



Finger Lakes Works Youth Program Application

Thank you for your interest in the Youth Employment Program. Please provide the following documents with your application so we can determine if you are eligible.

- _____ Birth Certificate
- _____ Social Security Card
- _____ Proof of address (such as driver's license or envelope mailed to you at your address)
- _____ Photo ID
- _____ Original Work Permit if under 18 (no copies please must be green, blue or orange)
- _____ Report card if in school, or High School Diploma/HSE (aka GED) if graduated.
- _____ Selective Service Registration Acknowledgment Letter (for males 18 or over).

AND

- _____ My Family qualifies because we receive:
 - _____ SNAP Benefits (formerly Food Stamps)
 - _____ Public Assistance (Family Assistance or Safety Net)
 - _____ SSI (Supplemental Security Income)
 - _____ Medicaid
 - _____ HEAP

OR

_____ My Family income meets the following requirements and **financial documentation** has been provided:

Family Size	Income
1	25,520
2	34,480
3	43,440
4	52,400
5	61,360
Each Additional Member	8,960

Please return this application and documentation as soon as possible to our office or your school guidance office so we can review it. If you are not yet 18 years of age, please make sure your parent or guardian also signs in all necessary places. We will contact you if you are missing important verification information. You will be contacted for an interview if/when all paperwork is completed and returned to our office.

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.
- No**, complete Item B, on next page

FAMILY ASSISTANCE/
SAFETY NET
SSI

SUPPLEMENTAL NUTRITION
MEDICAID

ASSISTANCE PROGRAM (SNAP)

HEAP

LDSS-4770 (Rev. 2/16) TANF Services Eligible Statuses and Proof

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.

Youth Program Addendum
Youth Program Addendum

1. If you are currently attending any type of school or classes, including TASC (formerly GED), please complete the following:

Name/Location of School: _____

Name of Guidance Counselor or Instructor: _____

Grade Completing in June 2021: None 1 2 3 4 5 6 7 8 9 10 11 12

Disabled with Certificate/IEP TASC (aka GED) HS Graduate

If you are attending a secondary, vocational, technical or academic school full-time or if you are between terms, do you intend to return to school? Yes No

2. Are you currently or have you previously been in foster care? Yes No

3. Are you currently disabled? Yes No (Note: ADD and ADHD are disabilities)

4. Are you a custodial or non-custodial parent (do you have children of your own)? Yes No

5. **Work History:** If you have job experience, please put as much information in this section as possible.

Job Title _____		Employer _____	
Address _____		Wage _____ per hr/wk/mo/yr/other	
City _____		State _____ *Country, if not US _____	
Start Date ____/____/____		End Date ____/____/____	
Supervisor _____		Phone # () _____ - _____	
Job Title _____		Reason for Leaving _____	
Job Duties: _____			

Job Title _____		*Employer _____	
Address _____		Wage _____ per hr/wk/mo/yr/other	
City _____		State _____ Country, if not US _____	
Start Date ____/____/____		*End Date ____/____/____	
Supervisor _____		Phone # () _____ - _____	
Job Title: _____		Reason for Leaving _____	
Job Duties: _____			

6. In what towns or villages can you work? _____

7. What is your career interest? _____

8. Please indicate the type of work you would be willing to do. Please circle **at least** two or more.

Child Care	Office/Clerical	Food Service
Work with Elderly	Landscaping	Work with Computers
Library	Recreation Aide	Cleaning
Factory	Farm work	Retail / Customer Service
Nursing Home Aide	Building Maintenance	Laundry/Housekeeping Aide
Work with Animals	Outdoor Work	
Developmental Disabilities Aide (group homes)	Other: _____	

9. Do you have a driver's license? Yes No If No, do you have a permit? Yes No

10. How will you get to work? Walk Drive Family will drive Bus Other _____

11. Do you have any plans that will prevent you from working at certain times? Yes No

If yes, circle the item that applies: *Summer school* *Vacation* *Sports* *Other*

Dates: _____

12. Do you have weekly appointments that may limit your work schedule (Probation, counseling, court, etc.)? Yes No If yes, what and when _____

13. Do you have any health problems that will limit your ability to perform certain jobs?

Yes No If yes, please explain: _____

14. Computer Skills: Internet MS Word MS Excel MS PowerPoint MS Publisher WPM _____

16. Why do you want to work? _____

17. Did you participate in this program last year? Yes No

If yes, would you like to return to the same worksite? Yes No

*If you have participated in our program before and want to do a certain type of work or work for certain companies, please list the information here and we will try to get you a placement there.

18. Additional comments: _____

Emergency Contacts

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other: _____

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other: _____

Upon Completion of this application, please return to your Workforce Development office:

Ontario County Workforce Development:

3010 County Complex Dr., Canandaigua, NY 14424

585-396-4027

83 Seneca St., Geneva, NY 14456

315-789-1767

Finger Lakes Works Youth Employment Program

PHOTO RELEASE FORM

I, _____, authorize the Finger Lakes Works, Ontario County to record and use still photographs, video recordings and audio recordings of me for the Youth Employment Program.

Finger Lakes Works hereby has the right to use my name and county that I live in, and to use and modify photographs and any recordings of me for promotional purposes. I understand that I may be a part of promotional content in presentations, on the World Wide Web, on television, in brochures, and other mediums and that I may not receive monetary compensation.

The photographers, producers, county employees, Finger Lakes Works, and others involved in authorized productions are not liable for any issues of claims arising from use.

_____	_____	____/____/____
Name (print)	Signature	Date
_____	_____	____/____/____
Parent/Guardian name (print) if under 18	Signature	Date

FIELD TRIP / TRANSPORTATION PERMISSION SLIP

In order that the following youth, _____, may receive the employment and educational benefits derived from the attendance on all field trips, I hereby consent to his/her attendance under such conditions as may be prescribed by the program.

I understand that if the place to be visited is beyond walking distance, the youth will be transported by a staff member of the program or public transportation.

I give permission for my son/daughter/ward to be transported in a motor vehicle by a Finger Lakes Works Program staff member to Workshops, Orientations, Interviews and Other Program related appointments as necessary. My signature below authorizes the youth to participate in all field trips and be transported to and from these events.

_____	_____	____/____/____
Parent/Guardian (print)	Signature	Date

Instructions for Completing Ontario County Multi-Agency Release of Information

This release has been designed to allow you to obtain information from multiple agencies while complying with various laws and regulations governing the release of confidential records. It must be filled out completely and properly or the agency receiving it may consider it invalid.

1. Print full name of person signing the release.
2. Print name of agency requesting information.
3. Print name of employee/caseworker/therapist primarily interested in the information.
4. Check box labeled as “[] myself” if you are seeking information about the adult signing the release.
5. Check box labeled as “[] my child” and insert FULL name and birth date of child about whom you are seeking information.
6. Check boxes and/or fill in blanks for persons and agencies from which you want to obtain and share information.
7. Choose the type of information you are seeking or insert a specific description at “Other” and have the person signing the release initial each category. As an example, if you are seeking information about a child’s academic performance, insert the name of the school above and at “Other” write in *“grades and academic standing.”*
8. Specify the reason you want the information either by choosing one of the categories or filling in the reason after “Other”. Have the person signing the release initial the chosen categories.
9. You cannot share the information obtained with other persons or agencies unless those persons or agencies are specified in the release. Insert the names or a description of the other persons or agencies with which you want to further disclose the information. Example: If you are a DSS caseworker and the information is relevant to a matter that has been in or is going to Family Court, you should write in *“DSS attorney, Family Court, the child’s Law Guardian and my attorney.”*
10. Insert specific date, including month, day and year, or other specific event upon which the release will expire. **DO NOT** insert the words *“until further notice”* or any other similar language. Instead, insert concrete events such as *“until DSS services have terminated”* or *“until successful completion of treatment/services”*. You must be specific or the release will not be valid.
11. **Required Signatures:** Generally, to obtain information pertaining to a child less than 18 years of age, only the signature of the parent or guardian is necessary. The person requesting the release should always sign as a witness where shown. **Exceptions for Mental Health or Medical Information:** To obtain mental health information about a patient 16 years of age or older, only the patient must sign the release. To obtain mental health information about a child over 12 but less than 16, the signatures of a parent and the child are required. To obtain medical information about a child over 12, the child and the parent must sign.
12. **REVOCATION:** By law, this release must be revocable at any time by the signatory. When a signatory wants to revoke a release, have them write the word *REVOKED* across the face of the release and then have them sign and date it.
13. Maintain a copy of the release in your records.

Ontario County Multi-Agency Authorization to Release and Share Information

(Please review and follow instructions on back)

I, _____, hereby consent to and authorize Ontario County Workforce Development
(Name of person signing release)

and it's employees to obtain from and share information about [] myself [] my child _____
born ___/___/___ with the following persons or agencies (check all that apply):

Medical Providers:

- Doctor _____
- Clifton Springs Hospital
- F.F. Thompson Hospital
- Geneva General Hospital
- Other: _____

Ontario County Agencies:

- ARC
- Dept. of Social Services
- Workforce Development
- Family Court
- Mental Health

- Probation
- Public Health

Substance Abuse Treatment Services:

- Clifton Springs Hospital Addiction Recovery Program
- FLACRA
- Geneva General Hospital Detoxification Unit
- Turnings - Ontario County Substance Abuse Services
- VanDyke Alcohol Treatment Center
- Other: FLCC
- BOCES
- School: _____
- Job Corps

[] **Police Agencies:** _____

Other Providers:

- BOIKE
- Family Counseling Services of the Finger Lakes
- G.A.T.E.
- John D. Kelley Behavioral Clinic
- S.T.A.R.
- Happiness House - UCP
- Boys and Girls Club

THE INFORMATION TO BE DISCLOSED IS (All categories of records being released must be initialed on lines below):

- _____ Presence in treatment/service (including admission and discharge dates).
- _____ Medical history and physical exam.
- _____ Bio psychosocial evaluation summary.
- _____ Psychological tests or projective assessments.
- _____ Diagnosis, recommendations, brief description of progress in treatment and prognosis.
- _____ Treatment and service plans, evaluations and diagnosis, discharge summary and progress reports.
- _____ Result of drug screens.
- _____ Progress Reports, Evaluations, Assessments, Attendance Records, Address and Phone number.

THE INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSES (Signatory's initials are required.):

- _____ To complete an evaluation.
- _____ To provide ongoing treatment/service efforts with my family/significant others/concerned persons.
- _____ To coordinate treatment/service with other treatment/service providers.
- _____ To make recommendations.
- _____ To enable judges and attorneys to support treatment goals.
- _____ To assist in employment and educational achievement.

NOTICE OF DISCLOSURE: Further disclosure by the recipient of any information obtained pursuant to this authorization is prohibited unless written permission for such disclosure is obtained from the person to whom it pertains. Substance abuse treatment records and individually identifiable health information are protected by Federal confidentiality rules (42 CFR Part 2 and 45 CFR Part 164 - HIPAA). A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate any alcohol or drug abuse patient. The recipient set forth above may make further disclosure of the released information to the following persons and/or agencies:

I understand that this authorization and consent is subject to revocation at any time by me except to the extent that the program that is to make the disclosure has already taken action in reliance upon it. If not previously revoked, this consent will terminate upon the following date or specific event:

One year after completion of WIOA / TANF services.

Signature of Person Authorizing Release of Information

Signature of Child if necessary (See instructions on back)

Signature of Agency Witness

Date

Finger Lakes Works Youth Employment Program

Basic Skills Assessment Form

CONFIDENTIAL

Student Name: _____ Date of Birth: _____

Address: _____

County of Residence: _____ School District: _____

TO BE COMPLETED BY PARENT/GUARDIAN UNLESS OVER 18 YEARS OLD

I, _____, authorize the school district noted above to provide the information that is being requested to the Ontario County Office of Workforce Development.

Signature (Parent/Guardian if under 18)

Date

The above office is granted permission to receive the following items:

- Report Cards
- IEP Plans
- Training Facility Records such as Vocational Education Programs
- Progress and Attendance Records
- Psychological Evaluations

TO BE COMPLETED BY SCHOOL DISTRICT

1. What grade is/was the youth attending? Grade _____
2. Based on standardized test scores, what is/was the youth's current grade level in:
Reading _____ Math _____
3. Is/was the youth currently/previously classified by the Committee for Special Education?
YES NO If yes, what is the classification: _____
4. Was the youth enrolled in a remediation program(s) during the current/last school year?
YES NO If yes, which program(s): _____
5. If youth is no longer attending school, last date of attendance was: _____
6. Other comments: _____

COMPLETED BY: _____ **DATE:** _____