

2020 Summer Youth Employment Universal Application

Are you Eligible?

- Are you available to work from July 1, 2020 until August 14, 2020?
- Are you available to attend the Youth Summit on August 12, 2020?
- Do you meet the income eligibility requirements (see chart, for larger households please add an additional \$8960 per resident)?

Household Size	Annual Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400

If **YES** to the above... Continue to **Step 1!**

If **NO**... Thank You for your interest in Summer Youth Employment 2020. Unfortunately, you are not eligible this year. Please contact [Dutchess One Stop](#) to explore other employment options and get help with career planning, resume writing, and financial literacy from the expert staff:

191 Main Street, Poughkeepsie NY 12603 | 845.473.9000 | info@dutchessonestop.org

How to Apply:

- **Step 1: Tell us who you are**
- **Step 2: What are your interests**
- **Step 3: Fill out the income eligibility form (LDSS-4770)**
- **Step 4: Submit your application**

Step 1: Participant Information

Your Name: _____

Parent/Guardian Name: _____ Number in Household Including Yourself: _____

Best Email Address: _____

Best Phone Number: _____

Grade (as of June 1, 2020): _____

Have you participated in SYEP? _____ Year? _____ Organization? _____

Step 2: Interest Survey

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Film/Media Production |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Indoor/Outdoor Maintenance |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Building/Construction | <input type="checkbox"/> Political Science/Government/Civics |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Urban Garden/Agricultural |
| <input type="checkbox"/> Culinary/Food Services | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Design | <input type="checkbox"/> Other: _____ |

Step 3: *You and/or a guardian will next complete the income eligibility form (LDSS-4770) on the following page.*

For your application to be reviewed you MUST include:

- Your complete social security number
- Your date of birth
- Current contact information
- Each member of your household and her/his income. If no income write "N/A" for that individual

Step 4: Submit your application!

Mail Your Application To: **Dutchess One Stop, Attn SYEP, 191 Main Street, Poughkeepsie, NY 12601**

OR

Hand-Deliver Your Application To: **DCFS, Attn SYEP, 60 Market Street, Poughkeepsie, NY 12601**
Thank You For Applying to SYEP 2020!

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.