

APPLICATION FOR YOUTH & YOUNG ADULT PROGRAMS

This application **must be signed** by the applicant and head of household. Please fill in or place a check mark (✓) in the appropriate spaces to answer the following questions (use blue/black ink if not completed online). Please return the application to: **The WorkPlace (Jefferson County DET) 1000 Coffeen Street, Watertown, New York 13601. Phone (315)786-3671 for questions FAXED OR EMAILED APPLICATIONS CANNOT BE ACCEPTED. Certain eligibility criteria applies.** Applicants must be **age 16-24.**

PERSONAL DATA

Applicant Name:			Last 4 digits of Social Security #:		
Last	First	M.I.			
Date of Birth:		Age:	Primary Phone #:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Secondary Phone #:			
Email Address:					
Legal Address:					
House or Apt. # & Street		City	State	Zip Code	County
Mailing Address:					
PO Box/House or Apt. # & Street		City	State	Zip Code	County

1. Does the applicant have a driver's license? YES NO Does the applicant have a driver's permit? YES NO
2. Does the applicant have a means of transportation? YES NO Transportation Type: Vehicle/Ride Bus Other
3. If the applicant is a male age 18 or older, is he registered for **Selective Service**? YES NO N/A

FAMILY STATUS

1. Applicant is: an unrelated individual in household a family member head of household
2. Is applicant a member of a family who operates a farm? YES NO
3. Number of family members living in household (including the applicant)? _____

OTHER CHARACTERISTICS

1. Race/Ethnic Group: American Indian Asian Black Hispanic Pacific Islander White Other
2. Is the applicant a United States citizen? YES NO If NO, indicate status: _____
3. Is the applicant a Resident Alien? YES NO **If yes**, does applicant possess form: I-551 I-766 I-94 I-94A
4. Does the applicant possess a U.S. Passport or U.S. Passport Card? YES NO
5. Does the applicant have a **limited** ability to speak English? YES NO

FAMILY INCOME

1. Starting with the applicant, please list **all** members of the applicant's family who reside in the household, their relationship to the applicant and their age. Explain all sources and amounts of income received by the family for the last 6 months and the last year. **Use the income sources listed below in itemizing the total family income:**

- | | | |
|--------------------------|--|--|
| ■ Gross wages | ■ Unemployment | ■ Retirement pension |
| ■ Child Support/Alimony | ■ Military Wages (Base Pay) | ■ Social Security Benefits (SSI, SSR, SSD) |
| ■ Net Rental Income | ■ Old Age/Survivor's Ins. or Disability | ■ Veteran's Benefits (Disability, Pension) |
| ■ Workman's Compensation | ■ Net Self-Employment Income (Quarterly Estimated Tax) | |

Family Member(s)	Relationship	Age	Income Source	TOTAL received for the PAST 6 MONTHS	TOTAL received for the PAST YEAR
	<i>APPLICANT</i>				

2. Does the applicant or a member of his/her family receive Public Assistance **OR** Food Stamps? YES NO
Check which program(s) the applicant currently receives benefits under: Safety Net (SN)
 Family Assistance (FA) SNAP/Food Stamps (FS) SSI Free or Reduced School Lunch

EMPLOYMENT STATUS

1. Is the applicant: Unemployed Employed Full-Time Employed Part-Time Not in Labor Force
 2. Is the applicant receiving NYS Unemployment Insurance Benefits? YES NO **If yes**, # of weeks unemployed _____
 3. Has the applicant ever served in the Armed Forces of the United States? YES NO
If yes, Date(s) of Service: ____/____/____ to ____/____/____ Branch: _____
 Location: _____ Type of Discharge: _____

WORK HISTORY (applicant's most recent employment)

Employer Name:		Address:	
Job Title:	Hours per week:	Start Date:	End Date:
Reason for Leaving:			Hourly Wage:

SPECIAL STATUS (Please note: answering these questions does not affect program participation or selection.)

1. Below, check any of the following that the **applicant** is:
 School Dropout Parenting Learning Disabled Pregnant An English language learner
 Subject to the juvenile or adult justice system Homeless/Runaway Living in a high poverty area
 An individual with a disability A foster child
2. Below, check any of the following that the **applicant** has:
 IEP (Individual Education Plan) Alcohol/Drug Abuse SACC Commencement Credential An incarcerated parent
 CDOS Commencement Credential IEP Diploma Aged out of the foster care system
3. Is the applicant institutionalized or a regular outpatient of a hospital, mental hospital, rehabilitation center or a client of a sheltered workshop or community care facility? YES NO
4. Check if the applicant is under the supervision of: Dept. of Social Services Probation Dept. NYS Div. of Youth
 If applicable, Name of Probation/Parole Officer: _____

EDUCATION

1. Is the applicant currently enrolled in **Middle or High School**? YES NO **If yes**, in what grade? _____
If yes, name of school: _____ **If No**, what was the last grade completed? _____
If no, which school did the applicant **last** attend and when? _____
2. If applicant did not complete high school, has the applicant obtained a **High School Equivalency Diploma (formerly known as a GED)**? YES NO N/A **If yes**, when was the diploma attained? _____
3. Is applicant currently enrolled in **Adult TASC (formerly known as GED) classes**? YES NO
If yes, location of classes: _____ Grade Equivalents in: Math _____ Reading _____
4. Is applicant currently enrolled in **Alternative Ed/TASC (GED) classes at his/her school district**? YES NO
If yes, location of classes: _____
5. Is applicant currently attending **College**? YES NO **If yes**, name of college: _____
 Start Date: _____ Anticipated Graduation Date: _____
6. Is applicant currently attending any **Vocational Training** (i.e. BOCES, etc.)? YES NO
If yes, name of training facility: _____ Start Date: _____ Expected Graduation Date: _____
7. Has applicant ever participated in our programs before? YES NO
If yes, Name of Program: _____ Date(s) of participation: ____/____/____ to ____/____/____

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used only to determine eligibility for this WIOA youth program.

Signature of applicant: _____ **Date:** _____

Signature of parent/guardian (if applicant is under age 18): _____ **Date:** _____