

**Application for Youth Workforce Development ISY TANF Programs**

**All information is required for Participation and must be accompanied by supporting documentation.**

| Basic Demographic Information  |  |  |
|--|--|--|
| Name:  |  | Gender:  |
| Date of Birth:   | Age:   | SSN: ____ - ____ - ____  |
| Current address:   |  | <input type="checkbox"/> City of Pittsburgh<br><input type="checkbox"/> Allegheny County (Outside of the City of Pittsburgh Residents)   |
| If 18 or older and male:<br><input type="checkbox"/> I am registered with Selective Service ( <i>all males 18 and older must register with selective service, please refer to <a href="http://www.sss.gov">www.sss.gov</a> for assistance</i> )            |  |  |
| Primary Phone:   | Secondary Phone:   | Email:   |
| Emergency Contact Name:  | Emergency Contact Phone:   | Emergency Contact email:   |
| Ethnicity:<br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Non-Hispanic/Latino   | Race:<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Do not wish to disclose | Citizenship/Immigration status<br><br><input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Temporary Resident, eligible to work<br><input type="checkbox"/> Refugee/Asylee<br><input type="checkbox"/> Undocumented individual<br><b>(Not eligible)</b> |
| TANF Youth Eligibility Requirements  |  |  |
| If you answer yes to any of the following questions, please provide supporting documentation.  |  |  |
| 1. Are you between the ages of 14-18? ___Yes ___No<br>2. Are you regularly attending an accredited school and are actively pursuing a High School Diploma? ___Yes ___No<br>3. Are you a citizen or non-citizen authorized to work in the U.S? ___Yes ___No |  |  |

| Employment History     |                      |                 |
|------------------------|----------------------|-----------------|
| _____                  | _____                | _____           |
| <i>Dates Employed</i>  | <i>Job Title</i>     | <i>Employer</i> |
| Starting wage \$ _____ | Ending Wage \$ _____ |                 |
| _____                  | _____                | _____           |
| <i>Dates Employed</i>  | <i>Job Title</i>     | <i>Employer</i> |
| Starting wage \$ _____ | Ending Wage \$ _____ |                 |

| Income Eligibility   |              |                                |  |
|--|--------------|--------------------------------|--|
| **Income eligibility is based on individual income. Household income includes wages, cash assistance, food stamps, and SSI. Individual income must be verified with pay stubs, COMPASS documentation, or other sources. Household income must be reported<br>**List everyone, including yourself, who currently resides in your household. |              |                                |  |
| Household Member<br>First and Last Name  | Relationship | Monthly Gross<br>Earned Income | Source of Income<br><i>(Employment wages should be wages before taxes)</i> |
|  | SELF         |                                |  |
|  |              |                                |  |
|  |              |                                |  |
|  |              |                                |  |
|  |              |                                |  |
|  |              |                                |  |

Total Number in Household: \_\_\_\_\_ \$ \_\_\_\_\_ Monthly gross earned

Youth income: \_\_\_\_\_

|  |
|--|
| <p>Please answer the following</p> <p>Do you receive:</p> <ol style="list-style-type: none"> <li>1. Temporary Assistance for Needy Family (TANF) Cash Assistance?<br/>Start Date: _____</li> <li>2. SNAP Benefits (Food Stamps)?: ___Yes ___No ___ have you received in the past 6 Months</li> <li>3. Supplement Security Income (SSI)? ___Yes ___No<br/>If yes: Category ___ Disabled ___ Aged ___ Blind</li> <li>4. Does the youth live in a designated high poverty area? ___Yes ___No</li> </ol> |
|--|

**Income Eligibility Using High Poverty and Additional Barrier**

Residency in a designated high poverty area, high poverty look up tool, plus documentation of any one of the additional barriers below.

Do you live in a designated high poverty area? \_\_\_Yes \_\_\_No

Did you use the poverty look up tool? \_\_\_Yes \_\_\_No

Please answer the following questions. To be eligible, you will need to answer “Yes” to at least one of the barriers and provide supporting documentation.

- 1. Are you in foster care, or aging out of foster care? Yes No
- 2. Are you homeless, or a runaway? Yes No
- 3. Are you a migrant? Yes No
- 4. Are you court-involved, or at risk of involvement? Yes No
- 5. Are you a child of an incarcerated parent(s)? Yes No
- 6. Do you have a disability? Yes No
- 7. Are you pregnant or parenting? Yes No
- 8. Are you in need of additional assistance to enter or complete an educational program or to secure and hold employment? Yes No
- 9. Are you Basic Skills Deficient (At or below 8th grade in Reading and/or Math assessed by a standardized test)? Yes No
- 10. Are you an English as a second language learner (ESL)? Yes No
- 11. Have you been identified as at risk of dropping out of school? Yes No

**Applicant Certification**

*I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, (including wage records and unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.  
I allow the release of this information for verification and reporting purposes and understand that it be used to determine eligibility.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is <18 years old)

\_\_\_\_\_  
Date

**Authorized Staff Certification**

*I have reviewed all of the above information supplied by the applicant and have found it to be a reasonable representation of the individual’s status at the time of the interview.*

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
Date

# PARTNER WORK

Temporary Assistance for Needy Families (TANF) eligibility is based on state and federal guidelines. ISY applicants must be attending school. Use this checklist to determine which documents prove eligibility. Each applicant must document all the categories in box A and meet income requirement in box B. Plus documentation for the barriers below if using the high poverty tool.

| Eligibility point                               | Most common documentation  |
|---|--|
| Social security number                          | Social Security Card OR Proof of application for SSN from Social Security Administration   |
| Citizenship or eligibility to work              | Birth certificate; alien registration card; public assistance records; social security card (Work Eligible) with ID; U.S. passport; Alien Registration Card; I-94; I-551   |
| Age/date of birth (14-18 years old)             | Birth certificate; government-issued ID or driver's license; public assistance records   |
| Proof of PA residence                           | Receipts for mortgage, rent or utility payments; Deed; Driver's license or PA state ID; Statement that a motel or hotel room is available once rental payment is made, statement that a room is available at a mission, Salvation Army, homeless shelter, or similar place; Report card; Recent Department of Human Service's benefit letter; Collateral contact, or; or affidavit from someone other than the participant |
| Selective service registration (males 18+ only) | Internet verification of registration; DD-214; stamped post office receipt   |

| Income eligibility  | Most common documentation   |
|---|---|
| TANF Cash Assistance recipient, SSI recipient, or youth's monthly gross income does not exceed 235% of the FPIG | Recent Department of Human Service's benefit letter; One month (30 days) of paystubs; employer letter that captures equivalent information found on a paystub; IRS Schedule C or C-EZ from the most recent tax year, if self-employed; statement of family size/family income |
| Lives in a high poverty area  | High poverty look up tool, plus documentation of any one of the barriers below  |

| Barrier to employment   | Most common documentation  |
|---|--|
| Basic Skills Deficient  | Standardized test score (TABE or CASAS); school records  |
| English Language Learner  | Self-certification   |
| Court-involved or child of incarcerated parent  | Court document; probation letter; halfway house residency, self-certification  |
| Homeless, Foster child/aged out or runaway  | Letter from shelter or individual providing shelter; self-certification; telephone verification; Court documentation |
| Pregnant or parenting   | Child's birth certificate; doctor's note; telephone verification; self-certification                                 |
| Individual with a disability  | OVR or agency letter; IEP; medical records; self-certification; telephone verification                               |
| Immigrant, Migrant, or refugee  | Alien registration card; social security card (Work Eligible); Alien Registration Card; I-94; I-551                  |
| Identified at risk of dropping out  | School letter; court documents; self certification; telephone verification   |
| Requires additional assistance to enter or complete educational or secure and hold employment | School letter; court documents; self certification; telephone verification   |

For questions, please visit [www.partner4work.org](http://www.partner4work.org) or call (412) 932-2944.