

2011 Summer Youth Employment Program Application

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 is required))

- Citizenship/Alien Status** **Document Provided** _____
birth certificate, public assistance records, any government document with birthplace, foreign passport stamped eligible to work, naturalization certificate, US passport, DD214 report of transfer or discharge from military if place of birth is shown, 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: hospital record of birth, marriage certificate, baptismal certificate, , Native American tribal records
- Date of Birth** **Document Provided** _____
birth certificate, hospital record, 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 of all family members, public assistance records, landlord statement, divorce degree, medical card
- Income** **Document Provided** _____
pay stubs calculated for the past 6 months, **Notarized** letter of financial support, social security benefits, public assistance records, housing authority verification, compensation award letter employer statements, alimony agreement, bank statements, UI documents and/or printouts, court award letter, veterans administration award, pension statements
- Public Assistance Recipient (if applicable)** **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 security 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)
- Veteran Status (must have DD214) (if applicable)** **Document Provided** _____
- Dislocated Worker (if applicable)** **Document Provided** _____
verification from employer, notice of layoff, UI records,
- Photo I.D.** **Document Provided** _____
driver's license, military ID, school ID
- Disability Status (if applicable)** **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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YOUTH SERVICES ELIGIBILITY SUMMARY**

Age at Registration: _____ County: _____ Referral from: _____

Social Security Number: _____		Date of Birth: ____/____/____			
Name: _____					
Last Name		First Name		Middle Initial	
Address: _____					
Street/PO Box		City	State	Zip	County
Primary Phone (____) _____ - _____		Alternate Phone (____) _____ - _____			
E-Mail Address: _____					
Allergies: Food, Medications, etc. _____					
Current Medications: _____					

CITIZENSHIP

Are You A United States Citizen? YES NO
If No, Are You Authorized To Work In The United States? YES NO Card # _____
If Male, Are You Registered With Selective Service? YES NO Card # _____

MILITARY HISTORY:

Are You A Military Veteran? **If YES, Please Provide DD214** YES NO
Are You A Recently Separated Veteran? (*Up To 36 Months from Date of Separation*) YES NO
If Veteran, Start Date Of Active Military Duty _____ End Date _____
Did You Serve More Than 180 Days On Active Duty In The Military? *Do Not Include National Guard Or Reserve Training Time!* YES NO
Did You Serve In Active Duty In The U.S. Armed Forces During A War Or In A Campaign Or Expedition For Which A Campaign Badge Had Been Authorized? YES NO
Were You Discharged or Released From Active Duty Because Of a Service-Connected disability ? YES NO

EDUCATIONAL STATUS

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 _____
Still in High School Highest grade you **completed** _____ Are you in alternative school Yes No

PUBLIC ASSISTANCE INFORMATION

Food Stamp Recipient	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO
SSI/SSD Recipient	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
TANF Recipient	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify _____	

NUMBER IN FAMILY (including yourself) _____ **ANNUAL HOUSEHOUD INCOME** \$ _____

BARRIERS/EXCEPTIONS NOT PREVIOUSLY LISTED

Are you a foster child or aging out of foster care? Yes No Are you a homeless individual? Yes No
Are you a runaway youth? Yes No Are you an offender? Yes No
Are you pregnant or a parenting youth? Yes No Are you a youth who needs additional assistance? Yes No
Do you have a substance abuse problem? Yes No Are you a child of an incarcerated parent? Yes No
Institutionalized? Yes No Do You Have A Disability? YES NO
Does your disability require accommodation? YES NO If you answered YES, please briefly explain accommodations required. _____

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 (if the applicant is determined eligible and if funds are available)

Parent/Guardian Signature _____ Date ____/____/____

An Equal Opportunity Program/Employer Auxiliary aids and services are available upon request to individuals with disabilities

Contact Update Form

Please list three contact names, address and phone numbers below

PARTICIPANT NAME _____

ADDRESS _____

PHONE NUMBER _____

Contact 1

Name _____ **Relationship** _____

Address _____

Phone Number with Area Code __ (____) _____

Contact 2

Name _____ **Relationship** _____

Address _____

Phone Number with Area Code __ (____) _____

Contact 3

Name _____ **Relationship** _____

Address _____

Phone Number with Area Code __ (____) _____

I _____ (signature) have been provided information by the case manager
about the Summer Youth Program and follow-up procedures on _____ (date).

Case Manager _____ **Date** _____

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WORKFORCE West Virginia Privacy/Disclaimer Statement

By enrolling with WORKFORCE West Virginia you agree that the career partners can see and use the information contained within your application in order to better provide assistance to you in determining eligibility for assistance in obtaining employment, training for employment, or other services. Personal information such as social security number, race, ethnicity, sex and disability status is being requested for federal record keeping and reporting requirements only and is kept confidential. For your convenience, our Privacy Policy is provided below.

I have read the above statement and agree, indicating so below with my signature, that the WORKFORCE West Virginia Partners can see and use the information in this application in order to provide assistance to me. In the event I disagree, I will not sign and notify the individual with whom I am conducting my business.

Applicant Signature _____ Date _____

INFORMATION VALUES AND PRIVACY POLICY STATEMENT

Our Consumer Information Values and Privacy Policy is provided to help you understand how we protect your personal information. This policy provides you with an opportunity to make informed choices about the management of personal information. Also, there are several convenient ways to obtain more information, including answers to commonly asked questions about privacy. You may call toll-free at 1-877-967-5498 with any further questions or concerns.

VALUES

Information security is a priority

One of our highest priorities is information security. We regularly review our security standards and practices to protect against unauthorized access to information.

POLICY

How we keep information secure.

Information security is one of our highest priorities. This priority is emphasized by our internal employee Code of Conduct, this Privacy Policy, and the contracts and agreements that we sign with external suppliers and partners. Employees who violate our policies and procedures regarding privacy are subject to disciplinary action, and our partners and suppliers are bound to uphold our procedures regarding privacy under the terms our legal contracts with them. We safeguard information by regularly assessing security standards and procedures to protect against unauthorized access to personal information.

We limit access to personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

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