

## Region 2 Summer Youth Employment Program Application

# WORK FORCE

West Virginia  
USA

Workforce Investment Act (WIA) Eligibility Certification Documentation List

Region 2 consists of the following counties: Boone, Cabell, Lincoln, Logan, Mingo, Putnam, Wayne

You must be a resident of, or dislocated from, one of the above counties to be eligible in Region 2.

Should you have any questions, you may call 1-866-262-5348

### (Eligibility Requirement)\Acceptable Documents (one item from each requirement)

- Citizenship/Alien Status** **Document Provided** \_\_\_\_\_  
birth certificate, hospital record of birth, voter's registration card, public assistance records, any government document with birthplace, foreign passport stamped eligible to work, naturalization certificate, US passport, school records, alien registration card indicating right to work (INS forms I-151, I-551, I-94, I-688A, I-197, I-179),  
*if place of birth is shown:* marriage certificate, child's birth certificate, baptismal certificate, DD214report of transfer or discharge from military, Native American tribal records
- Date of Birth** **Document Provided** \_\_\_\_\_  
birth certificate, hospital record, voters registration, baptismal record, federal-state-local ID card, driver's license, public assistance/social service records, school records\ID, work permit, tribal records, Department of Vital Statistics records
- Family Size** **Document Provided** \_\_\_\_\_  
birth certificates, most recent tax return, social security cards, public assistance records
- Income** **Document Provided** \_\_\_\_\_  
pay stubs for the past 6 months, Employer Statement, **Notarized** letter of financial support
- Public Assistance Recipient** **Document Provided** \_\_\_\_\_  
benefit payment verification, public assistance records, copy of public assistance check, medical card showing cash grant status, refugee assistance records, public assistance identification card, food stamp card w\current date, letter from food stamp disbursing agency, postmarked food stamp mailer with acceptable name and address
- Residence (must show current physical address)** **Document Provided** \_\_\_\_\_  
driver's license, utility bill, rent receipt with address, food stamp record, property tax records
- Social Security Number (must show #)** **Document Provided** \_\_\_\_\_  
social sec card, DD214, employment records, agency printout, unemployment records, W-2, IRS 1722
- Selective Service** **Document Provided** \_\_\_\_\_  
(all males born 1960 or after; 18 years of age & over )  
selective service registration card, internet verification (can be printed at [www.sss.gov/records.html](http://www.sss.gov/records.html))
- Veteran Status (must have DD214)** **Document Provided** \_\_\_\_\_
- Dislocated Worker** **Document Provided** \_\_\_\_\_  
verification from employer, notice of layoff, UI records
- Photo I.D.** **Document Provided** \_\_\_\_\_  
driver's license, military ID, school ID
- Disability Status** **Document Provided** \_\_\_\_\_  
Voc-rehab letter, Veterans Administration letter or records, Worker's Compensation records, physician statement

Equal Opportunity Employer/Program"

"Auxiliary Aids and Services Are Available Upon Request To Individuals With Disabilities"

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### Region 2 Workforce Investment Board

(03/26/2009)

#### SUMMER YOUTH ELIGIBILITY GUIDELINES 2009 70% LOWER LIVING STANDARD INCOME LEVELS

FAMILY SIZE	Boone, Lincoln	Cabell
	Logan, Mingo	Wayne, Putnam
1	\$ 10,830	\$10,830
2	14,570	14,570
3	18,310	18,310
4	22,050	22,500
5	25,597	26,556
6	29,935	31,058
7	34,273	35,560
8	38,611	40,062

For families larger than eight persons, add \$ 4,338 for each additional family member in Boone, Lincoln, Logan and Mingo Counties and \$ 4,502 for each additional family member in Cabell, Wayne and Putnam Counties.

#### EXCLUSIONS FROM FAMILY INCOME

- Severance pay if paid in a lump sum.
- Trade Act.
- Unemployment Compensation.
- Welfare payments (including TANF, SSI, RCA, and GA).
- Capital Gains.
- Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car.
- Tax refunds, Earned Income Credit, gifts, loans, lump-sum inheritances, one-time insurance payments or compensation for injury.
- Non-cash benefits such as employer paid fringe benefits, food or housing received in lieu of wages.
- Medicare, Medicaid, Food Stamps, school meals, and housing assistance.
- VA Disability.
- Child support payments (includes payments made by state or local government on behalf of foster children in the home).
- PELL grants, Needs-Based Scholarship assistance, and Federal Work Study.
- Old-age and survivors insurance benefits (including surviving spouse and children) received under section 202 of the Social Security Act.
- Income earned on active military duty.

#### YOUTH ELIGIBILITY FOR SUMMER YOUTH EMPLOYMENT PROGRAM

1. Not less than age 14 and not more than age 24; and
2. Low-income individual (disadvantaged youth); **and**
3. Who is **one** or more of the following:
  - (a) Deficient in basic literacy skills (at or below 8th grade level or unable to function on job, in family or society).
  - (b) A school dropout.
  - (c) Homeless, a runaway, or a foster child.
  - (d) Pregnant or a parent (Custodial or Non-Custodial parent)
  - (e) An offender.
  - (f) An individual (including a youth with a disability) who requires additional assistance to complete an educational program, or secure and hold employment; **and**
4. U.S. citizen or legal alien; **and**
5. Meets Selective Service requirements.

## Region 2 Summer Youth Employment Program Application

### SUMMER YOUTH ELIGIBILITY AGES 14-24

Social Security Number: _____ - _____ - _____		Date of Birth: ____/____/____		Age at Application: _____		
Name: _____						
Last Name		First Name		Middle Initial		
Address: _____						
Street/PO Box		City	State	Zip	County	
Primary Phone (_____) _____ - _____			Alternate Phone (_____) _____ - _____			
E-Mail Address (optional): _____						

Are you Male or Female?  Male  Female

Are you a Veteran?  YES  NO

Do You Have A Disability?  YES  NO

If YES, does your disability result in a substantial barrier to employment

If you answered YES to any question above, please briefly explain disability: \_\_\_\_\_

Are You A United States Citizen?  YES  NO

If NO, Are You Authorized To Work In The United States?  YES  NO Card # \_\_\_\_\_

Are You Registered With Selective Service? (all males 18 years of age & over )

YES  NO Card # \_\_\_\_\_

Do you have any known allergies? (bee stings, medications, etc.)  YES (Please list) \_\_\_\_\_  
 NO

Will you need any medications during the workday?  YES (Please list) \_\_\_\_\_  
 NO

#### **EDUCATION INFORMATION**

Are you Basic reading and/or numerical skills deficient?  YES  NO

In School, High School or less

In School, post High School

College/ Vocational Graduate  Degree/ License/Certificate: \_\_\_\_\_

Not attending, High School- drop out

Not attending, High School graduate

If Not High School graduate, do you have your GED  YES  NO Date passed GED \_\_\_\_\_

Highest grade you completed in school \_\_\_\_\_

Are you in alternative school  YES  NO

#### **PUBLIC ASSISTANCE INFORMATION**

Public Assistance Recipient?  YES  NO

Food Stamp Recipient  YES  NO

Other  YES  NO

SSI/SSD Recipient  YES  NO

Specify \_\_\_\_\_

TANF Recipient  YES  NO

#### **INCOME**

Number of your family (including yourself) \_\_\_\_\_ Annual family income: \$ \_\_\_\_\_

#### **EMPLOYMENT INFORMATION**

Have you ever been employed?  YES  NO Name of Last Employer: \_\_\_\_\_

If NO, are you seeking summer employment?  YES  NO

## Region 2 Summer Youth Employment Program Application

### BARRIERS/EXCEPTIONS NOT PREVIOUSLY LISTED

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you a foster child or aging out of foster care? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you a homeless individual?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you a runaway youth?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you an offender?                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you pregnant or a parenting youth?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a substance abuse problem?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you a child of an offender?                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you lack Work Readiness Skills                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you a youth who needs additional assistance?    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES, explain:

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**I attest the information supplied on this application is true and accurate to the best of my knowledge.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If the applicant is under age 18, the parent or legal guardian's signature authorized the applicant to participate in the Summer Youth Program. (if the applicant is determined eligible and if funds are available)**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_