



Yates County Summer Youth Employment Program Application

Thank you for your interest in the Summer Youth Employment Program. Please bring in the following **original** documents with your application so we can determine if you are eligible.

- _____ Birth Certificate
- _____ Social Security Card
- _____ Proof of address (such as NYS ID/Learner's Permit/Driver's license or envelope mailed to you at your address)
- _____ Photo ID (School issued ID or NYS ID)
- _____ Original Work Permit if under 18 **(No copies please.)**
- _____ Report card if in school, **or** High School Diploma/HSE (aka GED) if graduated.
- _____ Selective Service Registration Acknowledgment Letter (for males 18 or over).

AND

- _____ My Family qualifies because we receive:
 - _____ SNAP Benefits (formerly Food Stamps)
 - _____ Public Assistance (Family Assistance or Safety Net)
 - _____ SSI (Supplemental Security Income)
 - _____ Medicaid
 - _____ HEAP

OR

_____ My Family income meets the following requirements: **(Circle number for Family Size)**

Family Size	Income
1	\$24,980
2	33,820
3	42,660
4	51,500
5	60,340
Each Additional Member	8,840

Please return this application and documentation BY JUNE 14th to our office so we can review it. If you are not yet 18 years of age, please make sure your parent or guardian also signs in all necessary places. We will contact you if you are missing important verification information. You will be contacted for an interview when all paperwork is completed and returned to our office.

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.
- No,** complete Item B, on next page

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

LDSS-4770 (Rev. 2/16) TANF Services Eligible Statuses and Proof

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.

Youth Program Addendum

1. If you are currently attending *any type of school or classes*, including TASC/HSE (formerly GED), please complete the following:

Name/Location of School: _____

Name of Guidance Counselor or Instructor: _____

Grade Completing in June 2017: None 1 2 3 4 5 6 7 8 9 10 11 12
Disabled with Certificate/IEP TASC (aka GED) HS Graduate

If you are attending a secondary, vocational, technical or academic school full-time or if you are between terms, do you intend to return to school? Yes No

2. Are you currently or have you previously been in foster care? Yes No

3. Are you currently disabled? Yes No (Note: ADD and ADHD are disabilities)

4. Are you a custodial or non-custodial parent (do you have children of your own)? Yes No

5. **Work History:** If you have job experience, please put as much information in this section as possible.

Job Title _____	Employer _____
Address _____	Wage _____ per hr/wk/mo/yr/other
City _____	State _____ *Country, if not US _____
Start Date ____/____/____	End Date ____/____/____ Supervisor _____ Phone # () _____ - _____
Reason for Leaving _____	Job Duties: _____
What did you like about this job? _____	

Job Title _____	Employer _____
Address _____	Wage _____ per hr/wk/mo/yr/other
City _____	State _____ Country, if not US _____
Start Date ____/____/____	End Date ____/____/____ Supervisor _____ Phone # () _____ - _____
Reason for Leaving _____	Job Duties: _____
What did you like about this job? _____	

6. In what towns or villages can you work? _____

7. What is your career interest? _____

8. Please indicate the type of work you would be willing to do. Please **circle at least two** or more.

Child Care	Office/Clerical	Food Service
Work with Elderly	Highway Worker	Work with Computers
Library	Recreation Aide	Cleaning/Custodial
Nursing Home Aide	Farm work	Retail /Customer Service
Work with Animals	Building Maintenance	Laundry/Housekeeping Aide
Outdoor Work	Developmental Disabilities Aide	Campground worker
Other (please specify) _____		

9. Do you have a driver's license? Yes No If No, do you have a permit? Yes No

10. How will you get to work? Walk Drive Family will drive Bus Other _____

11. Do you have any plans that will prevent you from working at certain times? Yes No

If yes, circle the item that applies: *Summer school Family Vacation Sports Other*

Dates: _____

12. Do you have weekly appointments that may limit your work schedule (Probation, counseling, court, etc.)? Yes No If yes, what and when _____

13. Do you have any health problems that will limit your ability to perform certain jobs?
 Yes No If yes, please explain: _____

14. Computer Skills: Internet MS Office Google Docs Prezi

16. Why do you want to work? _____

17. Did you participate in this program last year? Yes No

If yes, would you like to return to the same worksite? Yes No

*If you have participated in our program before and want to do a certain type of work or work for certain companies, please list the information here and we will try to get you a placement there.

18. Additional comments: _____

Emergency Contacts

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other: _____

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other: _____

Upon Completion of this application, please return to your Workforce Development office:

Yates County Workforce Development
417 Liberty Street, Penn Yan, NY 14527

315-536-5140

Finger Lakes Works Summer Youth Employment Program

PHOTO RELEASE FORM

I, _____, authorize Finger Lakes Works - Yates County to record and use still photographs, video recordings and audio recordings of me for the Summer Youth Employment Program.

Finger Lakes Works-Yates County hereby has the right to use my name and county that I live in, and to use and modify photographs and any recordings of me for promotional purposes. I understand that I may be a part of promotional content in presentations, on the World Wide Web, on television, in brochures, and other mediums and that I may not receive monetary compensation.

The photographers, producers, county employees, Finger Lakes Works, and others involved in authorized productions are not liable for any issues of claims arising from use.

_____	_____ / _____ / _____
Name (print)	Signature Date
_____	_____ / _____ / _____
Parent/Guardian name (print) if under 18	Signature Date

FIELD TRIP / TRANSPORTATION PERMISSION SLIP

In order that the following youth, _____, may receive the employment and educational benefits derived from the attendance on all field trips, I hereby consent to his/her attendance under such conditions as may be prescribed by the program.

I understand that if the place to be visited is beyond walking distance, the youth will be transported by a staff member of the program or public transportation.

I give permission for my son/daughter/ward to be transported in a motor vehicle by a Finger Lakes Works Program staff member to Workshops, Orientations, Interviews and Other Program related appointments as necessary. My signature below authorizes the youth to participate in all field trips and be transported to and from these events.

_____	_____ / _____ / _____
Parent/Guardian (print)	Signature Date



YATES COUNTY
Department of Social Services
Workforce Development
 417 Liberty Street, Suite 2021
 Penn Yan, New York 14527
 Phone: 315-536-5140
 Fax: 315-531-3456

Amy D. Miller
 Commissioner

Erica L. Putnam
 Director of Services

Elizabeth Russell-Orr
 Director of Income
 Maintenance and
 Child Support

UNIFORM INFORMATION RELEASE FORM

The Yates County Office of Workforce Development works collaboratively with many other government and non-government agencies in the provision of service. It is often necessary to share information with and/or collect information from these entities in order to best serve you and meet your individual needs. This information will help to support your case and ensure the best possible services are delivered. Information from any of these agencies or from YCWFD is considered confidential. In order for any information to be shared, you must give your written consent. You may be sure that the information requested is only that which is relevant to your case and to the provision of services you are requesting. Once you give your consent, you may withdraw it any time by submitting your written withdrawal of consent. If you withdraw your consent, it will prevent any future or additional information to be shared, but will not affect information that has already been shared.

The names of participation agencies are:

- | | |
|--|---------------------------------|
| Yates County Workforce Development | VR Access (VESID) |
| Yates County Department of Social Services | FLACRA |
| Yates County Probation Department | Crestwood |
| Wayne Finger Lakes BOCES | Rushville Health Center |
| Penn Yan School District | Karl Warner Clinic |
| Dundee Central School District | Keuka Lake Enterprises |
| Marcus Whitman School District | Lakeview Mental Health Services |
| New York State Parole | Arc of Yates/Placement Center |
| Cornell Cooperative Extension | Finger Lakes Community College |
| Pro-Action of Steuben and Yates Counties | Keuka Lake School |
| Finger Lakes Health/John D. Kelly Behavioral Center | Family Planning |
| Temporary Hiring Agencies (i.e. Remedy, Staffking, Adecco, etc.) | Keuka Housing |

Other: _____

Other: _____

I hereby authorize the above agencies to exchange information, which would assist me in obtaining supportive services necessary to complete employment and training programs and enter unsubsidized employment. I understand that the purpose of this exchange of information is only to allow the arrangement, service, and review of my situation on a continuing basis, for case information with any agency or person at any time by giving written notice to the YCWFD.

I have read the above, or had it read to me, and I understand and agree to the described exchange of information.

Applicant Signature (Parent/Guardian if under 18)

Applicant Name (Print)

Date

Confidentiality Notice: This fax/e-mail transmission, with accompanying records, is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or privileged information belonging to the sender, including individually identifiable health information subject to the privacy and security provisions of HIPAA. This information may be protected by pertinent privilege(s), e.g., attorney-client, doctor-patient, HIPAA etc., which will be enforced to the fullest extent of the law. If you are not the intended recipient, you are hereby notified that any examination, analysis, disclosure, copying, dissemination, distribution, sharing, or use of the information in this transmission is strictly prohibited. If you have received this message and associated documents in error, please notify the sender immediately for instructions. Telephone 315-536-5183. If this message was received by e-mail, please send a reply for instructions and please delete the original message.

Finger Lakes Works Summer Youth Employment Program

Basic Skills Assessment Form

CONFIDENTIAL

Student Name: _____ Date of Birth: _____

Address: _____

County of Residence: _____ School District: _____

TO BE COMPLETED BY PARENT/GUARDIAN UNLESS OVER 18 YEARS OLD

I, _____, authorize the school district noted above to provide the information that is being requested to the Yates County Office of Workforce Development.

Signature (Parent/Guardian if under 18)

Date

The above office is granted permission to receive the following items:

- Report Cards
- IEP Plans
- Training Facility Records such as Vocational Education Programs
- Progress and Attendance Records
- Psychological Evaluations

TO BE COMPLETED BY SCHOOL DISTRICT

1. What grade is/was the youth attending? Grade _____
2. Based on standardized test scores, what is/was the youth's current grade level in:
Reading _____ Math _____
3. Is/was the youth currently/previously classified by the Committee for Special Education?
YES NO If yes, what is the classification: _____
4. Was the youth enrolled in a remediation program(s) during the current/last school year?
YES NO If yes, which program(s): _____
5. If youth is no longer attending school, last date of attendance was: _____
6. Other comments: _____

COMPLETED BY: _____ DATE: _____

Return to: Yates County Workforce Development, 417 Liberty Street, Penn Yan, NY 14527

FINGER LAKES WORKFORCE INVESTMENT AREA
STEPS IN RESOLVING WIOA-RELATED COMPLAINTS/GRIEVANCES AND AFFIRMATIVE ACTION

Workforce Innovation and Opportunity Act participants are entitled to the right of issuing and having resolved complaints relating to their participation in the programs offered under the Workforce Innovation and Opportunity Act (WIOA). All complaints/grievances must be filed within one (1) year of the alleged Workforce Innovations and Opportunity Act related occurrence.

If you have a Workforce Innovation and Opportunity Act-related COMPLAINT, here are the steps available:

I. Informal Conference

Immediately discuss any problems, complaints, etc., with your Workforce Development Specialist, Worksite Supervisor, Employer, or Instructor. Typically, most complaints are resolved through open discussions. If the type of complaint/grievance is of a nature that cannot be resolved in this stage, or if it was not informally resolved, then an Informal Resolution will be used.

II. Informal Resolution

At this stage, it is necessary that you obtain a form entitled "Notice of Complaint" (WIOA 105.1) from your County Workforce Development Office or One Stop Center. Complete this form and return it to the County's Workforce Development or One Stop Center Program Complaints Resolution Officer.

The Equal Opportunity Officer will schedule an Informal Resolution Conference within five (5) days after receiving the Notice with you and other persons who the Equal Opportunity Officer believes should be present.

Within fifteen (15) days after the Informal Resolution Conference, the Equal Opportunity Officer will issue an Informal Resolution Conference Report (WIOA 105.2) to all parties, which will include a section on the recommended disposition of the complaint/grievance.

III. Formal Hearing or Mediation

If any of the parties involved in an Informal Resolution Conference believe that the disposition of the complaint/grievance is not appropriate, they may request that the complaint be resolved through mediation or they may continue with the Formal investigation. This request must be made in writing, and must be received within ten (10) days after receipt of the Informal Resolution Conference Report.

Within the ten (10) days after receipt of the request for Mediation or Formal investigation, the Finger Lakes Workforce Investment Board Equal Opportunity Officer will schedule Mediation or a Formal Hearing. Within sixty (60) days after, the Equal Opportunity Officer schedules mediation or the formal hearing, the Equal Opportunity Officer will issue his/her findings and recommendations for the complaint/grievance.

IV. Appeal

If you do not receive a decision within sixty (60) days of filing a complaint, or if any party believes that the findings and recommendations are unsatisfactory, they may appeal to the Governor and to the United States Department of Labor. Information relating to the procedures will be provided by the Finger Lakes Workforce Investment Board Office.

To identify your local Workforce Innovation and Opportunity Act Equal Opportunity Officer, contact the Finger Lakes Workforce Investment Board, 41 Lewis Street, Suite 104, Geneva, New York 14456. The telephone number is (315) 789-3131.

AFFIRMATIVE ACTION

Workforce Innovation and Opportunity Act participants are entitled to the right of issuing and having resolved complaints related to matters involving equal opportunity/affirmative action. If you believe that you have been discriminated against due to race, color, religion, sex, national origin, age, political affiliation or belief, citizenship or participation in Workforce Innovation and Opportunity Act, you can file a complaint directly to the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, Room H-4123, Washington D.C. 20210.

Complaints based upon disabilities will be addressed through the Workforce Innovation and Opportunity Act Related Complaints/Grievance Procedure described above. Affirmative Action Complaints must be filed within 180 days of the alleged occurrence.

I have reviewed the "Steps in Resolving WIOA-Related Complaints/Grievances and Affirmative Action" form above and the Equal Opportunity is the Law document.

SIGNATURE

DATE

EQUAL OPPORTUNITY is THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to such a program or activity; or making employment decisions in the administration of, or in connection with such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:



Name of Recipient E.O. Officer: Michael Woloson
Name of Organization: FL Workforce Investment Board
Address: 41 Lewis Street, Suite 104
Geneva, NY 14456
Phone: 315-789-3131
Email: mwoloson@fingertakesworks.com

Osnayo Cooper, Director Director
Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

PHONE: (518) 457-1984
(TDD) 1-800-662-1220
(VOICE) 1-800-421-1220

or you may file a complaint directly with:

Director
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW
Room N-4123
Washington, D.C. 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.