

2024



YOUTH EMPLOYMENT UNIVERSAL APPLICATION

**Paid Internships Available for Income Eligible Youth in Dutchess County
April 2024–June 2024**

Your Name

Age as of January 1, 2024

Parent / Guardian Name

Number in Household including self

Best Email Address

Best Phone Number

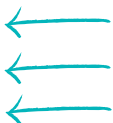
Are you in school?

Grade

School Name?

JOB INTEREST SURVEY (✓ all that apply)

- Administrative (help with filing, organizing etc.)
- Building projects
- Cooking/Serving food
- Gardening/Farming
- Hospitality (Customer Service)
- Retail
- Working outdoors
- Photography / Film
- OTHER (please describe) _____



Go to <https://dcwib.org/news/youth-employment-program-universal-application> for the full application.

Mail or drop off your completed application to
DCWorks, 191 Main St. Poughkeepsie NY 12601

OR

Email taylor@dcwib.org



SECTION ONE:

Information About the Applicant and the Applicant's Family (Family Members)

- Be sure to read the definition of **"Applicant"** on page 6.
- Information provided in Item A should be about the applicant for TANF Services.

A. Applicant's Name: _____

Home Address: _____
(Street) (Apartment) (City, State, Zip Code)

Telephone Number: _____

B. Provide information below about the applicant and the applicant's **Family Members** who live with the applicant. Be sure to read the definition of **Family Members** on pages 6 and 7.

NAME (First, Middle Initial, Last)	RELATIONSHIP TO YOU	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	Check if Applying For Services
1.	Applicant				
2.					
3.					
4.					
5.					
6.					

C. If the applicant for services is a minor child, is the child (check one if either applies):

- Living with a relative who is the primary caretaker of the minor child
- or**
- In foster care and there is a plan to return the child to the home.

Is there a minor child included in Item B above?

- Yes, **go to** Section Two.
- No, **go to** the next question (D).

D. If there is not a minor child included in B, is the applicant or a family member pregnant?

- Yes, **go to** Section Two.
- No, **go to** the next question (E).

E. Is a family member included in Item B above the primary caretaker of a minor child (see definition on page 6)?

- Yes, complete the following regarding the minor children being cared for:

CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP
1.		
2.		
3.		

Go to Section Two.

- No, **go to** the next question (F).

F. Are you the non-custodial parent of a minor child(ren) who does not live with you?

- No. **Stop here.** You cannot receive TANF Services because neither you nor a family member is a minor child, is pregnant, is the primary caretaker of a minor child, or you are not the non-custodial parent of a minor child
- Yes. Complete the information below:

CHILD'S NAME	DATE OF BIRTH
1.	
2.	
3.	
4.	

You must also complete the *“Non-Custodial Parent Information Referral”* form (OTDA-4728).

SECTION TWO: Citizen/Non-Citizen Status

A. Are all the applicants for TANF Services (as checked in Section One, Item B) United States citizens?

- Yes. If yes, **go to** Section Three.
- No. If no, complete Item B.

B. If either the applicant or a family member(s) who is applying for TANF Services is not a United States citizen, look at the *“Immigration Status List”* on pages 7-9 and tell us which immigration status applies for each family member who is applying for TANF Services. Enter the status number from the list and complete the information below.

NAME	LIST NUMBER	INS FORM NUMBER	ALIEN NUMBER	DATE OF ENTRY INTO U.S./STATUS GRANTED
1.				
2.				
3.				
4.				
5.				
6.				

SECTION THREE: Income of Family Members

A. Does the 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	SCHOOL LUNCH BENEFITS

- No, complete item B immediately below.

B. Income of the applicant and the applicant’s family members.

- Include the gross income (income before taxes and deductions) of each family member listed in Section One Item B who has income. See the “**Gross Income**” definition on page 7 for an explanation of the income you must tell us about and what income you do not need to include.
- 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.

NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
			Yearly	Monthly	Weekly
1. Applicant					
2.					
3.					
4.					
5.					
6.					

C. Does the applicant or any family member currently regularly pay child support in accordance with a court order for children who do not reside in the household?

- No, **go to** Section Four.
- Yes. If yes, how much does the family member pay? \$_____. How often does the family member pay this amount (weekly, monthly or annually)? _____.

Go to Section Four.

SECTION FOUR: Applicant Notification and Signature

You 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.

Why we are asking for Social Security number(s):

- Any person applying for or receiving TANF services or assistance 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).

What we **may** use Social Security number(s) for:

- 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 certification form (for example, your employment income).
- To verify your alien status with the Immigration and Naturalization Service (INS).

If you are the non-custodial parent of a child, we **will** use your Social Security number to provide information about you for intra/interstate child support enforcement services.

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.

You must sign this form for your request for TANF certification to be complete.

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, including household composition, income and citizenship status.**

* **Signed:** _____ **Date:** _____

*A parent or the primary caretaker relative must sign for an applicant who is a minor child. The Commissioner of the Department of Social Services or the Commissioner's designee must sign for children in foster care.