

# 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.**

**SECTION FIVE TANF Youth Services Application Review Form**

CERTIFICATION ITEM	Yes	No																																												
1. Is the applicant a New York State resident?																																														
2. Is the applicant under 21 years of age?																																														
3. Is the applicant for services either a United States citizen or a qualified non-citizen? Note: Documentation of non-citizen status is required.																																														
4. Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income considered.]  <input type="checkbox"/> Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, SNAP, HEAP or SSI?  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Income test is met based on a calculation of combined gross income for applicant's family size.  Worksheet - Calculation of Current Gross Income (convert all income to annual income)																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source</th> <th style="text-align: center;"><u>Yearly</u></th> <th style="text-align: center;"><u>Monthly</u> (x12=yearly)</th> <th style="text-align: center;"><u>Weekly</u> (x 52=yearly) (x4.333=monthly)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> <tr><td colspan="4">a. Total gross income is: \$ _____ per year.</td></tr> <tr><td colspan="4">b. Subtract child support payments made \$ _____ per year.</td></tr> <tr><td colspan="4">c. Net gross income for 200% test is: \$ _____ per year. (Time period must be the same for a, b, and c)</td></tr> <tr><td colspan="4">d. Total family size is _____.</td></tr> <tr><td colspan="4"><b>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</b></td></tr> </tbody> </table>	Source	<u>Yearly</u>	<u>Monthly</u> (x12=yearly)	<u>Weekly</u> (x 52=yearly) (x4.333=monthly)	1.				2.				3.				4.				5.				a. Total gross income is: \$ _____ per year.				b. Subtract child support payments made \$ _____ per year.				c. Net gross income for 200% test is: \$ _____ per year. (Time period must be the same for a, b, and c)				d. Total family size is _____.				<b>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</b>					
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5. If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form? Please note: The DSS Commissioner or his or her designee must sign for a child in foster care.																																														

**Current Income** – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

**or**

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

**Gross Income includes:** Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker's compensation; Supplemental Security Income (SSI); child supports payments received; alimony received; interest payments; other recurring income that is not excluded below.

**Excluded Income:** Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

**Certification Decision**

- The applicant is certified for TANF Services.** All Items on page 3, must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):**
  - The applicant is not a resident of New York State.
  - The applicant is not under 21 years of age.
  - The applicant is not a U.S. citizen or a qualified non-citizen.
  - The income of the family members is above 200% of poverty
  - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.) Specify reason below.

\_\_\_\_\_

\_\_\_\_\_

**Signature of reviewer:** \_\_\_\_\_ **Date** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

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**Second Level Review**

- ◆ Complete this section only if the person certifying requests the review.
- ◆ The review must be done by someone at a higher level than the person originally doing the review.

The results of the second level review were:

- Agreed with the original decision.
- Disagreed with the original decision for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The result of the second level review is that:

- The applicant for services is certified to receive TANF Services.
- The applicant for services is not certified to receive TANF Services.

**Signature of reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or  <b>I-551:</b> stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or  <b>I-571:</b> Refugee Travel Document or  <b>I-688B:</b> Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or  <b>I-766:</b> Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><b>I-94:</b> stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or  <b>I-94</b> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or  <b>I-551:</b> stamped "CU6, CU7, or CH6" or  Temporary <b>I-551</b> stamp in foreign passport. or  USCIS notice or letter indicating ongoing exclusion or deportation proceedings or  A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><b>I-94:</b> stamped "Granted asylum under Section 208 of the INA" or  <b>I-551:</b> Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or  <b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or  <b>I-766:</b> Employment Authorization Document annotated "(a5)" or  Grant letter from USCIS Asylum Office or  Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><b>I-94:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS or  <b>I-551:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or  Temporary <b>I-551</b> stamp in foreign passport or  <b>I-571:</b> Refugee Travel Document or  Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or  <b>I-766:</b> Employment Authorization Document annotated "(a10)" or  Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or  <b>INS I-551:</b> Stamped "RE5, RE6, RE7, RE8, or RE9" or  Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and  Documents to show lawfully residing in the US  <b>Divorced spouses do not qualify</b></p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p><b>I-551:</b> (Permanent Resident Card) or  Temporary <b>I-551</b> stamp in foreign passport or on <b>I-94</b>. or  <b>I-327</b> (Re-entry Permit) or  <b>I-181:</b> Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<b>Form DD-214</b>) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. <b>Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children</b>	Status Granted	Military Identification Card ( <u>DD Form 2</u> ) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. <b>Conditional Entrant (status granted to refugees before 1980)</b>	Entry	<u>I-94</u> with stamp showing admitted under Section 203(a)(7) of INA or <u>I-688B</u> (Employment Authorization Card) annotated "274a.12(a)(3)" or <u>I-766</u> (Employment Authorization Document) annotated "(a1)" or "(a3)
11. <b>A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)</b>	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); or INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. <b>Victim of Human Trafficking</b>	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or <u>I-94</u> Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. <b>Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)</b>	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<u>I-94</u> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or <u>I-688E</u> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or <u>I-766</u> annotated "C11" or A4, and <u>I-94</u> indicating admitted for at least one year
14. <b>North American Indian born in Canada</b>	NA	<u>I-551</u> : (Permanent Resident Card): stamped "S1-3" , temporary <u>I-551</u> stamp in a Canadian passport or <u>I-94</u> : stamped "S1-3" or <u>Tribal document</u> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. <b>Member of federally recognized tribe born outside U.S.</b>	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act



# Essex County Department of Social Services

7551 Court Street, PO Box 217, Elizabethtown, NY 12932

Angie Allen, Commissioner

Renee Bruno, Deputy Commissioner

## SYEP Youth Interest and Worksite Preference Form

Please complete this form to help us identify worksites that may be a good match for your interests, skills, and abilities.

### **Participant Information**

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

### **Previous Experience**

Have you ever had a job before?  Yes  No

If yes, list any previous jobs, volunteer work, babysitting, lawn care, helping family businesses, school activities, or other work experience:

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What tasks or responsibilities did you perform?

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### **Interests**

Types of work that interest me (check all that apply):

- Office/Clerical  Working with Children  Parks & Recreation
- Outdoor Work  Landscaping/Gardening  Animal Care
- Retail/Customer Service  Food Service
- Maintenance/Custodial  Computers/Technology
- Healthcare  Education  Automotive/Mechanics

Construction/Trades  Arts/Music  Library/Museum

Other: \_\_\_\_\_

My hobbies/interests:

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Skills I feel I do well:

Communication  Teamwork  Leadership  Organization

Computer Skills  Problem Solving  Working Independently

Customer Service  Dependability  Other: \_\_\_\_\_

### ***Work Preferences***

Preferred environment:

Mostly Indoor  Mostly Outdoor  Combination  No Preference

Jobs or tasks I would prefer NOT to do:

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### ***Limitations and Accommodations***

Do you have any limitations, restrictions, allergies, or accommodation needs that we should consider when identifying an appropriate worksite placement?

Yes  No

If yes, explain:

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Activities I should not perform:

Heavy Lifting  Extended Standing  Outdoor Work in Heat

Repetitive Bending  Exposure to Animals

Exposure to Chemicals/Cleaning Products

Other: \_\_\_\_\_

Do you have reliable transportation to and from a worksite?

Yes  No

**Goals**

What would you like to learn or gain from participating in the Summer Youth Employment Program?

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Career field I am interested in exploring:

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**Signatures**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

DSS Placement Notes (Staff Use Only)

Worksite Assigned: \_\_\_\_\_

Placement Considerations: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_



# Essex County Department of Social Services

7551 Court Street, PO Box 217, Elizabethtown, NY 12932

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Angie Allen, Commissioner

Renee Bruno, Deputy Commissioner

## Summer Youth Employment Program

Dear Applicant,

We're excited that you're interested in the Summer Youth Employment Program (SYEP)!

This program is a great opportunity for youth to gain real work experience, build skills, and earn income over the summer. Participants will be placed in a variety of worksites throughout Essex County, including local government offices, community organizations, and businesses.

To apply, please complete the enclosed application and return all required documents by **June 1, 2026**.

Please review the checklist on the following page carefully to make sure your application is complete. Incomplete applications may delay placement.

If you have any questions or need help completing your application, please contact:

**Ginger Phinney**  
**518-873-3820**  
**[ginger.phinney2@dfa.state.ny.us](mailto:ginger.phinney2@dfa.state.ny.us)**

We look forward to working with you this summer!

## Application Checklist

Please make sure you submit ALL the following:

- Completed SYEP Application (all sections filled out and signed)
- Proof of Age (Birth Certificate, Driver's License/Permit, or School ID with DOB)
- Proof of Social Security Number (SS Card or official document showing full SSN)
- Working Papers (if under 18)

Important Reminders:

- Applications must be submitted by: **JUNE 1ST**
- Incomplete applications may not be processed
- Keep a copy of your application for your records

**Please note that submission of an application does not guarantee placement in the program. Participation is based on available funding, eligibility, and the number of available positions.**

Questions? Contact:

Ginger Phinney – 518-873-3820  
ginger.phinney2@dfa.state.ny.us