



4400 Route 23 • Hudson, NY 12534

Dear Parent/Guardian/Young Adult,

Columbia-Greene Workforce New York, located at Columbia-Greene Community College, are recruiting youth ages 14-20, for placement in summer jobs.

FACTS:

- Variety of worksites available in both Columbia and Greene Counties
- Pay rate is \$15.00 per hour
- Tentatively will run for 6 weeks (start in July and ends in August)
- Funding has not been determined nor received
- Applications must be signed by a parent/guardian if under the age of 18

The Summer Youth Employment & Training Program (SYEP) is grant funded, and youth must meet income guidelines to qualify. Individuals receiving one or more of the following are automatically income eligible.

- FAA(Cash assistance)
- SNAP
- SSI
- Medicaid
- HEAP

If you receive any of the above return the signed and completed Application with the box appropriately checked with the following documentation:

1. Copy of social security card
2. Copy of School ID, if you have one, or copy of NYS ID
3. Copy of utility bill showing proof of address
4. ORIGINAL working card (will be returned at the end of the program)
 - a. (Blue card for ages 14&15, GREEN card for ages 16&17)

All other applicant's family income will be reviewed for eligibility. If income is being considered for summer employment send the following documentation in addition to those listed 1-4.

5. Proof of family size, birth certificates or social security cards for all members of your family residing in your home. (Do not send originals, copies are acceptable)
6. Proof of family income. This includes benefits listed above. Food Stamps, SSI, HEAP, Medicaid, DSS Cash Assistance or all family wages, Social Security etc. (Do not send originals, copies are acceptable)

All information is kept confidential and secure. If you wish to be considered for the summer program, please send the completed application, with support documentation, no later than May 3, 2024. There are a limited number of employment opportunities available, therefore, completed applications sent passed the deadline will be placed on a waiting list. Please be patient in receiving more information about possible summer employment. If you find a job in the meantime, and have sent your completed application, please notify our office ASAP. If you have any questions, I can be reached via email Rebecca.preusser@sunycgcc.edu, 518-697-6514, or cell 518-751-6372. **NOTE: May 3, 2024 Application due date**

Respectfully,

Rebecca Preusser
Assistant Director-WIO

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.

SUMMER YOUTH EMPLOYMENT APPLICANT INTEREST/PROFILE

Have you previously participated in the Summer Youth Employment Program? Yes No

If yes, when and where? _____

Describe your work experience or volunteer work, including odd jobs:

Describe some of your interests:

The following is a list of general career clusters. Rank them following career areas in order of your preference. **Choose only three and rank them according to your first choice (1), your second choice (2), and your third choice (3).**

Rank in order of preference:

Customer Service/Office	Recreation/Parks (work with kids)
Child Care	Maintenance/Clean up
Food Retail/Service	Work with Animals

Do you prefer to work inside or outside? (Circle One) Inside Outside No preference

Although efforts will be made to match applicant's career interests with a worksite, there is no guarantee that the applicant will be placed in a position that matches their choices.

Do you have transportation available to you this summer? Yes No

Will you be required to attend summer school? Yes No

If yes, what time will you be able to start work in the summer program? _____

Name of Youth



SAFETY FIRST: EMERGENCY CONTACT AND MEDICAL INFORMATION

Youth's Name

 Date of Birth

Sex: M/F/Undisclosed
 (Circle One)

 Parent's/Guardian's Name

 Parent's/Guardian's Name

 Primary Phone Work Phone

 Primary Phone Work Phone

 Street Address

 Street Address

 City, State, ZIP code

 City, State, ZIP code

ALTERNATIVE EMERGENCY CONTACTS

 Primary Emergency Contact Name

 Secondary Emergency Contact Name

 Primary Phone Work Phone

 Primary Phone Work Phone

 Street Address

 Street Address

 City, State, ZIP code

 City, State, ZIP code

ATTENTION HEALTH CARE PROVIDER

The above named employee is a participant in a Youth Employment Program through the Workforce Office located at Columbia-Greene Community College. This participant is covered under Columbia-Greene Community College's Workman's Compensation. All billing and paperwork should be forwarded to:

Columbia-Greene Community College, 4400 Rt. 23, Hudson, NY 12534 Attn: Personnel. Phone 518-518-697-6400