



STEVEN F. McLAUGHLIN
COUNTY EXECUTIVE

RENSSELAER COUNTY ONE STOP CAREER CENTER DEPARTMENT OF EMPLOYMENT & TRAINING

Jessica Eckert
Commissioner

YOUTH EMPLOYMENT PROGRAM

APPLICATION PROCESS

STEP 1 – Application Submission

- Complete ALL pages of application in white.
- Parents, Guardians or Heads fo Households, and Youth must all sign the application.
- Provide **Birth Certificate, Social Security Cards, and proof of income.**
- To be eligible for participation, applicants aged 14 – 17 **MUST** have working papers to participate in the program. Male applicants 18 and older **MUST** be registered with the Selective Service.

STEP 2 – Interview Process

Once the application has been submitted and the youth is deemed eligible, the individual will be called in for an interview. At the interview be prepared to discuss what kind of work you would like to do this summer, the transportation you will have to and from work, and why you are the best candidate for a job.

STEP 3 – Job Offer

If hired, you will be required to return for a second meeting to complete additional paperwork, submit your original Working Papers, and receive your worksite placement and information. *Priority will be given to families receiving TANF and youth in Foster Care*

Applicants can submit their completed applications to:

**Rensselaer County One-Stop Employment Center
1600 7th Ave, 5th Floor, Troy, NY 12180**

Questions may be directed to 518-270-2860

YOUTH APPLICATION CHECKLIST

BEFORE YOU SUBMIT YOUR APPLICATION BE SURE THAT IT INCLUDES:

- *Copy of your birth certificate* – from your parents or your school guidance office.
- ***Copy of your social security card*** – from your parents
- ***Your working card*** – from your school guidance office (applicants under 18 years old)
- ***Proof of household income*** – two of the most current check stubs, a copy of the W-2, *budget letter* from the Department of Social Services or Social Security Insurance or Social Security Disability.



Rensselaer County Department of Employment & Training
 1600 Seventh Avenue • Troy, NY 12180 • (518) 270-2860

**YOUTH EMPLOYMENT PROGRAMS
 (YEP/SYEP) APPLICATION**

This page is to be completed by THE APPLICANT. PLEASE PRINT CLEARLY.

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Telephone Number: _____ Email Address: _____

Gender: ___ Male ___ Female Are you a U.S. Citizen? ___ Yes ___ NO
 If you (the youth applicant) are not a United States Citizen, look at the Immigration Status List on page 5 & 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (#1 – 15) that applies: _____ INS Form Number: _____

Alien Number: _____ Date of Entry to the U.S.: _____

Ethnic Group: ___ White Non-Hispanic ___ Alaskan/American Indian ___ Black Non-Hispanic
 ___ Asian/Pacific Islander ___ Hispanic ___ Other _____

Are you registered with Selective Service System (only for males 18 years of age & older)?
 ___ Yes, Receipt #: _____ ___ No ___ Not Applicable

How many people are in your household? _____

EDUCATION STATUS (please check one)
 ___ Attending School. Student in Grade (at time of application): _____ Name of School: _____
 ___ High School graduate/High School Equivalency Diploma
 ___ Higher Education ___ High School Drop out

Applicant Interest Profile

Have you ever participated in the Youth Program? Yes No

If yes, when and where: _____

Describe your work experience, where you have worked before, including odd jobs and volunteer work:

Describe some of your interests:

The Following is a list of general career clusters. Rank the following career areas in order of your preference. Choose **three** and rank them according to your first choice (1), second choice (2), and third choice (3).

Healthcare _____ Recreation/Parks _____ Office/Secretarial _____
Childcare _____ Maintenance/Clean-up _____ Computers/Technology _____

Although every effort will be made to match the applicant's career interests with a worksite, there is no guarantee that the applicant will be placed in a position that matches their choices.

Do you have transportation available to you during this program? Yes No

If yes, what areas of Rensselaer County would be accessible: _____

Parents/Guardian Confidential Income Statement
Youth Employment Programs

The Following information Must be completed by **PARENTS, GUARDIANS, OR HEADS OF HOUSEHOLDS**. All information is subject to verification. Please answer every question and provide other details as requested.

PLEASE PRINT CLEARLY

Name of youth applicant: _____

Please check Yes or No to the following and indicate case numbers if applicable:

Do you (the youth) receive benefits under one or more of these programs:		
Safety Net Family/ TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Yes \$ _____ Case Number: _____	<input type="checkbox"/> No
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SNAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HEAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant:		
In Foster Care or a resident in a Group Home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled?	<input type="checkbox"/> Yes, describe _____	<input type="checkbox"/> No
Has the applicant been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Currently on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In a Alcohol or Drug Abuse Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On Parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A teenage parent or expecting a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Homeless/Runaway?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please List **ALL Family** members living at the applicant's home in the last six (6) months.

NAME	RELATIONSHIP	DATE OF BIRTH
YOUTH APPLICANT	SELF	

CONFIDENTIAL INCOME STATEMENT

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	PLACE OF EMPLOYMENT	DATES EMPLOYED	HOURLY RATE	HOURS PER WEEK	TOTAL INCOME LAST 12 MONTHS

Note: For each worker, copies of recent pay stubs showing Year-to-Date wage information, or a signed statement from the employer stating the worker's GROSS wages for the last twelve (12) months, are required to verify stated income.

Other Income

Please list here other sources of income into the family such as: Social Security, Worker's Compensation, Veteran's payments, pensions, alimony, insurance annuities, rental income, dividends, etc.

NAME	SOURCE OF INCOME	EFFECTIVE DATE	MONTHLY AMOUNT	TOTAL LAST 12 MONTHS

Please review checklist on Page 2. Gather and attach required documents.

SUMMER YOUTH EMPLOYMENT PROGRAM

TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL ONLY

Name of School: _____

Student Name: _____ Current Grade: _____

Is the student identified by the district's Committee on Special Education as having a disability?
 Yes (Please attach CSE Letter identifying disability) No

Is the student's educational attainment 1 or more grade levels below the grade level appropriate to the age of the student? Yes No

Is the student's Reading level below 8th grade? Yes No

Is the student's Math level below 8th grade? Yes No

Is the student attending an Alternative Education Program during school hours?
 Yes No

Is the student enrolled in the National School Lunch Program (Free/Reduced Lunch)?
 Yes No

Is the student enrolled in a school or agency sponsored after-school program?
 Yes _____ No
Program Name

Guidance Office Comments:

Completed by: _____ Title: _____
Please Print

Signature: _____ Date: _____

APPLICANT NOTIFICATION AND SIGNATURE

Federal regulations require the Department to obtain reading and math information from the School Districts for each youth who applies to our program.

I authorize the release of information from the School District to the Department of Employment & Training to be used for the sole purpose of determining program eligibility. In addition, (if applicable) I hereby authorize the Department of Social Services to release information regarding my Public Assistance and/or food stamp case to the Department of Employment & Training, for the purpose of determining eligibility for this program.

I certify that the information provided herein is true to the best of my knowledge, and that I have no fraudulent intent. I am also aware that the applicant will be subject to immediate termination if he/she is subsequently found ineligible. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that submission of this application does not guarantee employment.

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.

Applicant signature: _____

Parent/Guardian Signature: _____

Relationship to Applicant: _____ **Date:** _____

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.

TO BE COMPLETED BY STAFF ONLY

CERTIFICATION ITEM	YES	NO																								
Is the applicant a New York State resident?																										
Is the applicant under 21 years of age?																										
Is the applicant either a United States Citizen or a Qualified Non-Citizen? Note: Documentation of non-citizen status is required.																										
<p>Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income consideration</p> <p>__ Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, SNAP, HEAP, or SSI</p> <p style="text-align: center;">OR</p> <p>__ Income test is met based on a calculation of combined gross income for applicant's family size.</p>																										
<div style="border: 1px solid black; padding: 5px;"> <p>Worksheet - Calculation of Current Gross Income (convert all income to annual income)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source</th> <th style="text-align: center;">Yearly</th> <th style="text-align: center;">Monthly (x12=yearly)</th> <th style="text-align: center;">Weekly (x 52=yearly) (x4.333=monthly)</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td><td></td></tr> <tr><td>5. _____</td><td></td><td></td><td></td></tr> </tbody> </table> <p>a. Total gross income is: \$ _____ per year.</p> <p>b. Subtract child support payments made \$ _____ per year.</p> <p>c. Net gross income for 200% test is: \$ _____ per year. (Time period must be the same for a, b, and c)</p> <p>d. Total family size is _____.</p> <p>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</p> </div>			Source	Yearly	Monthly (x12=yearly)	Weekly (x 52=yearly) (x4.333=monthly)	1. _____				2. _____				3. _____				4. _____				5. _____			
Source	Yearly	Monthly (x12=yearly)	Weekly (x 52=yearly) (x4.333=monthly)																							
1. _____																										
2. _____																										
3. _____																										
4. _____																										
5. _____																										
<p>If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form?</p> <p>Please note: the DSS Commissioner or his or her designee must sign for a child in foster care.</p>																										

Current Income – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month. **or** If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

Gross Income includes: Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker's compensation; Supplemental Security Income (SSI); child supports payments received; alimony received; interest payments; other recurring income that is not excluded below.

Excluded Income: Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

CERTIFICATION DECISION

- The applicant is certified for TANF Services.** All Items on page 3, must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):**
 - The applicant is not a resident of New York State.**
 - The applicant is not under 21 years of age.**
 - The applicant is not a U.S. citizen or a qualified non-citizen.**
 - The income of the family members is above 200% of poverty**
 - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.) Specify reason below.**

Signature of reviewer: _____ **Date** _____
Agency/Organization: _____

Second Level Review

- Complete this section only if the person certifying requests the review.**
- The review must be done by someone at a higher level than the person originally doing the review.**

The results of the second level review were:

- Agreed with the original decision.**
- Disagreed with the original decision for the following reason(s):**

The result of the second level review is that:

- The applicant for services is certified to receive TANF Services.**
- The applicant for services is not certified to receive TANF Services.**

Signature of reviewer: _____ **Date:** _____
Agency/Organization: _____

STATUS	RELEVANT DATE FOR ELIGIBILITY	COMMON DOCUMENTATION
Refugees	Entry	I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or I-551: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or I-571: Refugee Travel Document or I-688B: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or I-766: Employment Authorization Document annotated "a3"
Cuban/Haitian Entrants	Status Granted	I-94: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or I-94 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 I-551: stamped "CU6, CU7, or CH6" or Temporary I-551 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.
Asylees	Status Granted	I-94: stamped "Granted asylum under Section 208 of the INA" or I-551: Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or I-766: Employment Authorization Document annotated "(a5)" or Grant letter from USCIS Asylum Office or Order of an immigration judge granting asylum.
Amerasian Immigrants	Entry	I-94: 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 I-551: stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or Temporary I-551 stamp in foreign passport or I-571: Refugee Travel Document or Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"
Deportation or Removal Withheld	Status Granted	I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or I-766: 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
Certain Hmong or Highland Laotian	Status Granted	I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or INS I-551: 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 Divorced spouses do not qualify
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	I-551: (Permanent Resident Card) or Temporary I-551 stamp in foreign passport or on I-94 . or I-327 (Re-entry Permit) or I-181: Memorandum of Creation of Lawful Permanent Residence with approval stamp

STATUS	RELEVANT DATE FOR ELIGIBILITY	COMMON DOCUMENTATION
Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	A Discharge Certificate (Form DD-214) 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
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	Status Granted	Military Identification Card (DD Form 2) (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
Conditional Entrant (status granted to refugees before 1980)	Entry	I-94 with stamp showing admitted under Section 203(a)(7) of INA or I-688B (Employment Authorization Card) annotated "274a.12(a)(3)" or I-766 (Employment Authorization Document) annotated "(a1)" or "(a3)
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)	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)
Victim of Human Trafficking	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 I-94 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
Parolee (for at least one year) (Noncitizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	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.	I-94 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 I-688B annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or I-766 annotated "C11" or A4, and I-94 indicating admitted for at least one year
North American Indian born in Canada	NA	I-551: (Permanent Resident Card): stamped "S1-3" , temporary I-551 stamp in a Canadian passport or I-94: stamped "S1-3" or Tribal document 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
Member of federally recognized tribe born outside U.S.	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