



Bath
117 E. Steuben St, Bath, NY 14810
T: (607) 776-2125 or 800-553-2033
Penn Yan
417 Liberty St., Suite 1116, Penn Yan, NY 14527
T (OFA): 315-536-5515 or T (Youth): 315-536-5516

APPLICATION DUE DATE: May 17, 2024

SUMMER YOUTH EMPLOYMENT APPLICATION INSTRUCTIONS

PLEASE FOLLOW ALL STEPS CAREFULLY

APPLICATION:

- ___ Complete Section 1. (Information about youth) Please fill it out completely. Please include at least 2 telephone numbers.
- ___ Complete Section 2.
- ___ Complete Section 3. (A) Mark all benefits the youth applicant is receiving. After checking which benefits are received, proceed to Section 4. If the youth applicant is receiving no benefits, the chart near the top of page 2 (Section 3 (B)) must be completed. Follow the directions exactly as printed.
- ___ Complete Section 4. Review Sections 1-3 to be sure they are complete and accurate. A parent or guardian must sign and date this part if the youth is under 18.

THE FOLLOWING DOCUMENTS ARE **REQUIRED:**

- ___ Social Security Card
- ___ Proof of Citizenship (Birth Certificate or Passport)
- ___ Photo ID (Driver's License, School ID Card, Non-Driver's License ID Card, Passport)
- ___ Selective Service Registration (for males 18 and older www.sss.gov)

Copies, photo-scans, texts, or faxes of all documentation are acceptable if all items are clearly readable.

Please mail or drop off completed applications to:
Pro Action of Steuben and Yates, Inc. 117 E. Steuben St. Bath, NY 14810

YOU MAY ALSO DROP COMPLETED APPLICATIONS TO YOUR GUIDANCE OFFICE

Questions?
Autumn Robinson, Youth Employment Coordinator 607-776-2125 Ext. 4111

www.proactioninc.org

Pro Action works to build a community of resilient individuals and families who can meet their basic needs, overcome adversity, and prosper.



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: 1. _____

2.

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: _____

Allen 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.