

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.

ST. LAWRENCE COUNTY ONE-STOP CAREER CENTER
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 TASC Program? Yes _____ No _____
If yes, which **Access Center**? _____
When in high school, what was the highest grade level that you did complete? _____
5. If you are out of school:
 - a. Please circle if you have **completed** one of the following: **High School Graduate** **IEP Diploma** **GED/TASC**
 - b. Name of last high school attended _____
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 _____

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