



# ROCKLAND COUNTY YOUTH BUREAU 2022 YOUTH EMPLOYMENT PROGRAM APPLICATION

The Rockland County Youth Bureau is pleased to announce that the Rockland County Youth Employment Program – T.E.E.N. Works (*Teen Employment Education Network*) is now accepting applications for the 2022 summer program. This program is funded by the County of Rockland and is designed to provide eligible youth with a meaningful workforce training. This 4-week program will offer pre-employment training to teens and young adults between the ages of 14 and 20 to strengthen their ability to become self-sufficient and responsible. The program may also provide a paid job placement pending a successful final assessment of the participant. The program will operate Monday, Tuesday, Wednesday, and Thursday from 9:30-3:00 p.m. The program will begin on Tuesday, July 5, 2022, and conclude on Thursday, July 28, 2022. At completion of the program, participants will see themselves as respected, successful, contributing members of the workforce with strong goals for their future.

## **APPLICATIONS MUST BE FILLED OUT BY THE APPLICANT**

Applications for T.E.E.N. WORKS are due to the Rockland County Youth Bureau **NO LATER** than Monday June 13, 2022.

### Eligibility Requirements:

1. Rockland County youth ages 14-20 are eligible for the program if they meet one or more of the following criteria:
  - a. Foster Care Youth
  - b. Aging Out of Foster Care Youth
  - c. PINS (Persons In Need of Supervision)
  - d. Justice Involved Youth
  - e. Out of School Youth (under 21 without a diploma)
  - f. A teenager who is a parent
  - g. Income Eligible:
    - i. Public Assistance
    - ii. Food Stamps
    - iii. Medicaid
    - iv. HEAP (Home Energy Assistance Program)
    - v. Social Security Income
    - vi. Meet Income Standards (see page 3)

**\*\*Social Security Income must be in applicant's name\*\***

2. Supporting documents (working papers, birth certificates, etc.) must be attached to the application. Applications are considered incomplete if documentation is not attached, application is unsigned, and/or it is not submitted by the deadline. **Incomplete applications will not be processed for the program.**
3. Complete and make a copy of the entire application for your personal records.
  - a. Applicant and Parent/Guardian signature required. (*page 5*)
  - b. TANF Form - Parent/Guardian signature required. (*pages 6-7*)
  - c. Release of Information - Parent/Guardian signature required. (*page 8*)
  - d. School Administrator Form - Must have original signature of School Administrator and be submitted with application. (*page 8*)
4. The applicant will be contacted by Youth Bureau staff to schedule an interview at the Rockland County Youth Bureau Office: 50 Sanatorium Road, Building A, 7<sup>th</sup> Floor, Pomona, NY. Following the interview, applicants will be notified by letter of their acceptance or non-acceptance into the program.
5. Parent/Guardian, **along with participant**, are required to attend the orientation. (**Date to be determined**)



**Application must be completed by the Applicant!**

**We will not accept any applications that are filled out by someone other than the applicant**

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**CHECKLIST FOR SUBMISSION OF YOUTH EMPLOYMENT PROGRAM APPLICATION**

**\*\*Please be sure that the checklist is complete before submitting the application to the Youth Bureau\*\***

**PROOF OF ELIGIBILITY TO WORK:** Copy of Working Papers - If you have not reached your 18th birthday, you must obtain working papers (*Your school will assist you in obtaining these papers*). Be sure to attach a copy of your GREEN or BLUE WORKING CARD, **not the application for permission to work that you hand in to your school.**

How to Obtain Working Papers

- Applicant must obtain an application for working papers from their **Guidance Counselor**.
- If applicant is up to date with their physical, meaning they have had a physical within the past year, they can bring the working paper application to the school nurse to sign. After the nurse signs the application, the applicant must then bring the working paper application back to the Guidance Counselor who will issue the working papers.
- If school nurse does not have the up to date physical, the applicant must attach a copy of their most recent physical from the doctor to the completed working papers application and submit to Guidance Counselor.

**PROOF OF AGE:** Copy of Birth Certificate or U.S. Passport

**PROOF OF CITIZENSHIP/ALIEN STATUS:**

- A. If you are a US Citizen:
  - Copy of Social Security Card
- B. If you are not a US Citizen:
  - Resident Alien Work Card
  - Copy of Social Security Card

**TANF FORM:** Must be completed and signed by Parent/Guardian, if under 18 years of age or applicant, if over 18 years of age.

**SCHOOL ADMINISTRATOR FORM:** All applicants must submit this form, completed and signed by your school administrator. (Guidance Counselor, School Psychologist, Asst. Principal or Principal). **If the applicant has an IEP, the IEP and Psychological Evaluation must be attached. The application will not be processed without it.**

Please refer to the income guidelines listed below when determining eligibility for the program.

Income Guidelines				
Family Size	Annual Income	Monthly Income	Bi-Weekly Income	Weekly Income
1	\$25,760	\$2,146	\$990	\$495
2	\$34,840	\$2,903	\$1,340	\$669
3	\$43,920	\$3,660	\$1,689	\$844
4	\$53,000	\$4,416	\$2,038	\$1,019
5	\$62,080	\$5,173	\$2,388	\$1,193
6	\$71,160	\$5,930	\$2,737	\$1,368
7	\$80,240	\$6,686	\$3,086	\$1,542
8	\$89,320	\$7,443	\$3,436	\$1,717
	For family units with more than eight members, add			
	\$9,080	\$756	\$349	\$174

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## Personal Data

Who referred you to the program?

REFERRAL NAME \_\_\_\_\_ ORGANIZATION \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

REFERRAL EMAIL \_\_\_\_\_

1a. APPLICANT NAME AND HOME ADDRESS

1b. MAILING ADDRESS (if different from Home Address)

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Street Address                      Apt. #

\_\_\_\_\_  
Street Address                      Apt. #

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

2. Parent/Guardian's Name	3. Parent/Guardian cell Phone	4. Parent Guardian Home Phone

PARENT/GUARDIAN EMAIL \_\_\_\_\_

5. Applicant Cell Phone

6. Applicant email address

\_\_\_\_\_

7. Date of Birth

8. Age

9. Gender

10. Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo.    Day    Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

## Education & Language

1. Please check all that apply

I am still attending Middle School

I am still attending High School

I have completed high school or received my GED

Out of School Youth

Attending College

2. Name of your home school (North Rockland, Spring Valley, etc.):

3. Other schools you attend (B.O.C.E.S., etc):

\_\_\_\_\_

\_\_\_\_\_

4. Grade that you are presently in:    7    8    9    10    11    12    (Please Circle)

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**Education & Language Continued**

5. What school are you released from at the end of the day? \_\_\_\_\_ 6. What is your dismissal time? \_\_\_\_\_

7. Do you speak a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what language(s) do you:

Speak \_\_\_\_\_  
(Please write language you Speak)

Read \_\_\_\_\_  
(Please write language you Read)

Write \_\_\_\_\_  
(Please write language you Write)

**Eligibility**

1. Are you presently

- \_\_\_\_\_ In Foster Care
- \_\_\_\_\_ Transitioning out of Foster Care
- \_\_\_\_\_ PINS
- \_\_\_\_\_ A teenager who is a parent
- \_\_\_\_\_ Probation

- \_\_\_\_\_ Residing in a group home
- \_\_\_\_\_ Homeless
- \_\_\_\_\_ In the Partnership for Safe Youth
- \_\_\_\_\_ CPS

If PINS, please provide the name and contact information of your Caseworker:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

If on probation, please provide the name and contact information of your probation officer:

2. Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

3. I am currently receiving:

- |                         |              |                              |              |
|-------------------------|--------------|------------------------------|--------------|
| _____ Public Assistance | Case # _____ | _____ Medicaid               | Case # _____ |
| _____ Food Stamps       | Case # _____ | _____ Social Security Income |              |
| _____ HEAP              | Case # _____ |                              |              |

4. Have you ever been convicted of a criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, please explain below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Data**

Please check one:

- \_\_\_ I am currently employed full-time    Where? \_\_\_\_\_    How Long? \_\_\_\_\_
- \_\_\_ I am currently employed part-time    Where? \_\_\_\_\_    How Long? \_\_\_\_\_
- \_\_\_ I am not currently employed

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1. Have you ever held a job? \_\_\_ Yes \_\_\_ No Where? \_\_\_\_\_ How long? \_\_\_\_\_

Reason you are no longer employed there \_\_\_\_\_

**Other**

1. Please provide emergency contact information:

a) Name: \_\_\_\_\_

b) Relationship: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

Ethnicity:

\_\_\_ White, non-Hispanic

\_\_\_ Black, non-Hispanic

\_\_\_ Hispanic

\_\_\_ American Indian or Alaskan Native

\_\_\_ Asian or Pacific Islander

\_\_\_ Other

2. In the space provided, please explain why you would like to participate in the Youth Employment Program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature below indicates that I have been informed of & understand the eligibility requirements listed on this application and certify that all information is true & correct and subject to verification. I understand that falsification is grounds for termination from the program and may result in action to recover any monies paid while participating in the program. Furthermore, falsification of any information provided on this form, is a criminal offense subject to penalty. I authorize the disclosure of this information to other agencies. In addition, I authorize Rockland County or its assigns to obtain information concerning this application. I understand that my identity will be kept confidential to the maximum extent possible. I understand that as part of the program I am consenting to having my child photographed/videotaped.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
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.**

# Parent/Guardian Consent for School Administrator Form

## Release of Information

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I hereby agree to permit the release of information  
(Individualized Education Plan-I.E.P, Psychological Assessments, etc.) from:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

To the Rockland County Youth Bureau for the purpose of workforce preparation training and placement services.

\_\_\_\_\_  
Signature of Applicant  
(Parent/Guardian signature required if under 18 years of age)

\_\_\_\_\_  
Date

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## SCHOOL ADMINISTRATOR FORM

*(MUST be completed by Guidance Counselor, School Psychologist, Social Worker, Asst. Principal, OR Principal)*

This document verifies that the young person applying to the Rockland County Youth Bureau TEEN Works Program meets the following application requirements:

A. The applicant \_\_\_\_\_ is \_\_\_\_\_ years of age. D.O.B. \_\_\_\_\_

F. The applicant attends school at: \_\_\_\_\_

H. The applicant has an Individualized Education Program (I.E.P.). YES / NO (circle)

a. **A full copy of the most recent I.E.P. is attached** YES / NO (circle)  
(Application will not be accepted without the I.E.P.)

b. **A copy of most recent psychological.** YES / NO (circle)  
(Application will not be accepted without the psychological evaluation)

**Authorization Signature:**

Name of School Administrator (*Please Print*) \_\_\_\_\_ Title \_\_\_\_\_

Original Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

Name of School \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_