



BEFORE SUBMITTING YOUR APPLICATION, PLEASE REVIEW THE FOLLOWING:

- The application must be completed by the young person applying for the program. Applications suspected to be filled out by anyone other than the applicant will not be accepted.
- All 5 pages must be completed for your application to be considered; this includes the form titled "TANF Youth Services Application."
- On page 4, if you select "No" to the question in Section 3, Letter A, please be sure to complete the chart on page 5 Section 3, Letter B.
- If you are under 18 years old, your parent or guardian must sign where signatures are required.

APPLICATIONS WILL BE CONSIDERED *INCOMPLETE* WITHOUT THE FOLLOWING DOCUMENTATION:

- A copy of your birth certificate.
- A copy of your social security card.
- A copy of your working papers (applicable for youth 14-17). If you do not have working papers, you can obtain them through your school's guidance office.

Please call the Youth Bureau at (845) 364-2929 with any questions.

YOUR INFORMATION

Name:

Today's Date:

Home Address:

Date of Birth:

City, State, Zip Code:

Social Security Number:

Email Address:

Applicant Phone Number:

School Name:

Current Grade: Age: Gender:

Ethnicity: (please check all that apply)

- White** **Black** **Hispanic** **Asian**
 American Indian or Alaskan Native **Pacific Islander**
 Other: _____

I Am Currently: (check all that apply)

- in Foster Care**
 Homeless
 on Probation

PARENT/GUARDIAN INFORMATION

Name:

Phone Number:

Email Address:

EMERGENCY CONTACT

Name:

Relationship:

Email:

Phone Number:

LANGUAGE

Do you speak a language(s) other than English? Yes No

Please List Here: _____

Do you read a language(s) other than English? Yes No

Please List Here: _____

Do you write a language(s) other than English? Yes No

Please List Here: _____

JOB HISTORY

Did you graduate from TEEN Works? Yes No

Have you ever worked before? Yes No

Are you currently working? Yes No

AVAILABILITY

Monday: ___ to ___ Thursday: ___ to ___ Saturday: ___ to ___

Tuesday: ___ to ___ Friday: ___ to ___ Sunday: ___ to ___

Wednesday: ___ to ___ How will you get to and from work? _____

REFERRAL INFORMATION

First & Last Name of Referral: _____ Phone Number: _____

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

SCHOOL ADMINISTRATOR FORM

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

The applicant _____ is _____ years of age. D.O.B. _____

The applicant attends school at: _____

The applicant has an Individualized Education Program (I.E.P.)

Yes **If yes, Please attach a full copy of the most recent I.E.P. and a copy of most recent psychological.
Applications will not be accepted without a copy of the IEP and Psychological Evaluation**

No

Signature of School Administrator _____ Date _____

Print Name and Title _____

E-Mail Address _____ Phone Number _____

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.