

FAMILY MEMBERS AND INCOME: List all immediate family members living in the household (parents, stepparents, 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, 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, youth employment program, and for some WIOA applicants. Acceptable documents are listed on page 6.

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 is based only on annual family income before taxes and deductions.

Annual gross income levels for eligibility are listed below.

TANF Employment

Family of 1 \$ 30,120
 Family of 2 \$ 40,880
 Family of 3 \$ 51,640
 Family of 4 \$ 62,400
 Family of 5 \$ 73,160
 Family of 6 \$ 83,920
 Family of 7 \$ 94,680
 Family of 8 \$ 105,440

Education

If attending high school:

School Name: _____

Guidance Counselor: _____ Current Grade: _____

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 GED? _____ 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 learning disability? **Yes** **No**

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

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 SYETP under the Employer Name.

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

Employer Name: _____	Supervisor: _____
Address: _____	Phone: _____
Job Title: _____	
Duties: _____	
Start Date: _____	End Date: _____ Still Employed: _____
Reason for Leaving: _____ Hourly 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 a foster child? <i>If yes, foster care worker</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime? <i>Misdemeanor () Felony ()</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you now or have you ever worked with PINS, Probation, or ATI? <i>If yes, who is (was) your Probation Officer or worker?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received youthful offender status?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or parenting? <i>If yes, do you need help providing daycare for your child?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been enrolled in the Cayuga County Youth Program? <i>If yes, when?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you considered a homeless or runaway youth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid NYS Driver's License? <i>If yes, do you have access to a car?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Were you referred by the local SNUG organization or by local law enforcement?	<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: _____

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, 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 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 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 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 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 (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 WIOA 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

REQUIRED DOCUMENTATION

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.

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.	
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. Page 7	
Copy of Social Security Card	Copy of Social Security Card, previous W-2	
School Status	Copy of last report card if in school, verification of attendance if in an equivalency program	
Disability Status	Copy of current IEP issued by the school or a letter from medical professional	
Signed Release of Information	Attached form signed by the youth, parent or guardian, or Director of Foster Care. Page 5	
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 for employment until this information is received.

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 | 1. Immigration and Naturalization Service (INS) Form I-94, INS Form I-551, INS Form I-688B or INS Form I-766 |
| 2. Cuban/Haitian Entrant | 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 5years 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. | 18. If you are a non-citizen whose immigration status is not listed above, you are not eligible for federal TANF services. |

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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.



Cayuga County

Employment and Training Department

248 Grant Avenue • Auburn, NY 13021 • (315) 253-1590

Transportation Waiver and Release

Parent or Legal Guardian does hereby covenant and agree to release and hold harmless the County of Cayuga from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in the Transportation of Youth in Youth Programs.

I understand and expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your child might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my child may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against Cayuga County including its respective officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Cayuga County from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services.

I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

I further agree that this agreement shall be governed by the laws of the State of New York. I have read and fully understand the above waiver and release of all claims.

Participant's Name: _____

Parent or Legal Guardian's Signature: _____

Date: _____