

# Workforce Youth Application

Dear Parent,

This is a competitive program and applications submitted will be reviewed for program eligibility.

**All applications must be completed. This is part of the reviewing process. To be considered complete PART A and PART B with supporting documentation for the three sections of PART B (common requirements, income requirements and youth barriers) must be signed and returned to the Workforce Center. All the information should be stapled together.**

**Attached also is a Release of Information form that must be signed by the parent and the student. If you are 18 and above a parent signature is not required.**

**After you have completed the application, please return it to the Workforce Center staff person.**

You will be asked to provide the following documents listed below to complete the WIA application.

- Proof of Social Security Number
- Proof of Citizenship (Birth Certificate)
- Proof of Birth date/Age
- Proof of Income (Family Income for the last 6 months)

If you have any questions pertaining to the application, don't hesitate to contact Workforce Staff at 595-2800.



**Educational Status**

Current Grade  Post-High School  High School Graduate/Equivalent  
 \_\_\_\_\_ Attendee

What was the last grade you finished in school? \_\_\_\_\_

Are you a truant youth? .....  Yes  No

List two contacts **not living in your household** who will be able to locate you in case you move or change telephone numbers

|              |           |              |  |
|--------------|-----------|--------------|--|
| Name         |           | Name         |  |
| Address      |           | Address      |  |
| City         | State     | Zip Code     |  |
| City         | State     | Zip Code     |  |
| Phone        | Area Code | Number       |  |
| Phone:       | Area Code | Number       |  |
| Relationship |           | Relationship |  |

**WORKFORCE APPLICATION**

List all persons living in your household related to you by blood, marriage or adoption **who are presently employed or have worked in the last 6 months.** Parents/Guardians please complete this section.

|      |              |                   |     |
|------|--------------|-------------------|-----|
| Name | Relationship | Social Security # | DOB |
|------|--------------|-------------------|-----|

|               |            |          |                |               |
|---------------|------------|----------|----------------|---------------|
| Employer Name | Start Date | End Date | Hours per Week | Wage Per Hour |
|---------------|------------|----------|----------------|---------------|

|      |              |                   |     |
|------|--------------|-------------------|-----|
| Name | Relationship | Social Security # | DOB |
|------|--------------|-------------------|-----|

|               |            |          |                |               |
|---------------|------------|----------|----------------|---------------|
| Employer Name | Start Date | End Date | Hours per Week | Wage Per Hour |
|---------------|------------|----------|----------------|---------------|

|      |              |                   |     |
|------|--------------|-------------------|-----|
| Name | Relationship | Social Security # | DOB |
|------|--------------|-------------------|-----|

List all persons living in your household related to you by blood, marriage or adoption **who have not worked in the last 6 months.**

|      |              |     |
|------|--------------|-----|
| Name | Relationship | DOB |

**Application must include Attachments: A and B with supporting documentation.**

**Applicant Signature:**

\_\_\_\_\_

**Date**

**If under age 18 parents must also sign**

\_\_\_\_\_

**Date**

**If you have any questions, please contact Workforce Staff at 595-2800.**

**For outlying counties, call 800-386-7200.**

Workforce Solutions Brazos Valley is an equal opportunity employer and provides equal opportunity employment programs. Auxiliary aids are available upon request to disabled individuals.

Texas Relay (800) 735-2989 TDD (800) 735-2988 Voice

## PART B

Listed below are additional eligibility requirements: A. common requirements, B. income and C. youth barrier.

Each of the following parts has several different ways of showing that you meet those particular eligibility requirements. Each section lists multiple documents that may be submitted to show that you meet that particular requirement. Only a copy of one document from each category is required.

### A. Common requirements

Each of the following 4 requirements must be documented by providing one of the documents listed under the main title. Please check the document you are providing.

#### 1. SOCIAL SECURITY NUMBER

- Employment Records
- IRS Form Letter 1722 (See Section V)
- Letter from Social Service Agency
- Pay Stub
- Social Security Benefits
- Social Security Card
- W-2 Form

#### 2. CITIZENSHIP/ALIEN STATUS

- Citizenship/Alien Status Authorization to Work Form
- Alien Registration Card indicating Right to Work (INS Form I-151, I-94, I-688A)
- Birth Certificate
- U.S. Passport
- Social Security Card stamped "Eligible" (Non-citizens Only) with Picture I.D.

#### 3. BIRTHDATE/AGE

- Birth Certificate
- Driver's License
- Public Assistance/Social Service Records
- School Records/Identification Card
- Work Permit

#### 4. SELECTIVE SERVICE REGISTRANT – *only applies to male applicant's age 17 years and 11 months at the time of your application. To print out a copy of your registration go to [www.sss.gov](http://www.sss.gov).*

- Internet Verification/Registration  
(<http://www.sss.gov>)
- \_\_\_ not applicable

## **B. Proof of Income**

In part B *Proof of Income* only one of the following 6 categories is required. Decide which category best reflects your family's income, check yes under that category and provide a copy of one of the documents listed under that category.

### **1) INCOME**

Yes \_\_\_ No \_\_\_

- Proof of gross family income
- Court Award Letter
- Employer Verification
- Pay Stubs
- Farm or Business Financial Record
- Social Security Benefits
- Unemployment Insurance Documents

**Please provide proof of all family income for the last 6 months. This includes all persons living in the household that have worked within the last six months.**

### **2) STATE PUBLIC ASSISTANCE (TANF)**

Yes \_\_\_ No \_\_\_

- Copy of Authorization to Receive Cash Public Assistance
- Public Assistance Records/Printout

**TANF recipient must be listed on grant. The grant lists the names of everyone eligible to receive the benefits.**

### **3) FOOD STAMPS**

Yes \_\_\_ No \_\_\_

- Current Food Stamp Receipt
- Public Assistance Records/Printout

**Food Stamp recipient must be listed on grant. The grant lists the names of everyone eligible to receive the benefits.**

### **4) HOMELESS**

Yes \_\_\_ No \_\_\_

- Written Statement from an Individual Providing Temporary Residence
- Written Statement from Shelter
- Written Statement from Social Service Agency

### **5) SUPPORTED FOSTER CHILD**

Yes \_\_\_ No \_\_\_

- Court Contact
- Court Documentation
- Medical Card
- Verification of Payment Made on Behalf of the Child
- Written Statement from State/Local Agency

- 6) INDIVIDUALS WITH DISABILITIES**
- Yes\_\_\_ No \_\_\_
- Letter from Drug or Alcohol Rehabilitation Agency
  - Letter from Child Study Team Stating Specific Disability
  - Medical Records
  - Physician's Statement
  - Psychiatrist's Diagnosis
  - Psychologist's Diagnosis
  - School Records
  - Sheltered Workshop Certification
  - Social Service Records/Referral
  - Social Security Administration Disability Records
  - Veterans Administration Letter/Records
  - Vocational Rehabilitation Letter
  - Workers Compensation Record

**Indicate family size below: Please review examples of family size.**

**FAMILY:** “Two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- (A) A husband, wife, and dependent children;
- (B) A parent or guardian and dependent children; or

*Note:*

- Family size is determined based on those individuals meeting the above definition at time of application.

A husband and wife and 2 children are considered a family of four.

A grandmother and 2 children are considered a family of three.

***Please indicate family size by number.***

**Family Size \_\_\_\_\_**

## **C. YOUTH BARRIERS**

*Youth must also have one of the barriers (A-F) to be eligible. Please attach a copy of the checked item below the applicable barrier. If you check other please write in what demonstrates that you meet a particular barrier and attach a copy of a document that supports your barrier.*

### **A. DEFICIENT IN BASIC LITERACY SKILLS**

- N/A
- TABE tested within the last 6 months
- School Records (Behind in Grade level)
- Telephone Verification
- Other:

### **B. PREGNANT OR PARENTING**

- N/A
- Applicant Statement
- Birth Certificate
- Hospital Record of Birth
- Medical Card
- Physician's Note
- Referrals from Official Agencies
- School Program for Pregnant Teens
- School Records
- Statement from Social Service Agency
- Telephone Verification
- Other:

### **C. SCHOOL DROPOUT**

- N/A
- Applicant Statement
- Attendance Record
- Dropout Letter
- Telephone Verification
- Other:

### **D. OFFENDER (Adjudicated, Misdemeanor or Felony conviction)**

- N/A
- Applicant Statement
- Court Documents
- Halfway House Resident
- Letter of Parole
- Letter from Probation Officer
- Police Records
- Telephone Verification
- Other:

### **E. HOMELESS OR RUN-AWAY YOUTH**

- N/A
- Applicant Statement
- Written Statement from an Individual Providing Temporary Residence
- Written Statement from Shelter
- Written Statement from Social Service Agency
- Telephone Verification
- Other:

**F. FOSTER CHILD**

- N/A
- Court Contact/Documentation
- Medical Card
- Verification of Payment Made on Behalf of the Child
- Other:

**G. Additional Barriers – Local Criteria (Only for TANF funded – Summer Youth Program)**

- Youth receiving Children Health Insurance Program (CHIP)
- Youth receiving Medicaid
- Family receives subsidized child care through the Child Care Development Block Grant.
- Family is eligible for or receiving subsidized public housing assistance
- Family is participating in WIC
- Youth received free or reduced school lunch
- Parent participating in WIA Adult Services
  - Youth in household with 1 parent – with parent on UI, or parent who has exhausted UI and remains unemployed.
  - Youth in household with 2 parents - with both parents on UI, or both parents have exhausted UI and both remain unemployed.

Please check all the required documents you agree you have attached as follows:

- A. \_\_\_\_ Common Requirements
1. \_\_\_\_ Social Security document
  2. \_\_\_\_ Citizen ship/alien status
  3. \_\_\_\_ Proof of Birth date/age
  4. \_\_\_\_ Selective Service Registration ( if applicable)

- B. \_\_\_\_ Proof of Income
1. \_\_\_\_ \_\_\_\_\_  
(List type selected and documentation included)

- C. \_\_\_\_ Youth Barrier
1. \_\_\_\_ \_\_\_\_\_  
(List barrier selected and documentation included)

Applicant Signature: \_\_\_\_\_

\_\_\_\_\_ (Date)

If under 18 years of age:

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ (Date)

Workforce Solutions Brazos Valley is an equal opportunity employer and provides equal opportunity employment programs. Auxiliary aids are available upon request to disabled individuals.

Texas Relay (800) 735-2989 TDD (800) 735-2988 Voice