APPLICATION PACKET
For the
2020
SUMMER YOUTH EMPLOYMENT PROGRAM

“We are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.”
2020 Summer Youth Employment Program  
Operated by the Herkimer County 
Employment & Training Administration 

IMPORTANT TO NOTE:  
- No one is guaranteed a summer job through this program. 

- To be considered for the SYEP, please follow the application process below: 

  **Step 1:** Youth must fully complete the Job Seeker Youth Registration Form (attached) – include signatures. 
  **Step 2:** Youth and Family must fully complete the TANF Youth Services Application form (attached) – include signatures. 
  **Step 3:** Submit the Job Seeker Youth Registration Form AND the TANF Youth Services Application to the Herkimer Working Solutions Office by mail at 320 North Prospect St. Herkimer, NY 13350 or scan and email to kpiseck@herkimercounty.org 

At this time, our offices are open on an “appointment only” basis 

Please submit forms no later than **Friday, JULY 17, 2020** 

The following is a summary of the Summer Youth Employment Program: 

The purpose of this program is to provide a wage subsidy or stipend to eligible participants between the ages of 14 – 20, along with providing a good start in learning how to become a self-sufficient member of society. The number of work hours per week would be part time, probably 16-20 hours per week. 

All youth are paid through Herkimer County and monitored on a regular basis by the ETA staff. Youth will gain valuable employability skills needed to become successful in the world of work. 

This program is evaluated on an ongoing basis throughout the summer to ensure a safe, productive, and meaningful work experience. 

If you have any questions regarding the Summer Youth Employment Program, please contact Mike Werenczak, ETA Youth Services Coordinator at **(315) 867-1400**.
Job Seeker Youth Registration Form

1. LastName_______________________FirstName___________________M.I._____

2. Street Address________________________________________________________
   City________________________________ State_______ Zip_____________

3. Social Security Number_______ - _______ - _______

4. Ethnic Background_______________________ (White, Black/African American,
   Hispanic/Latino, Alaskan/American Indian, Asian, Hawaiian/Pacific Islander)

5. Phone Number ______ - ______ - _______ Gender:_______ Male ______ Female

6. Are you a US Citizen? ______yes ______no

7. Birthdate ______/_______/_______        Age__________

8. Education: Are you currently in school? ______yes ______no
   a. If so, current grade level/School Name_________/_________________
   b. Will you be attending Summer School? ______yes ______ no

   If not in school, highest grade completed________________________
   Diploma/Degree ____________________________________________

9. Are you employed? _____ yes _____ no  If yes, where? ______________________

10. What type of work are you interested in? _____________________________
    a. How far can you commute? _____ 5 _____ 10 _____ 25 _____ 50 miles
    b. Do you have a working card (if under 18)? _____ yes _____ no

11. Have you been convicted of a crime? _______yes _______no

12. Are you a person with a disability? ______ yes ______ no

13. Are you currently in Foster Care? _______yes _______no

14. Are you currently working with the PINS or Probation Dept? _____yes _____no

15. Do you give your permission to have any photos taken during the SYEP used for
    publicity purposes? _______yes _______no

16. Do you have a laptop, ipad or tablet that you can use for possible remote or virtual
    participation in this program? _______yes _______no

17. Do you have access to the internet in your home? _______yes _______no

   Applicant Signature/Date: ________________________________/_____________
   Parent/Guardian Signature (if under 18): ____________________________
TANF Eligibility Guidelines - 2020

The following is the Income of Family Members criteria that determine eligibility for the TANF Summer Youth Employment Program. If the youth applicant receives any of the following benefits or meets the 2020 family income levels, they may qualify for TANF Youth Services:

1. Family Assistance/Safety Net
2. Medicaid
3. Food Stamps (SNAP)
4. HEAP
5. SSI
6. 200% of Poverty Income levels – gross income of household family members.

*Please note: Receipt of free or reduced lunch is NO LONGER an eligibility criteria item

### 200% of Poverty Income Guidelines for 2020

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annual Income</th>
<th>Monthly Income</th>
<th>Bi-Weekly Income</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$25,520</td>
<td>$2,127</td>
<td>$982</td>
<td>$491</td>
</tr>
<tr>
<td>2</td>
<td>$34,480</td>
<td>$2,873</td>
<td>$1,326</td>
<td>$663</td>
</tr>
<tr>
<td>3</td>
<td>$43,440</td>
<td>$3,620</td>
<td>$1,671</td>
<td>$835</td>
</tr>
<tr>
<td>4</td>
<td>$52,400</td>
<td>$4,367</td>
<td>$2,015</td>
<td>$1,008</td>
</tr>
<tr>
<td>5</td>
<td>$61,360</td>
<td>$5,113</td>
<td>$2,360</td>
<td>$1,180</td>
</tr>
<tr>
<td>6</td>
<td>$70,320</td>
<td>$5,860</td>
<td>$2,705</td>
<td>$1,352</td>
</tr>
<tr>
<td>7</td>
<td>$79,280</td>
<td>$6,607</td>
<td>$3,049</td>
<td>$1,525</td>
</tr>
<tr>
<td>8</td>
<td>$88,240</td>
<td>$7,353</td>
<td>$3,394</td>
<td>$1,697</td>
</tr>
</tbody>
</table>

For each additional family member, add the following:

- $8,960
- $747
- $345
- $172
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.

<table>
<thead>
<tr>
<th>FAMILY ASSISTANCE / SAFETY NET</th>
<th>MEDICAID</th>
<th>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)</th>
<th>HEAP</th>
<th>SSI</th>
</tr>
</thead>
</table>
   □ 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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>INCOME SOURCE WAGES, SOCIAL SECURITY, etc.</th>
<th>AMOUNT</th>
<th>RECEIVED (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yearly</td>
</tr>
</tbody>
</table>

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.