



# 2017 Livingston Youth Employment Program (LYEP) Application

Livingston County Office of Workforce Development

## ALL APPLICANTS

- Must be age 14 by 6/26/17
- Participate in an **unpaid** 5 day work readiness assessment process
- \$300 retention bonus at the end of the program for all successful completers

### Career Exploration

- 14 & 15 year olds assessed to need additional development will enter a career exploration program.
- Involves hands-on work and field trips
- Participants will earn a stipend upon completion
- Space is limited to 10 individuals

### Work Ready

- 14+ year olds assessed ready to work are hired
- Earn \$9.70 /hr & must work all 5 weeks

*Returning participants may be selected for a leadership opportunity coinciding with the readiness week*



### What do we mean by eligible?

- Applicants must be Livingston County residents between age 14 and 20 **AND**
- Household income within eligibility range. See chart.
- Applicants in foster care or households that receive cash assistance, Medicaid, HEAP, SSI, and SNAP are automatically eligible



### When are applications due?

- Prior to or at interviews starting May 1<sup>st</sup>



### Where do I send my application?

Livingston County Office of Workforce Development  
 6 Court Street, Room 105  
 Geneseo, NY 14454  
 or Fax to 585-243-7598



### Who do I contact if I have more questions?

Kate Hilfiker @ 243-7047 or [chilfiker@co.livingston.ny.us](mailto:chilfiker@co.livingston.ny.us)



### What happens next?

- Early applicants will get a postcard letting you know the application was received
- Applications received before April 21<sup>st</sup> will receive a letter with the interview schedule
- For applications received after April 21<sup>st</sup>, watch our website for May interview dates



### View a summer employment video

Visit [livingstoncounty.us/youth\\_employment](http://livingstoncounty.us/youth_employment)

Family Size	Yearly Income
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

**Submitting a completed application does not guarantee selection into the program.**

**Livingston County Office of Workforce Development  
Livingston Youth Employment Program (LYEP)**

**List of Documents Required for Eligibility Interview**

Any applicant under 18 years old must have a parent/guardian attend the interview

**Income Documents** – You need to check one of these boxes

You are automatically income eligible if you get **cash assistance, SNAP, Medicaid, HEAP, SSI** or if in **foster care**. Please provide award letter as proof.

**OR**

If you don't have any of the above, you will need proof of all family members income for the past 26 weeks (6 months). That can include:

- Employment – most recent paycheck (stub) with year to date total
- Copy of social security check, award letter, or bank statement showing deposit
- Retirement income statement, check, or bank statement
- Unemployment Insurance – determination letter or payment history print out
- Copy of child support and/or alimony check, a signed note from paying parent that states the total amount or form from Support Collection Unit
- Statement of Self-Employment income showing income and expenses

**AND**

**Identification and citizenship documents** –items below:

<p><b><u>One of the following:</u></b></p> <ul style="list-style-type: none"> <li>○ Birth Certificate</li> <li>○ Driver License or Learner Permit</li> <li>○ Work Permit may also be used if above unavailable</li> </ul>  <p align="center">Or</p>  <p align="center">Or</p> 	<p><b><u>One of the following:</u></b></p> <ul style="list-style-type: none"> <li>○ Birth Certificate</li> <li>○ Passport</li> <li>○ Public Assistance/Food Stamp records</li> </ul>  <p align="center">Or</p>  <p align="center">Or</p> 	<p><b><u>And Signed Social Security Card</u></b></p>  <p><b><u>And a Photo ID</u></b> Driver License, benefit card with photo, school ID <i>current school year</i> (ex. 2013-2014), Sheriff ID, Safe Kids Card</p>  <p><b><u>And Selective Service</u></b> required for males over 18 <a href="http://www.sss.gov">www.sss.gov</a></p>	<p><b><u>And Original Work Permit</u></b> (if under 18) and please note: a new permit will be needed if turning 16</p>  <p><b><u>And Report Card</u></b> most recent</p> 
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# 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.**



# Livingston 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](http://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?
 

<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Assembly and Production	<input type="checkbox"/> Recreation Program
<input type="checkbox"/> Outdoor Maintenance	<input type="checkbox"/> Food Service	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Center for Disabled Adults/Youth
<input type="checkbox"/> Indoor Maintenance	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospitality	<input type="checkbox"/> 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 \_\_\_\_\_



**LIVINGSTON COUNTY  
OFFICE OF WORKFORCE DEVELOPMENT**

Livingston County Government Center  
6 Court Street, Room 105  
Geneseo, NY 14454-1043  
Phone: (585) 243-7047 Fax: (585) 243-7598

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

I/we hereby authorize the release of information to or by the Livingston 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 intervals. 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 the Office of Workforce Development to share information with.

\_\_\_\_\_  
Youth's Name (Please Print)

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If youth is under 18)

\_\_\_\_\_  
Date

**AGENCIES**

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Youth's School District</li><li>• Livingston County Mental Health/SPOA</li><li>• Livingston County Probation</li><li>• Livingston County Youth Advocacy</li><li>• NYS Department of Labor</li><li>• NYS CareerZone</li><li>• Livingston County Dept of Social Services</li><li>• Livingston County Dept of Health</li><li>• Council on Alcohol &amp; Substance Abuse Liv. Co.</li><li>• Literacy Volunteers of Livingston County</li></ul> | <ul style="list-style-type: none"><li>• Genesee Valley Educational Partnership</li><li>• Mobile Mental Health Team</li><li>• Livingston County Sheriff's Office &amp; Jail</li><li>• Livingston County Youth Bureau</li><li>• Catholic Charities of Livingston County</li><li>• Youth's Worksite Supervisor</li><li>• NYS One Stop Operating System Database</li><li>• Noyes Mental Health</li><li>• ACCES VR</li><li>• _____</li></ul> |
|--|---|

**Photo Release**

I give permission for my photo to be taken at work experience, field trips, workshops or in other activities sponsored by the Livingston County Office of Workforce Development as part of the Summer Youth Employment Program or Year Round Youth Program. These photos may be published in the newspaper, posted or used in reports and publications of the department or of the GLOW Workforce Investment Board.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If youth is under 18)

\_\_\_\_\_  
Date

**Livingston County Office of Workforce Development**  
**Health Information and Emergency Release Form**

NAME: \_\_\_\_\_

The above named participant:

\_\_\_\_\_ is NOT currently covered by health insurance.

\_\_\_\_\_ is covered by MEDICAID. # \_\_\_\_\_

\_\_\_\_\_ is currently covered under \_\_\_\_\_ (Health Ins.)

Policy #: \_\_\_\_\_

**Health Information**

If any item below is checked "YES", please explain in the column to the right.	YES	NO	If yes, explain.
a. Are you currently under the care of a physician or other health professional?			
b. Are you currently taking any prescribed medication? If so, what?			
c. Have you been advised to have any surgical procedure or medical treatment?			
d. Have you been hospitalized for a medical or mental health reason within the past 2 years?			
e. Have you received counseling or treatment for drug or alcohol use within the past two years?			
g. Do you have a physical, mental or learning disability?			
h. Do you wear a medical device or orthopedic braces?			
i. Are you allergic to any drugs, medicines, or foods?			
i. Are you have allergic reactions to insect bites or exposure to plants?			
j. FEMALES: Are you Pregnant? If so, provide due date.			
k. Are you able to lift 40 pounds?			
l. Have you had a tetanus shot in the last 10 years?			

	Yes	No		Yes	No
Anemia or Sickle Cell Disease			Deafness or difficulty in hearing		
Blindness or poor eye sight			Epilepsy, seizure, or convulsions		
Serious dental problems			Kidney or urination problem		
High blood pressure			Speech defect (e.g. stuttering)		
Depression or Anxiety			Tuberculosis		
Mental illness			Digestive problems		
Diabetes			Other health problems		

I give permission for my child to be treated for illness/injury sustained in connection with their participation in the Year Round or Summer Youth Employment Program with Livingston County Office of Workforce Development. I also give permission for my child to be transported by a counselor, worksite supervisor, Workforce Development staff member, or ambulance in the event of an emergency.

**In the event an illness or emergency should occur, contact:**

\_\_\_\_\_  
 Mother/Guardian Name

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Business Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Father/Guardian Name

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Business Phone

\_\_\_\_\_  
 Cell Phone

**If a parent/guardian is unable to be reached, contact:**

\_\_\_\_\_  
 Name & Relationship

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Business Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Name & Relationship

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Business Phone

\_\_\_\_\_  
 Cell Phone

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_