

# APPLICATION FOR YOUTH & YOUNG ADULT PROGRAMS

Applicants must be age 14-24 in order to meet age qualifications for the program. For applicants under age 18, working papers are required. Contact 315-786-3671 with any questions. Applications can be mailed to: 1000 Coffeen Street, Watertown, NY 13601 or e-mailed to ebrown@co.jefferson.ny.us.

## PERSONAL DATA OF APPLICANT

Applicant Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Parent/Guardian Phone #: \_\_\_\_\_  
Applicant Phone #: \_\_\_\_\_  
Cellphone Service Provider(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Legal Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

1. Does the applicant have a driver's permit?  YES  NO
2. Driver's license?  YES  NO
3. Does the applicant have a means of transportation?  YES  NO
4. Transportation Type:  Vehicle/Ride  Bus  Other

## OTHER CHARACTERISTICS

1. Is the applicant a United States citizen?  YES  NO If NO, indicate status: \_\_\_\_\_

## EDUCATION

1. Is the applicant a high school graduate?  YES  NO
2. Is the applicant currently enrolled in Middle or High School?  YES  NO

If yes, in what grade will you be going into this fall? \_\_\_\_\_

If yes, name of school / building: \_\_\_\_\_

3. Is applicant currently attending College?  YES  NO

If yes, name of college: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

## FAMILY STATUS

1. Number of family members living in household (including the applicant)? \_\_\_\_\_

2. Check which program(s) the applicant currently receives benefits under:

- Medicaid
- SNAP (Supplemental Nutrition Assistance Program)
- HEAP (Home Energy Assistance Program)
- SSI

**FAMILY INCOME**

1. 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 current month, last 6 months, and last year. Use the income sources listed below in itemizing the total family income:

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

Family Member(s)	Relationship	Age	Income Source/Name of Employer	TOTAL to be received THIS MONTH	TOTAL received for PAST 6 MONTHS	TOTAL received for the PAST YEAR
	APPLICANT					

**WORK HISTORY** (applicant's most recent employment)

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

**SPECIAL STATUS:**

1. Below, check any of the following that the applicant is:

- School Dropout
- Parenting or Pregnant
- Subject to the juvenile or adult justice system /  Incarcerated parent
- Homeless/Runaway
- An individual with a disability (this includes an IEP and/or 504 plan from high school)
- A foster child

2. Check if the applicant is under the supervision of:

- Dept. of Social Services
- Probation Dept.

**If applicable**, Name of Probation/Parole Officer: \_\_\_\_\_

*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 and the release of this application to DSS for verification purposes, and understand that it will be used only to determine eligibility for this WIOA/TANF program.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian (if applicant is under age 18): \_\_\_\_\_

Signature of DSS Commissioner or applicant's designee if in foster care: \_\_\_\_\_

STAFF USE ONLY	The applicant is certified for TANF Services: <input type="checkbox"/> YES <input type="checkbox"/> NO	Staff Initials/Date:
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## JOB INTEREST SHEET

To help the Summer Employment Program staff identify a summer job that will interest you, we are asking that you review the Job Descriptions listed below and rank from 1-5 the job titles that interest you the most (1: most interested; 5: least interested). These will be used to help guide the staff when they are selecting your job assignment. We cannot guarantee that the jobs you pick will be available, but we will try our best to match you to the type of activities for which you indicate an interest. Depending on transportation, time schedule and available jobs throughout the County, not all applicants will be placed in the Summer Employment Program.

\_\_\_ PUBLIC WORKS AIDE: Indoor and outdoor laborer position. Workers should not have allergies to dust or pollen.

\_\_\_ OFFICE AIDE: Duties could include computer data entry, filing, answering phones, operating office machines, and performing other office functions as requested.

\_\_\_ CHILD CARE AIDE: Workers must be responsible and enjoy working with young children. Would include indoor and outdoor activities, leading games, serving snacks, and may require cleanup of classroom areas.

\_\_\_ LIBRARIAN AIDE Requires working in a local library. Workers may be responsible for answering phones, assisting patrons, participating in children's story hour/activities, and inventory control.

\_\_\_ FOOD SERVICE AIDE Involves assisting with basic food preparation such as washing and cutting vegetables, making sandwiches, sanitizing utensils and dishes, packing and transporting meals within a facility

