



WIB

Dutchess County Workforce Investment Board

3 Neptune Road Poughkeepsie, NY 12601 Telephone (845) 463-0517 Fax (845) 463-0100 www.dcwib.org

“Building Partnerships for Workforce Solutions”

SYEP 2019 Information Guide

Thank you for applying to the 2019 Summer Youth Employment Program (SYEP) through the Dutchess County Workforce Investment Board (DCWIB) and the Department of Community and Family Services. Details on applying are below.

SYEP 2019 GENERAL INFO

- Applications due on or before May 29, 2019
- Employment dates: July 1, 2019 - August 15, 2019
- The DCWIB funds multiple agencies- a complete list will be available in June 2019
- **Must be able to attend the SYEP 2019 Youth Summit that will take place on August 15, 2019 at the Poughkeepsie Grand Hotel, Poughkeepsie, NY**
- Each agency will conduct an orientation in June prior to the start of SYEP
- Earn \$11.10 per hour for up to 25 hours per week
- SYEP is a first come first serve program for youth who meet eligibility requirements
- Applicants who may not be eligible for SYEP are encouraged to sign up for the Youth Works Job Club at Dutchess One Stop Career Center located at 191 Main Street, Poughkeepsie

SYEP ELIGIBILITY REQUIREMENTS

- Family income being at or below 200% of poverty level
- Resident of Dutchess County
- Between the ages of 14 and 20 years old by June 28, 2019
- Eligible to work in the U.S. and have proper identification
- Submit all required documentation

NEXT STEPS

- You will receive an email stating that your SYEP application has been received.
- In early June, you will receive another email telling you which program has received your application.
- The program that has received your application will contact you for an initial interview.

It is likely that we will receive more applications than available slots. Therefore, it is important that you follow through with all instructions given by the agency that contacts you.

Agencies that have been funded in the past include:

Cornell Cooperative Ext (Green Teen), Dutchess County Regional Chamber of Commerce (PHS Career Center), Family Services (Poughkeepsie and Beacon), North East Community Center, Nubian Directions, REAL Skills and The Art Effect (Spark Studios/MadLabs)

Please review your application to ensure it's complete, including parent or guardian signatures if under 18. Applications may be dropped off OR mailed to: Dutchess One Stop, 191 Main Street, Poughkeepsie, NY 12601 ATTN: Kadiyah Lodge

To be considered, individual applications must be dropped off by the Youth or their parent/guardian. To protect the privacy of applicants, mailed submissions must be limited to one per envelope.

If you have any questions or need further assistance, please call Kadiyah Lodge, Business Services Manager at (845) 249-4640.



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SYEP 2019 Application

Last Name:	First Name:
Email Address:	
Youth Phone:	
Parent/Guardian Phone:	

Have you ever been in the County’s Summer Youth Employment Program? Yes No

If Yes: where did you work? _____

Please check one:

- Attending school Grade: ____ (as of 7/1/19) Name of school you are attending: _____
- Not in school
- Homeschool
- Other: _____

SYEP will be operating July 1, 2019 through August 15, 2019

Please list any dates that you would be unable to work during this time period. (Write N/A if no conflicts)

Photo Release (not mandatory)

I, _____, hereby give permission to the
(Please print youth’s first and last name)
 Dutchess County Workforce Investment Board and the Department of Community and Family Services to use my image and name on the Dutchess County Workforce Investment Board and the Department of Community and Family Services website, in presentations, and/or for promotional material.

 Signature (Youth 18+ or Parent/Guardian if under 18)

____/____/2019_____
 Date



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Job Interest Survey

Please indicate the types of work experiences that interest you. Check the boxes and/or fill in the blanks.

Section I

- Administrative (help with filing, organizing etc.)
- Building projects
- Cooking/serving food
- Gardening
- Working with children
- Working with computers (tech savvy)
- Working with multimedia (social media, film, photography)

Section II

- Hospitality (Customer Service)
- Retail
- Summer Camp
- Working outdoors

Section III

Other (please describe) _____

How did you hear about SYEP?

Why are you interested in the Summer Youth Employment Program?

Thank you for applying for the SYEP 2019 with Dutchess County Workforce Investment Board.

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.