

## 2024 Summer Youth Employment Program

The Schenectady County Summer Youth Employment Program is a unique opportunity to gain six-weeks of meaningful, on-the-job training during the summer; youth selected for program will be assigned to a worksite and permitted to work for 20 hours per week earning \$15.00 per hour through Schenectady County Connects (Schenectady County Job Training Agency/SJTA).

- You must be a Schenectady County resident
- You must be age 14-24 by July 8, 2024 (first day of the program)

*Please note: the majority of funding is allocated to youth whose family is receiving TANF (public assistance), SNAP (food stamps), or whose total household income does not exceed 200% of the poverty line (see guidelines on page 2)*

**MAIL OR HAND-DELIVER YOUR COMPLETED APPLICATION TO:**

**Schenectady County Connects/Job Training Agency  
 Attn: Summer Youth Employment Program  
 797 Broadway, Schenectady, New York 12305**

**Applications must be received by  
 Schenectady County Connects no later than:  
 FRIDAY, APRIL 12, 2024**

*SJTA is not responsible for applications submitted to a third-party, follow the instructions listed above.*

**Application Checklist:**

You **must** include the following in order to participate in the Summer Youth Employment Program:  
*Due to the volume of applications, we cannot pull documentation/information from previous years, please provide everything listed below.*

- |   |   |
|---|---|
| <input type="checkbox"/> Application (pg. 3)<br><input type="checkbox"/> Emergency Info. Form (pg. 4)<br><input type="checkbox"/> Confidential Income Statement (pg. 5-6)<br><input type="checkbox"/> Proof of Household Income (see pg. 2)<br><input type="checkbox"/> Release of Information (pg. 7)<br><input type="checkbox"/> Selective Service Letter (18+ males) | <input type="checkbox"/> Copy of Social Security Card<br><input type="checkbox"/> Copy of Birth Certificate<br><input type="checkbox"/> Copy of Report Card (if in school)<br><input type="checkbox"/> Copy of Photo ID (18+ or not in school)<br><input type="checkbox"/> Original Working Papers (age 14-17)<br><i>Age 14/15: BLUE, age 16/17: GREEN/SALMON</i> |
|---|---|



1. **COMPLETE** application in pen and attach all required documents.
2. **REVIEW** application for completeness and accuracy, fill in all blanks.
3. **SUBMIT** completed application and required documentation.

*Completion of an application does not guarantee you a summer position – positions are contingent on funds from grants and the State and Federal Government, you must be determined eligible for the program under guidelines provided by these funders, and you must be selected through the lottery to participate.*

# SUMMER YOUTH EMPLOYMENT PROGRAM TIMELINE

## KEEP THIS PAGE FOR YOUR INFORMATION!

If Schenectady County Connects (Schenectady County Job Training Agency - SJTA) receives more applications by the deadline than are able to be served, a lottery will be held to determine which applicants are selected to participate. Priority may be given to youth who have participated in the program for fewer than 3 years.

\* If you ARE selected through the lottery to participate in the program:

**1. Interview Letter**

You will receive a letter by e-mail or in the mail in May with your interview date & time.

**2. Interview**

- Attend your interview independently (parents/guardians may wait outside)
- Be prepared to discuss what kind of work you would like to do this summer, any prior work/volunteer experience you have, the transportation you will have to/from work, and whether or not you think you will need to attend summer school.
- You must dress professionally for all appointments and interactions during the program including your interview, orientation, and at your worksite.

**3. Orientation**

There is a mandatory orientation you will need to attend in June

**4. Employment**

Dates of employment are July 8, 2024 – August 16, 2024.

**\*Vacations and time off are not permitted during the program.\***



\* If you ARE NOT selected through the lottery to participate in the program:

- ♦ You will receive a letter in the mail stating that you were not able to be selected for program and your working paper card (if submitted) will be mailed back to you.

### Proof of Income Guidelines:

200% of Federal Poverty Guidelines 2024 Guidelines <a href="https://aspe.hhs.gov">https://aspe.hhs.gov</a>	
Family Size	Annual Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
For family units with 8+ family members, add \$10,760 annually for each additional family member.	

Examples of Acceptable Proof of Income	
If you have questions regarding income, please call our office to clarify.	
Income	Proof
Wages/Salary	Six most recent paystubs
TA/SNAP	Award Letter/Budget
SSI/SSD	Award Letter
Alimony	Check stubs or court order
Child Support	Check stubs or court order
Rent (as a landlord)	Rent receipts
DSS Childcare Provider	Authorization with rates
Self-Employment	Tax return

### Where Can I Get My...?

Social Security Card	U.S. Social Security Administration, *Check <a href="https://www.ssa.gov/">https://www.ssa.gov/</a> for services*
Birth Certificate	<a href="https://www.health.ny.gov/vital_records/">https://www.health.ny.gov/vital_records/</a>
Photo ID	Dept. of Motor Vehicles, *Check <a href="https://www.schenectadycounty.com/county-clerk/dmv">https://www.schenectadycounty.com/county-clerk/dmv</a> for services*
Working Papers	Your School (if homeschooled contact your school district)
Selective Service Letter	<a href="https://www.sss.gov/Home/Registration">https://www.sss.gov/Home/Registration</a>



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(518) 344-2737 | SchenectadySJTA@dfa.state.ny.us
@SchenectadyCountyConnects

2024 Summer Youth Employment Program – Application

Name: Last First MI Social Security #: - -

Address: Street Address & Apt. # City NY Zip Code

If you move or your phone number changes, it is your responsibility to inform Sch. Co. Connects ASAP

Phone #: ( ) - E-mail:

Date of Birth: / / Age: Gender: Male Female Other

Ethnicity: Black American Indian Asian White Alaskan Pacific Islander Hispanic Hawaiian Other:

Are you a U.S. Citizen? Yes No, Alien #, INS form #, Date of entry into the U.S.

Are you registered with the Selective Service System? (Required only for males 18+) Yes, receipt #: No Not applicable

Education: In Middle or High School Name of School: Grade: In GED/TASC or College Name of School: Out of School - Dropped Out Last grade completed: Out of School - High School Graduate or obtained GED/TASC

Including yourself, how many family members are living in your household?

How did you hear about the Summer Youth Employment Program?

YOU MUST INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION: Due to the volume of applications, we cannot pull documentation/information from previous years, please provide everything listed below. Application (pg. 3) Copy of Social Security Card Emergency Info. Form (pg. 4) Copy of Birth Certificate Confidential Income Statement (pg. 5-6) Copy of Report Card (if in school) Proof of Household Income (see pg. 2) Copy of Photo ID (18+ or not in school) Release of Information (pg. 7) Original Working Papers (age 14-17) Selective Service Letter (18+ males) Age 14/15: BLUE, age 16/17: GREEN/SALMON

Signature of Applicant: Date:

Signature of Parent/Guardian: Date:

Applicant: if you are 18 or older, and your own guardian, you may sign here



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## 2024 Summer Youth Employment Program Emergency Information Form

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my child/I is/am applying for a position through the Summer Youth Employment Program. I hereby authorize and give my consent to any area medical facility to examine and treat

\_\_\_\_\_

Print Applicant's Name

in the event that such employee requests or requires examination or treatment in an emergency.

**Worksite Supervisors are responsible for providing/obtaining emergency medical attention for participants at a worksite. The following form might facilitate any emergency situation.**

\_\_\_\_\_ Allergies or Reactions: \_\_\_\_\_

\_\_\_\_\_ Prone to Seizures

\_\_\_\_\_ Medication Required: \_\_\_\_\_

*SJTA/Worksite is not responsible for securing or administering routine medication*

\_\_\_\_\_ Other Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

**Worker's Compensation Forms must be completed within 24 hours of any accident.  
 Please alert SJTA immediately of any emergency at (518) 344-2749.**

Emergency Contact Name & Relationship	Cell Phone #	Home Phone #	Work Phone #	Address
1.  Parent/Guardian				
2.				
3.				

I understand that the information above will be used in the event of an emergency and will be shared with the youth applicant's Worksite Supervisor. I attest that the above information is complete and accurate.

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

Applicant: if you are 18 or older, and your own guardian, you may sign here



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## 2024 Summer Youth Employment Program Confidential Income & Eligibility Statement

The following information is to be completed by the **PARENT/GUARDIAN** unless the applicant is age 18+. All information is subject to verification. Please answer every question, provide details as requested, and print clearly.

Name of Youth Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Number of family members in household: \_\_\_\_\_

**SECTION 1:**

Does the **YOUTH APPLICANT** currently receive benefits under any of the following programs?

- |                                    |                             |   |
|------------------------------------|-----------------------------|---|
| TANF/Safety Net/Public Assistance  | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____               |
| SNAP/Food Stamps Benefits          | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____               |
| HEAP Benefits                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____               |
| Medicaid Benefits                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes, case #: _____               |
| SSI (Supplemental Security Income) | <input type="checkbox"/> No | <input type="checkbox"/> Yes, submit copy of award letter |

Please complete the following chart regarding **ALL HOUSEHOLD INCOME**

*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 any family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income. (Copies of recent pay stubs with year-to-date wage information or a signed statement from the employer stating the worker's GROSS wages for the last 6 months are required; see pg. 2 for details on acceptable proof of income.*

List **all** sources of income received and any recurring income of family members.

Name	Income Source	Dates Employed	Amount Earned	Received (Check One)		
				Weekly	Monthly	Annually

*Include the gross income (income before taxes & deductions) of each family member who lives with the youth applicant. Family members include: the youth applicant and their 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 the youth applicant has a child of their own, include that child, any brothers and sisters of the child, and the child's parents. Do not include any of these people if they do not live with the youth applicant. Do not include other family members such as grandparents, uncles, or aunts. If the youth applicant is married, they should include their spouse but does not need to include their parents or siblings.*

The individual signing this application may be asked to prove any or all of the statements below. Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10) for any person applying for or receiving federal TANF services. Social Security number(s) may be used to verify receipt of government assistance programs (i.e., TANF, SNAP, HEAP, prevention, etc.), to verify other information on the application or to verify alien status. If you disagree with any decision made regarding your eligibility to receive TANF services, you may request to have your certification reviewed by someone at a higher level.

**SECTION 2:**

Additional required information about the youth applicant to assist in determining funding eligibility.

- Do they have a disability?  Yes  No  
*If yes, please describe:* \_\_\_\_\_
- Have they ever been arrested?  Yes  No
- Are they currently on PINS/probation/parole?  Yes  No  
*If yes, name of PO:* \_\_\_\_\_
- Are they homeless or a runaway?  Yes  No
- Are they in Foster Care or a resident of a Group Home?  Yes  No
- Receiving Prevention Services under the Dept. of Social Services?  Yes  No  
*If yes, name of Caseworker:* \_\_\_\_\_
- Are they a teenage parent/expecting a child?  Yes  No  
*If yes, due date/childcare:* \_\_\_\_\_
- Are they an English (as a second+) language learner?  Yes  No

**SECTION 3:**

Federal regulations may require the Department to obtain reading and math information from the School Districts for each youth who applies to our program.

I authorize the release of information from the youth applicant’s School District to the Schenectady Job Training Agency to be used for the sole purpose of determining program eligibility. In addition, (if applicable) I hereby authorize the Department of Social Services to release information regarding my TANF/SNAP/HEAP/Medicaid/Prevention case(s) to the Schenectady Job Training Agency, for the purpose of determining eligibility for this program.

By signing this, I am swearing, under penalty of perjury, that all of the information provided herein is true to the best of my knowledge, that I have no fraudulent intent, and that I am willing to cooperate with any efforts to verify the information provided. I am also aware that the applicant will be subject to immediate termination if they are subsequently found ineligible. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

\_\_\_\_\_  
**Signature of Parent/Guardian**

Applicant: if you are 18 or older, and your own guardian, you may sign here

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Applicant**

A parent or guardian must sign this form (for applicants under 18) for the application to be complete. The Commissioner of the Department of Social Services or their designee must sign for children in foster care.

**Note:**

If the youth applicant is selected for program and is not a United States citizen, the “Immigration Status List” will be mailed to them with their interview time, and they will be asked to provide SJTA with the status number from the list as well as any additional required documentation to support that they are legally able to work in the United States.



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## 2024 Youth Employment Program Releases of Information

Name of Youth Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

### CONSENT TO RELEASE CONFIDENTIAL INFORMATION:

I agree to authorize Schenectady County Connects/Job Training Agency (SJTA) Youth Employment Program to gather and/or release information about the youth applicant named above pertaining to worksite location, work schedule, attendance, attitude/conduct, demographic information, academic information, performance evaluations, medical information, psychological information, treatment plan, financial status, family composition, and/or extra-curricular activities.

This is a reciprocal release whereby Schenectady County Connects/Job Training Agency Youth Employment Program can release to and/or gather information from people/agencies including the youth applicant's family, worksite staff, school staff, advocate(s), caseworker(s), probation officer(s), medical/mental health professionals, and Schenectady County Connects/Job Training Agency partner agencies/businesses as needed.

I understand that this information will be shared only in the best interest of supporting the youth applicant in their work experience. This consent is valid starting on the date below and will expire after one year.

\_\_\_\_\_  
**Signature of Parent/Guardian**  
Applicant: if you are 18 or older, and your own guardian, you may sign here

\_\_\_\_\_  
**Date**

### EMPLOYMENT REFERENCE CONSENT:

I authorize Schenectady County Connects/Job Training Agency to give the youth applicant named above a positive or neutral (dates of employment) job reference based on their performance in the program. This consent does not expire.

\_\_\_\_\_  
**Signature of Parent/Guardian**  
Applicant: if you are 18 or older, and your own guardian, you may sign here

\_\_\_\_\_  
**Date**

### MEDIA CONSENT AND RELEASE:

I authorize Schenectady County Connects/Job Training Agency, its' partner agencies/businesses, and any media subsidiaries covering the Youth Employment Program to record and edit the likeness of, interview, quote, photograph, record audio, take video footage (henceforth referred to as photographic or electronic reproductions) of the youth applicant named above. These photographic and electronic reproductions may be used for publication, educational, exhibition, marketing, and social media purposes and I understand that the youth applicant and I are not entitled to any compensation or remuneration with respect to our involvement in any media contact. This consent is valid starting on the date below and will expire after one year.

\_\_\_\_\_  
**Signature of Parent/Guardian**  
Applicant: if you are 18 or older, and your own guardian, you may sign here

\_\_\_\_\_  
**Date**