See a c 5)	
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.

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 information with his or her supervisor to ensure safety. We do not share sensitive information unless it is absolutely necessary for a participant's well-being.

_____ I give permission for my picture and name (or that of my minor child) to be used in program publications, which may include print materials, social media, and the agency website.

_____ I do not consent to the use of my picture or name (or that of my minor child) to be used in program publications, which may include print materials, social media, and the agency website.

Please read and sign the authorization below.

To whom it may concern:

I hereby authorize the 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.