



Anne Bradner,
Executive Director

TANF Youth Employment Application

Please **write clearly in blue or black ink**. If we cannot read your application, you will not receive any emails/phone calls informing you of the next steps. Submitting your application is only step one of the employment process. You must be 14 - 20 years old and a year-round resident of Westchester County. **Income Guidelines apply (See Eligibility Chart Below)**

2023-2024 TANF Income Guidelines

Family Size	Annual Income	Monthly Income	Biweekly Income	Weekly Income
1	\$29,160	\$2,430	\$1,121	\$561
2	\$39,440	\$3,287	\$1,517	\$759
3	\$49,720	\$4,143	\$1,912	\$956
4	\$60,000	\$5,000	\$2,308	\$1,154
5	\$70,280	\$5,857	\$2,704	\$1,352
6	\$80,560	\$6,713	\$3,099	\$1,550
7	\$90,840	\$7,570	\$3,494	\$1,748

Working Papers (Work Permit)

All youth who would like to work must submit a work permit. Work Permits are given out through the Port Chester School District.

- 14 -15 years old must have a **BLUE** card
- 16 -17 years old must have a **GREEN** card
- 18 & older **DO NOT** need a work permit

Submitting Your Job Application:

Completed applications with resume, proof of income and copy of working papers (if applicable) can be submitted at the Carver Center, located at 400 Westchester Avenue, Port Chester, NY 10573 in-person, Mon – Fri, 9:30 am – 5:30 pm **OR** can be mailed to P.O. Box 429, Port Chester, NY 10573 Attn: Karina Lehan.

Job readiness is now available for students who need assistance creating resumes and filling out job applications. Appointment is required by calling 914-305-6024. Youth employment will run until June. You will only be paid for the period you worked. Please keep in mind there will be different start dates for different job sites.

Job Notification: Please note, **upon receiving a job** we will require that additional forms be completed and brought in with you during your **orientation**. You will be unable to start working without these documents submitted.

- Birth Certificate
- Social Security Card
- Working Papers (original kept on file & returned on last check)
- Proof of Residence (email from school, report card, W-2 form, pay stub, utility bill)
- Picture ID of youth and **all household members** (High School ID, Driver’s License, Non-Driver ID Card, Alien Registration Receipt Card, Green Card and/or Passport)
- Direct deposit form from your bank, from the youth that is applying account information and a voided check.

FOR OFFICIAL USE ONLY

Proof of Work Permit Yes No

Date: _____ Initialed by: _____

Potential Referral Yes No

Date: _____ Initialed by: _____



Application for Employment

We are an equal opportunity employer. Employment is based on personal capabilities and qualifications without regard to race, color, national origin, sex, age, marital status, sexual orientation, religion, disability that does not prohibit performance of essential job functions, familial status, military status, domestic violence victim status, predisposing genetic characteristics, or any other characteristic protected by federal, state or local law.

If you require assistance completing the application, during the interview or any other time, please inform a company representative.

Instructions: Please PRINT the information requested on the following pages, making sure your entries are complete and legible.

Today's Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Telephone

E-mail Address

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied for: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Have you ever been employed with us? Yes () No ()

3. List any relatives who are presently (or have formerly been) employed by us.

4. How were you referred to us? _____

5. Have you ever been convicted of a felony or a misdemeanor? Yes () No ()

6. If yes, please describe the nature of the felony to help us evaluate the job-relatedness of the crime: _____

*** Conviction will not necessarily disqualify a candidate from employment.**

7. Are you a U.S. citizen or an alien with the legal right to work in the job for which you are applying? Yes () No ()

8. If under the age of 18, do you have a work permit? Yes () No ()

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Post-Bachelors _____		
Other _____		

Do you have an NYS Certification? Yes () No ()

III. Employment History - *Please include all employment for the last five years.*

1. _____
Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed: _____
From To

Manager / Supervisor Telephone

Reason for Leaving

2. _____
Company Name Position Held

Address Dates Employed: _____
From To

Manager / Supervisor Telephone

Reason for Leaving

3. _____
Company Name Position Held

Address Dates Employed: _____
From To

Manager / Supervisor Telephone

Reason for Leaving

Please explain all periods of unemployment and gaps in employment.

NOTE: *Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:*

Employer's Name

Reason

Employer's Name

Reason

IV. Work Availability – *After School Program applicants may skip questions 2 - 6.*

1. If your application receives favorable consideration, when will you be available to begin work? _____
2. Do you have any objection to working extended hours (overtime)? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

V. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VI. Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

VII. References - *Provide professional references below. Please do not include relatives.*

1.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	E-mail Address	
	_____	_____
	Company	Title
2.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	E-mail Address	
	_____	_____
	Company	Title
3.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	E-mail Address	
	_____	_____
	Company	Title

Acknowledgement

By signing below, I affirm that I have read and fully understand the questions asked in this application. I certify that the answers given by me are true and accurate. I understand that the omission or misrepresentation of any information on this application or during any interview will be cause for immediate dismissal.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If hired, I agree to abide by all rules and regulations and understand that if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the firm or me. I further understand that no representation, whether oral or written, by any representative or agent of the firm, at any time shall constitute a contract of employment. I understand that the firm and its representatives and agents shall have the maximum discretion permitted by law to administer, interpret, modify, or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Signature of Applicant

Date

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.

SECTION FIVE TANF Youth Services Application Review Form

CERTIFICATION ITEM	Yes	No																																												
1. Is the applicant a New York State resident?																																														
2. Is the applicant under 21 years of age?																																														
3. Is the applicant for services either a United States citizen or a qualified non-citizen? Note: Documentation of non-citizen status is required.																																														
4. Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income considered.] <input type="checkbox"/> Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, SNAP, HEAP or SSI? <p style="text-align: center;">OR</p> <input type="checkbox"/> Income test is met based on a calculation of combined gross income for applicant's family size. Worksheet - Calculation of Current Gross Income (convert all income to annual income)																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Source</th> <th style="width: 20%; text-align: center;"><u>Yearly</u></th> <th style="width: 20%; text-align: center;"><u>Monthly</u> (x12=yearly)</th> <th style="width: 20%; text-align: center;"><u>Weekly</u> (x 52=yearly) (x4.333=monthly)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> <tr><td colspan="4">a. Total gross income is: \$ _____ per year.</td></tr> <tr><td colspan="4">b. Subtract child support payments made \$ _____ per year.</td></tr> <tr><td colspan="4">c. Net gross income for 200% test is: \$ _____ per year. <small>(Time period must be the same for a, b, and c)</small></td></tr> <tr><td colspan="4">d. Total family size is _____.</td></tr> <tr><td colspan="4">Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</td></tr> </tbody> </table>	Source	<u>Yearly</u>	<u>Monthly</u> (x12=yearly)	<u>Weekly</u> (x 52=yearly) (x4.333=monthly)	1.				2.				3.				4.				5.				a. Total gross income is: \$ _____ per year.				b. Subtract child support payments made \$ _____ per year.				c. Net gross income for 200% test is: \$ _____ per year. <small>(Time period must be the same for a, b, and c)</small>				d. Total family size is _____.				Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.					
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5. If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form? Please note: The DSS Commissioner or his or her designee must sign for a child in foster care.																																														

Current Income – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

or

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

Gross Income includes: Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker's compensation; Supplemental Security Income (SSI); child supports payments received; alimony received; interest payments; other recurring income that is not excluded below.

Excluded Income: Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

Certification Decision

- The applicant is certified for TANF Services.** All Items on page 3, must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):**
 - The applicant is not a resident of New York State.
 - The applicant is not under 21 years of age.
 - The applicant is not a U.S. citizen or a qualified non-citizen.
 - The income of the family members is above 200% of poverty
 - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.) Specify reason below.

Signature of reviewer: _____ **Date** _____

Agency/Organization: _____

Second Level Review

- ◆ Complete this section only if the person certifying requests the review.
- ◆ The review must be done by someone at a higher level than the person originally doing the review.

The results of the second level review were:

- Agreed with the original decision.
- Disagreed with the original decision for the following reason(s): _____

The result of the second level review is that:

- The applicant for services is certified to receive TANF Services.
- The applicant for services is not certified to receive TANF Services.

Signature of reviewer: _____ **Date:** _____

Agency/Organization: _____

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or I-551: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or I-571: Refugee Travel Document or I-688B: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or I-766: Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p>I-94: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or I-94 stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or I-551: stamped "CU6, CU7, or CH6" or Temporary I-551 stamp in foreign passport. or USCIS notice or letter indicating ongoing exclusion or deportation proceedings or A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p>I-94: stamped "Granted asylum under Section 208 of the INA" or I-551: Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or I-766: Employment Authorization Document annotated "(a5)" or Grant letter from USCIS Asylum Office or Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p>I-94: stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS or I-551: stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or Temporary I-551 stamp in foreign passport or I-571: Refugee Travel Document or Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p>I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or I-766: Employment Authorization Document annotated "(a10)" or Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or INS I-551: Stamped "RE5, RE6, RE7, RE8, or RE9" or Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and Documents to show lawfully residing in the US Divorced spouses do not qualify</p>
7. Lawfully Admitted For Permanent Residence (LPR) <u>without</u> 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p>I-551: (Permanent Resident Card) or Temporary I-551 stamp in foreign passport or on I-94. or I-327 (Re-entry Permit) or I-181: Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (Form DD-214) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children	Status Granted	Military Identification Card (<u>DD Form 2</u>) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. Conditional Entrant (status granted to refugees before 1980)	Entry	I-94 with stamp showing admitted under Section 203(a)(7) of INA or I-688B (Employment Authorization Card) annotated "274a.12(a)(3)" or I-766 (Employment Authorization Document) annotated "(a1)" or "(a3)
11. A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); or INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. Victim of Human Trafficking	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or I-94 Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-94 with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or I-688E annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or I-766 annotated "C11" or A4, and I-94 indicating admitted for at least one year
14. North American Indian born in Canada	NA	I-551 : (Permanent Resident Card): stamped "S1-3" , temporary I-551 stamp in a Canadian passport or I-94 : stamped "S1-3" or Tribal document certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. Member of federally recognized tribe born outside U.S.	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act

WESTCHESTER-PUTNAM WORKFORCE DEVELOPMENT AREA

INCOME WORKSHEET

YOUTH PROGRAMS

Youth's Name: _____

(Eligibility Determination Period: From: _____ To: _____)

Name	Age	Relationship	Source of income	Total

Most recent pay stub or employer statement _____ =

X 52 weeks

Annualized Income = _____

Total in Family _____