**2023 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)**

Allegany County Employment & Training, 7 Wells Lane, Belmont, NY 14813

Susan Day, SYEP Coordinator, (585) 268-9445, susan.day@alleganyco.gov, Fax: 585-268-5176

**Keep This Page!!! Read and follow all directions!!!**

**What is SYEP?**

The Summer Youth Employment Program gives 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 $14.20 per hour and youth work between 14 and 28 hours per week for 6 - 7 weeks. Most youth we hire will start work on Tuesday, July 5, 2023 and will finish by Friday, August 18, 2023.

**How do I apply?**

Fill out the application and the Release of School Information and hand them in with papers listed under

 to your school guidance office or at Employment & Training before Friday April 28, 2023.

**How will SYEP contact me?**

You need to give us phone numbers where we can reach you & set up your voicemail. We will contact you for an interview and an orientation to be placed in a job site.

**Check your mail box!** We may send you mail, and it is important that you read it and respond if you are interested in working. We will need all paperwork handed in for you to be eligible.

 **We will need you to provide:**

 A copy of your **Social Security Card** or **Birth Certificate**.

 If you are 18 or older: A copy of a **photo ID card**. This can be a school photo ID, Sheriff’s ID, Non- Driver ID Card, Learner’s Permit, Driver’s License or other photo ID.

 If you are 17 or younger, we can accept a copy of your most recent school report card.

 Males who will be 18 and older during SYEP MUST register with **Selective Service** www.sss.gov

 **Pre-Employment Physical** - Every youth we hire MUST have a pre-employment physical that is not more than one year old. You may submit a copy of your current school physical or call us at 585-268-9445. The physical must indicate that you are healthy and **able to work**.

 **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. We will keep the card until the end of program and mail it to you.

**Income Eligibility for TANF Summer Youth Employment Program 2023**

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

**Keep This Page!!!!**

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:

|  |
| --- |
| **200% of Federal Poverty Guidelines Chart****TANF Program Year June 1, 2022 through May 31, 2023** |
| Family Size | Annual Income | Monthly Income | Bi-Weekly Income | Weekly Income |
| 1 | $27,180 | $2,265 | $1132 | $566 |
| 2 | $36,620 | $3,052 | $1,326 | $663 |
| 3 | $46,060 | $3,838 | $1,671 | $835 |
| 4 | $55,500 | $4,625 | $2,016 | $1,008 |
| 5 | $64,940 | $5,412 | $2,361 | $1,180 |
| 6 | $74,380 | $6,198 | $2,705 | $1,352 |
| 7 | $83,820 | $6,985 | $3,050 | $1,525 |
| 8 | $93,260 | $7,772 | $3,395 | $1,697 |
| For family units with more than eight members, add |
|  | $9,440 | $787 | $344 | $172 |

**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.

**The Hire List and the Waiting List**

If you are eligible but we cannot place you in a job right away, you will be on the waiting list. This waiting list will be used if Youth from the hiring list are unable to work. To remain on the waiting list, you must attend the Parent/Youth Orientation.

**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 or get a different job?**

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

**What if I have questions?** Call or email! We want to answer your questions!

 Susan Day, SYEP Coordinator: (585) 268-9445, susan.day@alleganyco.gov

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

**TANF SYEP 2023 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**

**Please check all that apply**

**Are you still in school?**

**\_\_\_ Yes** \_\_\_ I am graduating in June 2023

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, you must get a pre-employment physical arranged by our office.

Do you have current Working Papers?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I am over 18

If you are hired, you will need to provide Working Papers

at the Parent/Youth Orientation.

Men age 18 or older must register with Selective Service at [www.sss.gov](http://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

**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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_SELF\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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!*

**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** on the next page.

**LDSS-4770 (Rev. 2/16)**

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

□ **No**, complete Item B, on the next page.

**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.**

**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** | Yearly | **Received****(Check One)**Monthly | Weekly |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**SECTION FOUR Applicant Notification and Signature**

The individual(s) 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
* Eligibility information/Employment Barriers

It is my understanding that this information will be used only for the purposes of eligibility determination, assessment, and service planning for 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 is 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: susan.day@alleganyco.gov

Allegany County Employment & Training is an Equal Opportunity Employer/Program.

Auxiliary aids and services are available upon request to individuals with disabilities.

February 2020

