

2018 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)

Allegany County Employment & Training, 7 Wells Lane, Belmont, NY 14813
(585) 268-9445 weiricsb@alleganyco.com

**IMPORTANT INFORMATION - READ and KEEP THESE 3 PAGES!
DO NOT hand them in with your application.**

What is SYEP 2018?

The Summer Youth Employment Program offers income eligible youth an opportunity to work and earn money during the summer. We do our best to find work in the communities where youth live. We place youth with local businesses, schools and agencies that can provide work and supervision. We pay \$10.40 per hour and youth work between 15 and 28 hours per week for 5-6 weeks. Most youth will work from July 9 through August 10, 2018. Youth who are out of school may begin work sooner.

Who can apply for SYEP 2018?

- You must be at least 14 years old and no older than 20 on July 1, 2018.
(Older youth are usually given first priority for jobs.)
- If you are ages 21 – 24 and out of school or graduating in June, please contact us about our Paid Work Experience Program!
- You must meet income eligibility requirements. See Income Eligibility below.
- You must live in Allegany County, NY.
- You must be willing to follow the SYEP and Worksite rules and expectations.

How do I apply for SYEP 2018?

- Youth in Middle or High School: Complete ALL sections of the SYEP 2018 Application and hand it in to your Guidance Office by MAY 4, 2018.
- Youth who are not in school: Complete ALL sections of the SYEP 2018 Application and hand it in to Employment & Training by MAY 4, 2018.
- Parent or Guardian must sign the application if youth lives with parents or guardians.

Incomplete applications will not be considered!!!

How will SYEP contact me?

If you are eligible for SYEP 2018 we will contact you by phone. YOUR APPLICATION MUST HAVE RELIABLE PHONE NUMBERS WITH VOICEMAIL SET UP SO YOU CAN BE CONSIDERED FOR SYEP. If the voicemail is not set up, or if it is full and we cannot leave a message, or if the phone is not taking calls we will go on to the next applicant. You can put several numbers on your application including a home phone, cell phone, parent/guardian's numbers.

Verification

Not all youth are eligible for SYEP. If you have not handed in all of the information that we need to verify your eligibility, you receive a letter in the mail. If you have any questions about this, please call Donna Emrick at (585) 268-9241 right away.

Important Information, page 2 – KEEP THESE 3 PAGES!

Papers you will need

- All youth who are hired MUST SUBMIT a copy of their **Social Security Card or Birth Certificate**.
- If you will be 18 or older during SYEP, you MUST SUBMIT a copy of a **photo ID card**.
- Men who will be 18 and older during SYEP MUST register with **Selective Service** (www.sss.gov).
- Working Papers**
If you are under the age of 18, you MUST have up-to-date working papers (for 14-15 year olds, or for 16-17 year olds) handed in to SYEP at the Parent/Youth Orientation before you can begin work. Working papers are obtained through your local school district and require a physical examination, so we recommend that you get them early! If you do not submit up-to-date working papers before the first day of work, you will not be hired.
- Pre-Employment Physical**
 1. If you are in school and have a school physical for this school year (2017-2018), you need to ask your SCHOOL NURSE to send a copy to our office. The physical MUST STATE that you are cleared for work/employment/jobs. Most school physicals and physicals for Working Papers do say this, but make sure to check!
 2. If you do NOT have a school physical or your school physical is not for work/employment/jobs, we will arrange a physical for you at the Allegany County Health Department. If you fail to attend the physical, you cannot be hired.

Income Eligibility for TANF Summer Youth Employment Program 2018

1. Youth who currently receive benefits under one or more of these programs are eligible and should check which programs on page one the Application in Section Three A: Family Assistance, Safety Net, Medicaid, SNAP (Food Stamps), HEAP, SSI
2. If the youth is NOT currently receiving any benefits, please complete Section Three B on page two of the application. The chart below lists the gross annual and monthly income limits for eligibility in TANF SYEP:

Size of Family Unit	Annual	Monthly
1	\$ 24,280	\$ 2,023
2	\$ 32,920	\$ 2,743
3	\$ 41,560	\$ 3,463
4	\$ 50,200	\$ 4,183
5	\$ 58,840	\$ 4,903
6	\$ 67,480	\$ 5,623
7	\$ 76,120	\$ 6,343
8	\$ 84,760	\$ 7,063

For families with more than 8 members, add \$ 8,640 for each person to the Annual amount.

Important Information, page 3 – KEEP THESE 3 PAGES!

What if my family income is too high?

Youth who are not economically eligible for TANF SYEP will be considered for service under the Division For Youth Funding, which is VERY limited. We can only serve 3-4 youth under this funding source.

The Hire List and the Waiting List

SYEP Staff make hiring selections for SYEP, and also select a waiting list. The waiting list will be used if youth from the hiring list cannot work for some reason. Youth who are eligible for the program and complete the following steps remain in the hiring process or on the waiting list.

REMEMBER- We will CALL YOU regarding the Summer Youth Employment Program! If we cannot reach you by phone, you cannot be selected for a summer job!

Parent/Youth Orientation

All youth who are hired or on the waiting list must attend the Parent/Youth Orientation. Youth who are age 17 or younger must attend with a parent or legal guardian, as we have paperwork that will need to be completed. At this meeting, we discuss the rules of the job, hours, transportation, pay dates, and other information. If you fail to attend this meeting, you cannot be hired.

What if I change my mind?

If you decide NOT to continue with the hiring process for SYEP for any reason, it is very important that you let us know! Please call us at (585) 268-9445, (585) 268-9241 or (585) 268-9240 to let us know of your decision. This will give another youth a chance to work!

What if I have questions?

Call us or email us! We want to answer your questions!

Sherry Weirich, SYEP Coordinator: (585) 268-9445, weiricsb@alleganyco.com
Donna Emrick, SYEP Job Developer: (585) 268-9241, emrickdm@alleganyco.com
Our Front Desk: (585) 268-9237, (585) 268-9240

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TANF SYEP 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)

Mailing address, if different: _____

Date of Birth: _____ What is your age today?: _____

Social Security Number: _____

Telephone Numbers: 1. _____ 2. _____
 3. _____ 4. _____

*You need to have a phone number where we can reliably reach you or leave you a voicemail that you will receive.
 If we cannot contact you, you may not be selected for employment!*

Additional Information

Are you still in school?
 ___ Yes ___ I am graduating in June 2018
 What school are you attending? _____

Ask your School Nurse for a copy of your most recent school physical and hand it in with your application.
 ___ No, I am not in middle/high school.

If you are hired, we will schedule you for a pre-employment physical at the Allegany County Health Dept.

If you are hired, we will collect your Working Papers at the Orientation. Do you have Working Papers?
 ___ Yes ___ No ___ I am over 18

Men age 18 or older must register with Selective Service at www.sss.gov. Have you registered?
 ___ Yes ___ No ___ Not required to

To verify that we do not discriminate in our program, please answer. This is voluntary.
Race: ___ White ___ Black ___ Hispanic ___ Asian
 ___ American Indian ___ Pacific Islander

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 the next page.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members. PLEASE LIST **ALL FAMILY MEMBERS, EVEN IF THEY DO NOT HAVE INCOME, INCLUDING THE APPLICANT**

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.

PLEASE LIST **ALL FAMILY MEMBERS, EVEN IF THEY DO NOT HAVE INCOME, INCLUDING THE APPLICANT**

Name	Income Source: Wages, Social Security, etc.	AMOUNT	Received (Check One)		
			Yearly	Monthly	Weekly

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.

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.

(Parent/Guardian) Signature: _____ Date: _____

Relationship to Applicant: _____

Applicant (Youth) Signature: _____ Date: _____

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Release of school information for _____
Print Name of Youth

I/we the undersigned give permission to _____
PRINT NAME OF CURRENT SCHOOL OR LAST SCHOOL ATTENDED

to release my school/academic/CSE/health records to Allegany County Employment & Training, and to complete the Student Information Form. Records may include, but are not limited to:

- Last date of attendance/dropout date
- Attendance records
- Most recent school physical – REQUIRED for SYEP
- Transcripts
- Report cards
- Individualized Educational Plans (IEP)
- 504 Plans

It is my understanding that this information will be used only for the purposes of eligibility determination, assessment, and service planning for Youth Programs including but not limited to the WIOA Youth Services Program and the Summer Youth Employment Program. I also understand that all information will be kept confidential.

I may revoke this consent at any time by contacting Allegany County Employment & Training, except to the extent that it has been previously relied upon to obtain information.

X Applicant signature

Date

X Parent/Guardian signature (REQUIRED if applicant is under the age of 18)

Date

Allegany County Employment & Training
7 Wells Lane, Belmont, NY 14813
Youth Services/SYEP Phone: (585) 268-9445
Fax: (585) 268-5176
E-Mail: weiricsb@alleganyco.com

Allegany County Employment & Training is an Equal Opportunity Employer/Program.
Auxiliary aids and services are available upon request to individuals with disabilities.

March 2018

