

Step 1: Participant Information

Your Name

Age as of July 1, 2026

Parent / Guardian Name

Number in Household including self

Best Email Address

Best Phone Number

Are you in school?

School Name?

Grade (As of June 1, 2026)

Have you previously participated in SYEP?

Year?

Organization?

T-Shirt Size?

JOB INTEREST SURVEY (✓ all that apply)

- Administrative (help with filing, organizing etc.)
- Building projects
- Cooking/Serving food
- Gardening/Farming
- Hospitality (Customer Service)
- Retail
- Summer Camp (working with children)
- Working outdoors
- Photography / Film
- OTHER (please describe) _____



Agree and Sign

Youth is available to work during the months of July and August 2026

These are the only dates that I am unavailable to work

List dates: _____

PHOTO RELEASE YES

I, hereby give permission to the Dutchess County Workforce Investment Board the Department of Community and Family Services to use my image and name on the Dutchess County Workforce Investment Board and the Department of Community and Family Services website, in presentations, and/or for promotional material.

PHOTO RELEASE NO

I do not give permission to the Dutchess County Workforce Investment Board the Department of Community and Family Services to use my image and name on the Dutchess County Workforce Investment Board and the Department of Community and Family Services website, in presentations, and/or for promotional material.

NAME _____

(Youth 18+ or Parent / Guardian if under 18)

SIGNATURE _____

(Youth 18+ or Parent / Guardian if under 18)

DATE _____

Step 2: Income Eligibility

You and/or a guardian will next complete the income eligibility form (LDSS-4770) on the following page. Follow instructions on the form as provided.

Step 3: Submit your application

Please submit your application one of the following ways

Hand-Deliver your application to one of the following sites:

DCWorks

191 Main St, Poughkeepsie, NY 12601

Open 8:30 AM - 4:30pm

Red Hook Community Center

59 Fisk St #1713, Red Hook, NY 12571

Open 10:00 AM - 6:00 PM

North East Community Center

51 S Center St, Millerton, NY 12546

Open 9:00 AM - 5:00 PM

Beacon City Recreation

23 W Center St, Beacon, NY 12508

Open 9:00 AM - 6:00 PM

OR

Email bella@dcworks.co for a virtual version of the 2026 SYEP application



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.