

ST. LAWRENCE COUNTY ONE-STOP CAREER CENTER  
**SUMMER YOUTH EMPLOYMENT PROGRAM**  
80 State Highway 310, Suite 8, Canton, NY 13617  
(315) 386-3276

The One-Stop Career Center is anticipating running a Summer Youth Employment Program for youth/young adults ages 16-24 that meet eligibility requirements.

**APPLICATION DEADLINE:**

**INDIVIDUALS CURRENTLY IN SCHOOL – APRIL 24<sup>TH</sup>**

**INDIVIDUALS CURRENTLY OUT OF SCHOOL – JUNE 12<sup>TH</sup>**

Interviews will be scheduled during the months of May and June; you will receive a letter with your interview time and required documents.

# TANF SERVICES APPLICATION

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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	SCHOOL LUNCH

- 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.						

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**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, 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 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.**

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**SUMMER YOUTH EMPLOYMENT PROGRAM**  
80 State Highway 310, Suite 8, Canton, NY 13617

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SECONDARY PHONE # \_\_\_\_\_

1. If you are currently attending high school:
  - a. What grade will you complete by the end of the current school year? \_\_\_\_\_
  - b. Are you a **graduating** senior? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. School District where you are attending classes: \_\_\_\_\_
2. If you are currently attending a BOCES Program: Which Tech Center? \_\_\_\_\_  
What curriculum? \_\_\_\_\_ When? AM \_\_\_\_\_ PM \_\_\_\_\_
3. If you are currently attending college:
  - a. What year will you complete at the end of the spring semester? \_\_\_\_\_
  - b. Name of college attending: \_\_\_\_\_
  - c. Will you be returning to college in the fall? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_
4. If you did not complete high school, are you currently attending a GED Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which **Access Center**? \_\_\_\_\_  
When in high school, what was the highest grade level that you did complete? \_\_\_\_\_
5. Please circle if you have completed one of the following:  
**High School Graduate**      **IEP Diploma**      **GED/TASC**
6. Do you plan to return to school in the future? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, where? \_\_\_\_\_
  - b. If no, what are your plans? \_\_\_\_\_
7. Employment Objective/Kind of work wanted: **Job Title** \_\_\_\_\_
8. Job Skills: List at least one. (For example, carpentry, typing, child care, mechanical skills)  
\_\_\_\_\_
9. Are you a person with a **disability (learning, physical, or emotional)**? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Race: (**Check all that apply**)  
White \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_ Hawaiian Native or other Pacific Islander \_\_\_\_\_  
Black or African American \_\_\_\_\_



**St. Lawrence County One-Stop Career Center**

Human Services Center  
80 State Highway 310 Suite 8, Canton, New York 13617-1498  
Telephone: (315) 386-3276 Fax: (315) 386-3414  
www.slconestop.com  
Equal Opportunity Program

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**RELEASE OF INFORMATION FORM**

With my signature, I authorize the St. Lawrence County One-Stop Career Center, sponsor of TANF/WIOA Youth Employment & Training Opportunities, access to my personal confidential information from any agency. It is understood that the information is needed and will be used to accurately document my TANF/WIOA eligibility and possible services by the One-Stop Career Center.

**Please use ink for printing and signing your name!!**

\_\_\_\_\_  
(Please Print) Applicant's Name

\_\_\_\_\_  
(Please Print) Parent/Guardian  
(Only if youth is under age 18)

\_\_\_\_\_  
(Please Sign) Applicant's Signature

\_\_\_\_\_  
(Please Sign) Parent/Guardian  
(Only if youth is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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The St. Lawrence County One-Stop Career System is a Partnership of:  
NYS Dept. of Labor - Division of Employment Services \* St. Lawrence-Lewis BOCES \* St. Lawrence County Department of Social Services \* ACCES-VR  
St. Lawrence County Office For the Aging \* St. Lawrence County Youth Bureau \* St. Lawrence County Veterans' Service Department \* SUNY Canton

St. Lawrence County One-Stop Career System is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.

## TANF Services Eligible Statuses and Proof

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA, "Refugee," "RE1, RE2, RE3, RE4" <b>or</b></p> <p><b>I-551:</b> stamped "R8-6, RE5, RE6 RE7 or RE9" <b>or</b></p> <p><b>I-571:</b> Refugee Travel Document <b>or</b></p> <p><b>I-688B:</b> Employment Authorization Document annotated with "8 C.F.R § 274a.12(a)(3)" <b>Or</b></p> <p><b>I-766:</b> Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><b>I-94:</b> stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d)(5) of the INA," "Form I-589 filed," or "CU6," or "CU7" <b>or</b></p> <p><b>I-94</b> 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 <b>or</b></p> <p><b>I-551:</b> stamped "CU6, CU7, or CH6" <b>or</b></p> <p>Temporary <b>I-551</b> stamp in foreign passport <b>or</b></p> <p>USCIS notice or letter indicating ongoing exclusion or deportation proceedings <b>or</b></p> <p>A document from USCIS indicating individual applied for asylum</p>
3. Asylees	Status Granted	<p><b>I-94:</b> stamped "Granted asylum under Section 208 of the INA" <b>or</b></p> <p><b>I-551:</b> stamped "AS1, AS2, AS3, AS6, AS7, or AS8" <b>or</b></p> <p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" <b>or</b></p> <p><b>I-766:</b> Employment Authorization Document annotated "(a5)" <b>or</b></p> <p>Grant letter from USCIS Asylum Office <b>or</b></p> <p>Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><b>I-94:</b> 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 <b>or</b></p> <p><b>I-551:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8" <b>or</b></p> <p>Temporary <b>I-551</b> stamp in foreign passport <b>or</b></p> <p><b>I-571:</b> Refugee Travel Document <b>or</b></p> <p>Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" <b>or</b></p> <p><b>I-766:</b> Employment Authorization Document annotated with "(a10)" <b>or</b></p> <p>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</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><b>I-94:</b> stamped "Admitted under Section 2007 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" <b>or</b></p> <p><b>INS I-551:</b> Stamped "RE5, RE6, RE7, RE8, or RE9" <b>or</b></p> <p>Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong <b>or</b></p> <p>Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower <b>or</b></p> <p>Unmarried dependent of a tribal member <b>and</b></p> <p>Documents to show lawfully residing in the US</p> <p><b>Divorced spouses do not qualify</b></p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96	<p><b>I-551:</b> (Permanent Resident Card) <b>or</b></p> <p>Temporary <b>I-551</b> stamp in foreign passport or on <b>I-94</b> <b>or</b></p> <p><b>I-327:</b> (Re-entry Permit) <b>or</b></p> <p><b>I-181:</b> Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<b>Form DD-214</b>) 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.</p>
9. 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	<p>Military Identification Card (<b>DD Form 2</b>) (Active) that lists an expiration date of more than one year from the date of determination. If ID card id due to expire within one year from the date of determination, use a copy of current military orders.</p>
10. Conditional Entrant (status granted to refugees before 1980)	Entry	<p><b>I-94:</b> with stamp showing admitted under Section 203(a)(7) of INA <b>or</b></p> <p><b>I-688B:</b> (Employment Authorization Card) annotated "274.12(a)(3)" <b>or</b></p> <p><b>I-766:</b> (Employment Authorization Document) annotated "(a1)" or "(a3)"</p>

## TANF Services Eligible Statuses and Proof (con't)

<p>11. 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)"</p>	<p>Entered Before 8/22/96</p> <p>Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.</p>	<p><b>I-797:</b> (Notice of Action) indicating prima facie eligibility of an <b>I-360</b> self-petition under INA Section 204(a)(1)(A)(iii) or (iv); <b>or</b>  <b>I-797:</b> (Notice of Action) indicating prima facie eligibility of an <b>I-360</b> self-petition under INA Section 204(a)(1)(iii)(B)(i) or (iii)</p>
<p>12. Victim of Human Trafficking</p>	<p>Entry</p>	<p>Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification <b>or</b>  <b>I-94</b> 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</p>
<p>13. <b>Parolee (for at least one year)</b> (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)</p>	<p>Lawfully Residing in U.S. on 8/22/96</p> <p>Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.</p>	<p><b>I-94:</b> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year <b>or</b>  <b>I-688B:</b> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" <b>or</b>  <b>I-766:</b> annotated "C11" or A4, and <b>I-94</b> indicating admitted for at least one year</p>
<p>14. North American Indian born in Canada</p>	<p>NA</p>	<p><b>I-551:</b> (Permanent Resident Card): stamped "S1-3", temporary <b>I-551</b> stamp in a Canadian passport <b>or</b>  <b>I-94:</b> stamped "S1-3" <b>or</b>  <b>Tribal document</b> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe <b>and</b> School records <b>or</b> A birth or baptismal certificate issued on a reservation, <b>or</b> Other satisfactory evidence of birth in Canada.</p>
<p>15. Member of federally recognized tribe born outside U.S.</p>	<p>NA</p>	<p>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</p>