



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 1st



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



What happens next?

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



View a summer employment video

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

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

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 _____