



T.E.E.N.

TEEN EMPLOYMENT EDUCATION NETWORK

WORKS

ROCKLAND COUNTY YOUTH BUREAU 2019 T.E.E.N. WORKS APPLICATION Session I (July 8th – August 1st)

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 2019 Session I. 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 15 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. Session I will begin on July 8, 2019 and conclude on August 1st, 2019. At completion of the program, participants will see themselves as respected, successful, contributing members of the workforce with strong goals for their future.

Applications for T.E.E.N. WORKS are due to the Rockland County Youth Bureau NO LATER than Monday June 10, 2019.

Eligibility Requirements:

1. Rockland County youth ages 15-20 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. Youth on Probation
 - 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****

Please note: Free/Reduced Lunch is NO LONGER a qualification for eligibility for the program.

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 pages 4-12 and make a copy of the entire application for your personal records.
 - a. Applicant and Parent/Guardian signature required. (page 6)
 - b. TANF Form - Parent/Guardian signature required. (pages 7-8)
 - c. Release of Information - Parent/Guardian signature required. (page 9)
 - d. School Administrator Form - Must have original signature of School Administrator and be submitted with application. (page 10)
 - e. Release of Information to Rockland Community College (page 11)
 - f. Photo/Video Consent Form (page 12)
4. Upon receipt of completed application, applicants will be given an appointment time for an interview at the Rockland County Youth Bureau Office, 50 Sanatorium Road, Building A, 7th Floor, Pomona. 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)

CHECKLIST FOR SUBMISSION OF T.E.E.N. WORKS APPLICATION

****Please be sure that the checklist is complete before submitting the application to the Rockland County 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.
- Attach a copy of working paper to the T.E.E.N. Works Application.

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

- PROOF OF CITIZENSHIP/ALIEN STATUS:** (Attach a copy of ONE of the following documents)

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

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

- PROOF OF ELIGIBILITY TO QUALIFY FOR T.E.E.N. WORKS PROGRAM:** (Please provide appropriate documentation as it applies to your household)

Please submit ALL additional documentation that applies to your household/individual applicant.

A. Income Eligibility:

- Proof of Receipt of Food Stamps
- Copy of Temporary Assistance Budget
- Letter from Social Services Administration
- Proof of Receipt of Medicaid
- Proof of Receipt of HEAP
- Copy of your 2018 Tax Return (see Guidelines for 2019 listed on page 3)
- Social Security Recipients: Letter from Social Services Administration

B. PINS or Probation:

- Letter from Probation

C. Foster Care or Aging Out of Foster Care:

- Letter from Social Service Agency

Income Guidelines for 2018

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

SIZE OF FAMILY UNIT	INCOME GUIDELINES
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

For family units with more than 8 members, add \$8,640 for each additional member.

Application Deadline: June 10, 2019

Mail/Submit application to:
Rockland County Youth Bureau
50 Sanatorium Road
Building A, 7th Floor
Pomona, NY 10970

If you have questions, please call (845) 364-2929

T.E.E.N. Works Application - To be completed by Young Person
Please print and fill out all the information completely

Personal Data

Who referred you to the program?

REFERRAL NAME _____ ORGANIZATION _____ PHONE NUMBER _____

EMAIL _____ PARENT/GUARDIAN EMAIL _____

1 a. 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. Home Phone

3. Parent/Guardian Name

4. Parent/Guardian Cell Phone

5. Applicant Cell Phone

6. Applicant email address

7. Date of Birth

8. Age

9. Social Security Number

___ / ___ / ___

Mo. Day Year

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

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

12. Grade that you are presently in: _____

13. What school are you released from at the end of the day? _____ 14. What is your dismissal time? _____

Demographic Data

1. Gender: _____

2. 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

3. Ethnicity:

- ___ White, non-Hispanic
- ___ Hispanic
- ___ Asian or Pacific Islander

- ___ Black, non-Hispanic
- ___ American Indian or Alaskan Native
- ___ Other

Demographic Data Continued

4. Current Citizenship Status: I am a U.S. citizen I am an eligible non-U.S. citizen

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

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

Name: _____ Phone Number _____

6. Are you presently

- | | |
|---|--|
| <input type="checkbox"/> In Foster Care | <input type="checkbox"/> Residing in a group home |
| <input type="checkbox"/> Transitioning out of Foster Care | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> PINS | <input type="checkbox"/> In the Partnership for Safe Youth |
| <input type="checkbox"/> A Teenager who is a parent | <input type="checkbox"/> CPS |

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

Name: _____ Phone Number _____

Economic Data

1. I am currently receiving:

<input type="checkbox"/> Public Assistance	Case # _____	<input type="checkbox"/> Medicaid	Case # _____
<input type="checkbox"/> Food Stamps	Case # _____	<input type="checkbox"/> Social Security Income	
<input type="checkbox"/> HEAP	Case # _____		

Employment Data

1. 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

2. Have you ever held a job? Yes No Where? _____ How long? _____

Reason you are no longer employed there _____

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

Speak _____ Read _____ Write _____

4. In the space provided, please explain why you would like to participate in T.E.E.N. Works.

Please provide emergency contact information:

a) Name: _____

b) Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

My signature below indicates that I have been informed of & understand the eligibility information provided on this form 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.

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

**This form must be brought to your School Administrator
in order for them to release your information.**

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. _____
- B. The applicant presently resides in (Town/City) _____
- C. The applicant is a citizen of the United States. YES / NO (circle)
- D. A copy of the applicant's working papers is attached. YES / NO (circle)
- E. The applicant's Social Security Number is: _____
- F. The applicant attends school at: _____
- G. The applicant is homeless/runaway. YES / NO (circle)
- H. The applicant has an Individualized Education Program (I.E.P.). YES / NO (circle)
- a. Please attach a full copy of the most recent I.E.P. YES / NO (circle)
- b. Please attach a copy of most recent psychological. YES / NO (circle)
- I. The applicant has volunteered information that they receive Case Management/Probation Support Services (PINS, JD, etc.)
- Case Manager: _____ Phone Number: _____
- Probation Officer: _____ Phone Number: _____

Authorization Signature:

Name of School Administrator (*Please Print*) _____ Title _____

Original Signature of School Administrator _____ Date _____

Name of School _____ Phone Number _____

E-Mail Address _____



PARENTAL AUTHORIZATION ALLOWING COUNTY OF ROCKLAND TO SHARE INFORMATION ABOUT MY CHILD WITH ROCKLAND COMMUNITY COLLEGE

This parental consent form is my permission authorizing the County of Rockland, Youth Bureau, to share the following information about my child with Rockland Community College (RCC) for the sole purpose of allowing RCC, in its discretion, to recruit my child to attend college there. I have the absolute right to not sign this authorization, without consequence. Notwithstanding, it is my desire to do so as reflected by my signature, below.

Child's Name: _____

Address: _____

I acknowledge that I have the absolute right to refuse to sign this form without consequence.

Parent or Legal Guardian Signature

Date

Parent/Guardian Print Name

Relationship to Child



Parent/Legal Guardian Photo/Video Consent Form

As a parent or guardian of this Child, I hereby give consent to the use of photographs/videotape taken during the duration of Employment for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

___ Yes, I give consent to The Rockland County Youth Bureau to photograph my child

___ No, I do not authorize The Rockland County Youth Bureau to photograph for my child

Parent Name: _____ Date: _____
(Please Print)

Parent's Signature _____

Child's Name: _____
(Please Print)