



Project Self-Sufficiency Summer Youth Employment Program 2017

The 2017 Summer Youth Employment Program is open to youth aged 15 to 17 who have NOT previously been served by this program.

PARENT/GUARDIAN INTAKE APPLICATION

Are you a Project Self-Sufficiency Participant? YES ___ NO ___ Counselor's Name _____

How did you hear about our Summer Youth Employment Program?

Newspaper__ Radio__ TV__ Friend __ PSS Counselor ___ Other (specify)_____

Did your child participate in last year's program? YES _____ NO _____

LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

IS YOUR CHILD A U.S. CITIZEN/LEGAL RESIDENT? YES _____ NO _____

FAMILY STATUS: SINGLE _____ MARRIED: _____ DIVORCED/SEPARATED _____

TOTAL NUMBER IN HOUSEHOLD (INCLUDING YOURSELF): _____

NUMBER OF MEMBERS AGE 17 AND UNDER: _____

ALTERNATE/EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD: _____

PHONE: _____

IS YOUR CHILD CURRENTLY PARTICIPATING IN SERVICES PROVIDED BY THE FOLLOWING:

- Community or School Counseling/Therapy
- Substance Abuse Treatment
- Probation
- Division of Child Protection and Permanency
- Family Services Organization
- Family Intervention Services
- School Child Study Team

Other: Please use the space below to describe in detail, your child’s involvement in any services other than the those listed above –

APPLICANT STATEMENT
(INCOME WORKSHEET STATEMENT)

Name of Applicant: _____ SS# _____

Total Number in Family Unit: _____

Total household income (include wages, child support, disability etc.)

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$4,999 | <input type="checkbox"/> \$35,000 - \$44,999 |
| <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$45,000 - \$54,999 |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$55,000 - \$64,999 |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$65,000 - \$74,999 |
| <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$75,000 or above |
| <input type="checkbox"/> \$25,000 - \$34,999 | |

I hereby certify under penalty of perjury that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I attest that the information state above is true and accurate. I am also aware that eligibility is subject to review and verification and participants may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment.

I HEREBY GIVE PERMISSION TO VERIFY MY INCOME BY CONTACTING MY PLACE OF EMPLOYMENT OR AGENCY FROM WHICH I RECEIVE BENEFITS.

Parent/Guardian Signature: _____ Date: _____

Interviewer’s Signature: _____ Date: _____