



Anne Bradner,
Executive Director

Name: _____

Age: _____ Grade: _____

TANF Summer 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)**

2024-2025 TANF Income Guidelines

Family Size	Annual Income	Monthly Income	Biweekly Income	Weekly Income
1	\$30,120	\$2,510	\$1,158	\$579
2	\$40,880	\$3,407	\$1,572	\$786
3	\$51,640	\$4,303	\$1,986	\$993
4	\$62,400	\$5,200	\$2,400	\$1,200
5	\$73,160	\$6,097	\$2,813	\$1,406
6	\$83,920	\$6,993	\$3,227	\$1,613
7	\$94,680	\$7,890	\$3,641	\$1,820

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: Summer Youth Employment Program

Job readiness is now available for students who need assistance creating resumes and filling out job applications. Appointment is required by calling 914-305-6035. Summer employment runs for six consecutive weeks. You will only be paid for the period you worked. There will be different start dates for different job sites. However, once you start working, that is when YOUR six weeks start.

For Parent/Guardian:

If you are traveling this summer, please provide the dates below.

Dates for Vacation: _____

Parent/Guardian Signature: _____

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, if applicable (original kept on file & returned on last check)
- Proof of Income for Household
- 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)

Please complete and return the application on or before FRIDAY, JUNE 7TH, 2024.
ONLY THOSE CANDIDATES THAT HAVE RETURNED ALL REQUIRED DOCUMENTS WILL BE INTERVIEWED.

FOR OFFICIAL USE ONLY

Proof of Work Permit: Yes No

Date Received: _____ Initialed by: _____

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.

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 ()

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