

TOMPKINS WORKFORCE
2023 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)
TEEN/YOUNG ADULT APPLICATION

Welcome! Thank you for your interest in the Tompkins Workforce NY Summer Youth Employment Program!

We estimate this application will take 15-20 minutes to complete.

DEADLINE to APPLY - May 28

The information requested on this form is necessary to determine if you are eligible for the Summer Youth Employment Program (SYEP) operated by the Office of Employment and Training with oversight by the Office of Workforce Development and the Youth Oversight Committee of Tompkins County.

This program is funded through Temporary Assistance for Needy Families (TANF), a federal program that requires specific information about applicants. You must fill out the application completely and meet the following guidelines to participate: **Applicants must be residents of Tompkins County, be between 14-20 years of age, and meet income eligibility guidelines.**

******PLEASE CHECK YOUR ELIGIBILITY BEFORE CONTINUING: SEE ELIGIBILITY SHEET ON LAST PAGE**

Your submission does not guarantee your enrollment in the program. All applications will be reviewed by staff for eligibility.

If you are filling out the paper version of this application, please mail to: Office of Employment & Training at Tompkins Workforce NY, 171 E. MLK Jr./State St. , Suite 241, Ithaca, NY 14850 OR contact us to arrange pick-up.

Need help? Please contact (607) 272-7570 ext. 108 if you have questions or need help! Our staff can help you fill out the application by appointment.

PLEASE NOTE: As of this writing, funding for this program is anticipated, but is not guaranteed. Our funding is not received until the late spring, and we cannot guarantee employment to anyone who applies to this program until May or June, when we receive funding.

Rate of Pay: All positions are paid at NYS minimum wage, \$14.20/hour.

YOUTH APPLICANT INFORMATION

1. **Applicant's Legal First Name (matches your ID)**

2. **Applicant's Legal Last Name (matches your ID)**

3. **Preferred Name (How would you like us to address you?)**

4. **Date of Birth (example: 3/5/2005 for March 5, 2005)**

5. **Gender**

- male
- female
- non-binary
- other _____

6. **Pronouns**

- he
- she
- they
- ze
- other _____

7. **Race/Ethnicity: This information is used for statistical reporting purposes only.**

Please check all that apply.

- African American/Black
- Alaskan/American Indian
- Asian
- Hawaiian/Pacific Islander
- Hispanic/Latinx
- Middle Eastern
- White
- other _____

8. Street Address

9. Village/Town/City (Please circle where you live.)

| | | | |
|--------------|----------|----------------|---------------------|
| Brooktondale | Caroline | Cayuga Heights | Danby |
| Dryden | Enfield | Freeville | Groton |
| Ithaca | Lansing | Newfield | Trumansburg/Ulysses |

10. Zip Code

11. Telephone #

12. Email Address

13. How would you prefer to be contacted for follow up? Check all that apply.

- phone call
- text message
- email

14. Are you a United States Citizen?

- Yes (SKIP to Eligibility: Benefits)
- No (COMPLETE Additional Citizenship Information below)

ADDITIONAL CITIZENSHIP INFORMATION

If you are a U.S. Citizen, do not fill out this section. SKIP to Eligibility: Benefits on page 4.

15. If you, the youth applicant, are not a United States Citizen, please specify which Immigration Status applies to you - please list a number between 1-15.

Use this list: https://drive.google.com/file/d/1gJy_QrkQGclUm_mIDljkOctJdL4HFLwi/view?usp=sharing

Immigration Status #: _____

16. What is your Alien Registration Number?

17. What is your date of entry into the United States?

ELIGIBILITY: BENEFITS

18. **Do you and/or your household currently receive benefits under one or more of these programs?**
Please check all the apply or check NONE. If you are not sure, please check with your parent/caregiver.

- Family Assistance/Safety Net
- Medicaid, Fidelis, or Molina
- SNAP - Supplemental Nutrition Assistance Program (also referred to as food stamps)
- HEAP - Home Energy Assistance Program
- SSI - Social Security Insurance
- SSDI - Disability Insurance
- NONE OF THESE -- (COMPLETE Eligibility: Income of Youth and Family Members and Household Size)

If you check "NONE" you must fill out questions 19 and 20 so we can determine if you are qualified to participate.

ELIGIBILITY: INCOME OF YOUTH AND FAMILY MEMBERS

If you responded that you do NOT receive at least one of the public benefits listed, you MUST complete this section.

19. **How many family members live in your household, including yourself?**

*Family members include you, your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in high 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. If you are married, you should include your spouse.

Only include the people who live with you. You should *not* include other family members such as grandparents, uncles, or aunts.

Household Size: _____

REMEMBER TO INCLUDE YOURSELF IN THIS NUMBER.

20. **Please tell us about your household income. Include the gross income (income before taxes and deductions) of each family member who lives with you.**

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 who lives with you.

EXAMPLES:

- Self, \$20,000 total per year - Wages from employer
- Father, \$11,136 total per year - Social Security Benefits
- Step-mother, \$1,200 total per year- Child Support Payment

Household Income: _____

SUMMER JOB TRAINING INTERESTS

21. **Where do you prefer to work this summer?** (Please circle your selections)

SYEP workers are responsible for their own transportation to work. Please consider **only** work locations that you know you can reliably get to and get back home from.

| | | | |
|--------------|----------|---------------------------|---------------------|
| Brooktondale | Caroline | City of Ithaca / Downtown | Danby |
| Dryden | Enfield | Freeville | Groton |
| Lansing | Newfield | Trumansburg /Ulysses | SUNY Cortland (LPP) |

I will be working at my residential center this summer

22. **What types of jobs are you interested in for this summer?** *Please check ALL that interest you.*
You will be able to choose specific jobs during your application review meeting with SYEP staff.

- Agriculture (farming, gardening, tending livestock)
- Childcare (camp counselor, daycare)
- Customer Service
- Education
- Food Service (cooking, dishwashing, waiter/waitress, catering)
- Hospitality (hotels, event planning)
- Human Services (community support, activism)
- Library Sciences
- Maintenance (repairs, landscaping, building)
- Manufacturing (factories and packing)
- Office/Administration
- Retail
- Not sure

23. **What kinds of work/tasks do you enjoy?**

- hands-on
- social
- math and numbers
- creativity and arts
- helping others
- outdoors and nature
- writing and typing
- organizing
- public speaking
- using technology

ADDITIONAL INFORMATION ABOUT YOUTH APPLICANT

We collect this information in order to better serve you and to see if you may be eligible for additional services/programs through the Office of Employment and Training at Tompkins Workforce NY. The information you provide in this section will not be shared with your Worksite.

24. **Are you currently enrolled in school?** This can be middle school, high school, or college.

- Yes
 No

25. **Highest Grade Completed (as of July 1, 2023). If you left high school before graduating, please choose the last grade you completed.** Please circle your selection.

7th 8th 9th 10th 11th 12th

26. **What school do you attend? Leave blank if you are not enrolled in school.**

27. **Which of the following technology tools do you have available to you daily?**

Please check all that apply.

- desktop / laptop computer
 tablet
 smartphone
 high speed internet
 webcam/camera (on computer)

28. **Have you been involved with the juvenile delinquency or criminal justice system?**

This could include having an arrest record, being on parole or probation, PINS, and having participated in court-required community service.

- Yes
 No
 Not sure

29. **Do you or did you have an IEP at school?**

- Yes
 No
 Not sure

30. **Do you have a disability?**

For example, disability can be physical (deaf, wheelchair user), learning (ADD/ADHD, dyslexia), autism spectrum/ASD, mental health (depression, anxiety), medical (diabetes, chronic pain, seizure disorder), and more. **We do not require a doctor's note or proof of diagnosis.**

- Yes
 No
 Not sure

31. Are you experiencing housing insecurity?

This could mean that you are sleeping on someone else's couch or that you are staying at a shelter.

- No, I am not
- Yes, I am

32. Are you currently or have you ever been in foster care?

- No
- Yes

33. Please let us know about any support you may need to be successful in our employment program.

34. Is there a specific business or organization where you would like to work this summer? (We cannot promise work placements during the application process)

COVID-19 VACCINATION STATUS

35. It is NOT required that you be vaccinated against COVID-19 to participate in SYEP. However, some of the worksites we partner with DO require staff to be vaccinated. With that in mind, please let us know if you will be fully vaccinated and/or boosted by June 1, 2023.

You have the right to decline to answer (option 4).

- No, I will not be fully vaccinated by June 1, 2023. I understand that I cannot work at sites that require vaccination proof unless I provide a medical or religious exemption.
- Yes, I will be fully vaccinated, but will *not* have received a booster shot by June 1, 2023 and can provide proof if requested. I understand that I will not be able to work at worksites that require booster shots. I give permission to SYEP staff to share this information with my worksite if my worksite requires proof.
- Yes, I will be fully vaccinated *and* have received a booster against COVID-19 by June 1, 2023 and can provide proof if requested. I give permission to SYEP staff to share this information with my worksite if my worksite requires proof.
- I'm refusing to answer this question. I understand I cannot work at sites that require vaccination proof unless I provide a medical or religious exemption.

WORKING PAPERS - PLEASE READ!

If you will be between the ages of 14 and 17 when you start working, you need Working Papers. Our staff will collect your original work permit and keep it in your file while you work through SYEP.

If you are 15 years old when SYEP begins, but turn 16 during the summer, you will have to get a new work permit for 16–17-year-olds on your birthday.

Please reach out to your guidance counselor/student services ASAP if you do not have a Work Permit. If you are ages 14-17, you may not work until our staff has your original Work Permit on file.

- A current physical examination (within the previous 12 months) is required to issue a work permit.
- You and your parent/guardian must fill out form AT-17 and submit to staff at your school's office: <https://fill.io/AT17-0320Fillable-AT-17-Application-for-Employment-Certificate>

You do not have to have your work permit to apply, but SYEP staff must receive it BEFORE you can work.

36. Do you have current working papers? There are two types of working papers, one for 14-15 year olds and one for 16-17 year olds.

- Yes
- No
- I am 18-20 - I don't need working papers

37. In order to work, all participants must provide the following documents:

- **Photo ID** - school ID, learner's permit, driver's license or other photo ID

AND

- **Proof of right to legally work in the United States** - common documents are Social Security Card, U.S. birth certificate, Certificate of Citizenship, Permanent Resident Card (Green Card), or I-94

**A current U.S. Passport fulfills both the photo ID and proof of right to work requirements.

Please tell us below which documents you can provide to our staff at your application review meeting in May or June. If you are not sure, please write "not sure" and we can refer you to assistance.

AUTHORIZATION AND RELEASE OF INFORMATION

Please read. Your written full legal name act as confirmation that you read and agree with the following.

Youth/Parent/Guardian Authorization:

I understand that intentionally providing false information in the application for participation is grounds for rejection of the application.

I understand that if I disagree with any decisions made regarding my / my child's eligibility for SYEP program services, I may have my / my child's certification reviewed by a person at a level above the person who made the first decision.

Proof of Information Provided in this Application:

The individual signing this application may be asked to prove any or all of your statements. If SYEP asks you to do this, we will tell you how to prove your statements.

The SYEP staff will request to see your Social Security card during your virtual interview or in person. Any person applying for or receiving federal TANF services must provide their 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). SYEP 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.

In addition to showing proof of required documents, you may be required to provide proof of household income.

Release of Information:

I/we give Tompkins Workforce New York's SYEP Staff permission to communicate with schools and other agencies including DSS, as needed, to verify program eligibility and to provide the appropriate support services for me/my child.

By writing my/our names, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and I am willing to cooperate with any efforts to verify the information provided.

38. Youth Applicant Name

39. Parent/Guardian Name (only required for applicants ages 14-17)

40. DSS Commissioner Name (for youths in foster care)

41. Today's Date

2023 Tompkins County Summer Youth Employment Program (SYEP)

3 Eligibility Guidelines for Teens & Young Adults

1. Be between the ages of 14-20 on June 1, 2023
2. Reside in Tompkins County
3. Be income-eligible*

*Who is income eligible?

A youth who is in foster care OR receives any one of these benefits is automatically income-eligible for SYEP: Medicaid, Family Assistance/Safety Net, SSI, Disability Insurance, SNAP (food stamps) or HEAP. Please note this on your application. You do not have to provide your household income.

If a youth is **not** in foster care/does **not** receive any of these benefits, they may still be eligible based on their household income. Please check the chart below. You will list your household members and their incomes on your application.

| Household Size | Maximum Monthly Income | Maximum Yearly Income |
|----------------|------------------------|-----------------------|
| 1 | \$ 2,430 | \$ 29,160 |
| 2 | \$ 3,287 | \$ 39,440 |
| 3 | \$ 4,143 | \$ 49,720 |
| 4 | \$ 5,000 | \$ 60,000 |
| 5 | \$ 5,857 | \$ 70,280 |
| 6 | \$ 6,713 | \$ 80,560 |
| 7 | \$ 7,570 | \$ 90,840 |
| 8 | \$ 8,427 | \$ 101,120 |

*Calculating income: 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. Count all 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. Youths will be asked to record their income and the income of family members on the application.*