



County of Orleans
Job Development Agency
14016 Route 31 West
Albion, NY 14411

585.589.7000 Tel • 585.589.2795 Fax • OCJDA@orleanscountyny.gov

What is the Summer Youth Employment Program?

The Summer Youth Employment Program is a **TANF** funded program that provides Orleans County youth ages 14-20 with summer work experiences through subsidized placements in the private and government sectors. To be eligible for the program you must be at least 14 years old by May 10, 2017 and cannot be older than 20 on August 18, 2017. You must also fall under income guidelines:

Family Size	Annual Income	Family Size	Annual Income
1	\$24,120	6	\$65,920
2	\$32,480	7	\$74,280
3	\$40,840	8	\$82,640
4	\$49,200	9	\$91,000
5	\$57,560	10	\$99,360

Federal Register, Poverty Guidelines, under Dept. of Health & Human Services, Notices, 1/31/2017 200% of Poverty Income Guidelines for 2017

If you receive Family Assistance, Safety Net Family Assistance, SNAP, Medicaid, SSI or HEAP you are automatically income eligible.

Through this program we strive to provide young people with the opportunity to:

- Earn money while providing financial literacy education and gain meaningful work experience;
- Learn and develop the skills, attitudes and commitment necessary to succeed in today's world of work;
- Gain exposure to various career industries
- Interact with dynamic working professionals in a positive work environment.

When is the Summer Youth Employment Program?

If we receive funding, the majority of jobs will start on July 5, 2017 and will end by August 18, 2017.

How many spaces are available this year?

If we receive funding, how much we receive will determine how many youth we can hire. We encourage youth to apply early and attend scheduled appointments. Please note that completing the application does not guarantee that you will receive a job this summer. Completion of the application is just the first step in determining if you meet the program's eligibility requirements.

Who do I contact for more information?

Program dates and information are subject to change. For the most up to date information about the Summer Youth Employment Program, please visit:

www.orleansny.com/jobdevelopment

If you have additional questions or need help completing your application you can contact us at: 585-589-2822 or 2820. **Applications should be sent to OCJDA, 14016 Route 31W, Albion, NY 14411.**

A Proud Partner of the

AmericanJobCenter
Network

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.

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.						

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.

Orleans Youth Employment Program
Initial Assessment

Applicant Name: _____

- Race White Black or African American Hispanic or Latino
 Alaskan/American Indian Asian Hawaiian/Pacific Islander Other

Note: Ethnicity question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

- Have you ever been convicted of a crime? Yes No
If yes, explain in full: _____
- Males-18 years and older, are you registered for Selective Service? Yes No If no, register at sss.gov

EDUCATION

High School _____ Grade ____ Do you have IEP 504 AIS Vocational program _____
Earned a high school diploma or equivalency diploma? Yes No

SKILLS and INTERESTS

- List your skills and abilities you have learned in a job, at home, as a chore, or as a hobby.

- List your volunteer and/or community service performed: _____
- Which type of worksite do you prefer?
 Office Retail Assembly and Production Recreation Program
 Outdoor Maintenance Food Service Day Care Center Center for Disabled Adults/Youth
 Indoor Maintenance Nursing Home Hospitality Other _____

CAREER INTEREST:

Which of the following high demand jobs are you interested in learning more about?
Advanced Manufacturing: HVAC Welding Optics Machining Auto Mechanic
Health Care: Home Health Aide (HHA) Certified Nursing Aide (CNA) Licensed Practical Nurse (LPN) Registered Nurse (RN)
 Agriculture Truck Driving Starting your own business
If you could have a job right now, what would it be? _____
What job do you want 5 years from now? _____ Why? _____

TRANSPORTATION: How will you get to a job or appointment? Bicycle Parents Own Car Public Transportation Walk

Do you have a driver's license? Yes No If No, do you have a Learner's Permit? Yes No

WORK HISTORY: (See Attached Resume)

Job Title _____ Employer _____
Address _____ Wage \$ _____
City _____ State _____ Country, if not US _____
Start Date ____/____/____ End Date ____/____/____ Reason for leaving _____
Job Duties _____



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**SYEP and YEAR ROUND YOUTH SERVICES PROGRAM
 Agency Release of Information Form**

I / we hereby authorize the release of information to or by the Orleans County Office of Workforce Development with the agencies listed below in order to determine eligibility and to provide complete and proper Case Management Services. I / we understand that the release will allow communication at needed interval. I / we understand that this release will be updated annually and may be revoked by me at any time with written notification. Also, I / we understand that I / we may cross out any agency that I / we do not wish to share information with the Office of Workforce Development.

AGENCIES

- Youth's School District
- Orleans County Mental Health
- Orleans County Probation
- NYS One Stop Operating System Database
- NYS Department of Labor
- NYS CareerZone
- Orleans County Dept. of Social Services
- Orleans County Dept. of Health
- GED/TASC Class
- Youth's Worksite and the Supervisor
- Literacy Volunteers of Genesee/Orleans County
- Orleans Niagara BOCES
- Orleans County Sheriff's Office & Jail
- Orleans County Youth Bureau
- Catholic Charities of Tri-Counties
- Mobile Mental Health team
- GCASA
- ACCESS/VR
- Upward Bound
- Orleans County Sheriff's office and Jail
- College youth may be attending
- Other _____

 Youth's Name PRINTED

 Youth's Name SIGNED

 Parent/Guardian Signature (If youth is UNDER 18 years old)

 DATE

PHOTO RELEASE

I / We give permission for my photo to be taken at work experience, field trips, work shops or in other activities sponsored by the Orleans County Office of Workforce Development as part of the Youth Employment Program. These photos may be published in the newspaper, posted or used in reports and publications / website of the department or of the GLOW Workforce Investment Board and I may not receive monetary compensation.

 Youth's Name PRINTED

 Youth's Name SIGNED

 Parent/Guardian Signature (If youth is UNDER 18 years old)

 DATE

ORLEANS COUNTY JOB DEVELOPMENT AGENCY

MEDICAL HISTORY QUESTIONNAIRE

DIRECTIONS This questionnaire must be completed and signed by you, as parent or guardian, prior to enrollment into the Youth Employment Program of the individual listed below. Failure to return this completed form to the Orleans County Job Development office will delay the start of the job for your son or daughter. Thank you for your cooperation.

PARTICIPANT'S NAME _____

Date of last physical _____ Physician Name _____

Is your child covered by health insurance? Yes No If yes, who is he/she covered under and what is the name of the insurance and contract # _____

Has your son or daughter ever been treated for or had symptoms of the following:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Heart Problems	_____	_____	Dizziness/Fainting	_____	_____
Breathing Problems	_____	_____	High Blood Pressure	_____	_____
Tuberculosis	_____	_____	Frequent Headaches	_____	_____
Head/Neck Injuries	_____	_____	Vision Problems	_____	_____
Hernia	_____	_____	Epilepsy	_____	_____
Back Injuries	_____	_____	Skin Disorders	_____	_____
Rheumatic Fever	_____	_____	Nervous System Disorder	_____	_____
Scarlet Fever	_____	_____	Frequent Colds/Sore Throat	_____	_____
Anemia	_____	_____	Hearing Loss	_____	_____
Asthma or Allergies	_____	_____	Alcoholism/Drug Addiction	_____	_____
Diabetes	_____	_____			

Has your son or daughter ever had an operation? - - - - - _____

If yes, please explain - with dates: _____

Has your son or daughter ever suffered a previous injury? - - - - - _____

If yes, please describe the nature of injury and list dates: _____

Is your son or daughter using prescription drugs? _____ Yes _____ No

If yes, please describe and give any special instructions? Will they need to bring the medication with them during work hours? If so, what is this medication? _____

Are there any known physical, mental or medical problems which would prevent or limit your son or daughter from work in our Summer Youth Employment Program? _____ Yes _____ No

If yes, please describe or explain what accommodations would be necessary: _____

Do you give your permission to have medical assistance provided either at the worksite or at a hospital, should your son or daughter be injured at their worksite? _____ Yes _____ No

Please provide any phone numbers and places you may be during the workdays during this summer in the event we need to contact you during an emergency.

Mother/Guardian Name

Father/Guardian Name

Home Phone

Work Phone

Home Phone

Work Phone

Cell Phone

Cell Phone

IF A PARENT/GUARDIAN IS UNABLE TO BE REACHED, CONTACT:

Name & Relationship

Name & Relationship

Home Phone

Work Phone

Home Phone

Work Phone

Cell Phone

Cell Phone

My signature below certifies that all information provided is true and correct to the best of my knowledge. I give my permission for my child to be treated for illness/injury sustained in connection with their participation as a Youth Employee for Orleans County Job Development. I also give permission for my child to be transported by a counselor, worksite supervisor, or Job Development staff member, or ambulance in the event of an emergency.



Sign here _____

Parent or Guardian Signature

Date