

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 14-24 that meet eligibility requirements. Placement into a summer employment position may be dependent upon the availability of appropriate work sites.

For those youth who are in high school, staff from the One-Stop Career Center will attempt to interview applicants in their schools as scheduling allows. It is anticipated that in school interviews will begin in May.

**Please return applications to the guidance office by April 24<sup>th</sup>.**

For those youth/young adults who are no longer in school, applications should be mailed to the following address: **SLC One-Stop Career Center, 80 State Highway 310, Suite 8, Canton, NY, 13617, ATTN: Summer Youth.**

Positions fill up quickly, so submit your application as soon as possible.

**PLEASE BE ADVISED, DUE TO THE COVID-19, DATES AND PROGRAM DEADLINES ARE SUBJECT TO CHANGE WITH NOTICE.**

# TANF 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.						

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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, 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 # \_\_\_\_\_

MALE      or      FEMALE      (CIRCLE ONE)

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 _____	



***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

