



**DIGITAL SKILLS FOR YOUTH SPRING 2009
YOUTH SERVICES APPLICATION**

(Please complete this application in its entirety)

Name _____ Age _____
Last First Middle Initial

Address _____
Street City State Zip

Telephone # _____ Alternate # _____ E-mail _____

Date of Birth ____/____/____ School/College Attending _____/_____
Month Day Year Grade

Were you referred? Yes No If yes by whom: _____
Name/Agency

What service(s) are you interested in? Workshops Special Events Program(s) Other _____

Are you currently employed? Yes No If yes where: _____

Interest / Skills / Abilities

What career field do you plan to enter after school? _____

List any special skills you have: _____

List any clubs, sports or activities in which you are involved after school: _____

List any awards or recognition that you have received in the past two years: _____

Skills Assessment

Can you type? Yes No If yes how many words per minute: _____

Please list any computer programs and/or databases that you have used

On a scale of 1-10, please rate yourself on the following:

1 = No experience 5 = Some experience 10 = Very experienced

Word Excel PowerPoint Outlook Access Web Site Design Internet Explorer

Miscellaneous

Describe your access to a computer including a reliable connection to the internet: _____

Are you currently involved in a work readiness or employment program? Yes No

If yes where or with whom: _____

During the past year have you participated in a RochesterWorks! sponsored workshop or event?

Yes No If yes where and when:

How will you get to and from work or RochesterWorks! sponsored workshops, internship site & special events? Own Car Bus Other: _____

How did you find out about RochesterWorks? Newspaper Flyer Friend or Relative School

RochesterWorks Website Other _____

Check if you have a: Work Permit Social Security Card Birth Certificate
(If under 18 yrs.)

Family Information

Confidential Information-Will not be shared outside of program.

1. Please check all that may apply-Are you or your family receiving:

Public Assistance/TANF If yes, PA CASE # _____

Food Stamps If yes, PA CASE # _____

Free or reduced lunch in school Yes No

Medicaid or SSI If yes, CASE # _____

2. Are you in foster care? Yes No

3. Do you qualify according to the income guidelines on the income guideline worksheet attached to this application? Yes No

4. Number of people in your household _____

5. Have you registered for Selective Service? (for males aged 18+)
 Yes No N/A

Income Guidelines w/Acceptable Documentation

Reference Material – May Be Reviewed w/Applicant

Proof of Income Eligibility (*see income guidelines chart - 70% of the Lower Living Standard Income Level, and income sources listed below*) – hard copy documentation for each source of income is required. **Note:** documentation (*ex: pay stub*) must include the **Name** of the family member.

(Cash Welfare, Food Stamps, and Supplemental Security Income recipients are automatically low-income eligible. Verification of benefit is required. YOUTH WITH APPROVED DISABILITIES MAY BE DETERMINED AS A FAMILY OF ONE FOR PURPOSES OF INCOME ELIGIBILITY- CHECK WITH PROGRAM COORDINATOR.)

Income Guidelines – based on earnings for 6 months prior to application

Household Income* Must Not Exceed 70% of the Lower Living or Poverty Income Guidelines				
Family Size	Annual Income	or Monthly Income	or Bi-Weekly Income	or Weekly Income
1	\$10,400	\$866	\$400	\$200
2	\$15,469	\$1,289	\$595	\$297
3	\$21,231	\$1,769	\$817	\$408
4	\$26,208	\$2,184	\$1,008	\$504
5	\$30,932	\$2,578	\$1,169	\$595
6	\$36,170	\$3,014	\$1,391	\$696
7	\$41,408	\$3,451	\$1,593	\$796
8	\$46,646	\$3,887	\$1,794	\$897
9	\$51,884	\$4,324	\$1,996	\$998
10	\$57,122	\$4,760	\$2,197	\$1,099

Refer to Program Operator for family size greater than 10

* Income amounts are determined before taxes and other deductions are taken. Income requirements are subject to update by the NYS Department of Labor (last updated June 2008).

Income Sources to Include and Acceptable Documentation

Include For Determination	Do Not Include
• Wages, Salaries (<i>gross</i>), including Tips	• Unemployment Insurance Benefits
• Net earnings from self-employment	• Public Assistance (<i>welfare</i>)
• Interest & Dividends from savings & investments	• Supplement Security Income (SSI)
• Pension Income (<i>all types</i>)	• Lump-sum (<i>one-time</i>) Worker's Comp
• Rental Income (<i>net</i>)	• Lump-sum (<i>one-time</i>) Insurance Awards
• Alimony	• Lump-sum Inheritance
• Lifetime Annuities/awards	• Proceeds from sell of property
• Disability Benefits (<i>except one-time lump-sum</i>)	• Child Support
• Worker's Compensation (<i>except one-time lump-sum</i>)	• Tax Refunds
• College/university grants, aid fellowship	• Loans
• Military Family Allotments	• Gifts
	• Pell Grants or Federal Work Study
	• Active Duty Pay for Veterans

Other required documents include: proof of identity such as SS Card, and date of birth such as birth certificate. Program staff can assist.

Please attach a resume if you have one.

All information is kept confidential and nothing on this application should be viewed as expressing directly or indirectly any discrimination as to age, race, religion, color, national origin, gender, disability, marital status, or criminal record. If applicable, the applicant gives the program provider, RochesterWorks Inc., and designated representatives of appropriate Federal, State, local and/or other government agencies permission to verify and view program data relevant to involvement in a specially funded program. The applicant's signature below indicates that the information provided is true and correct to the best of his/her knowledge.

Applicant

Signature: _____ Date: _____

(If applicant is 17 yrs or younger) Parent/Guardian

Signature _____ Date: _____

RochesterWorks Staff Use Only:

Initial assessment made _____ (date)

Suitable for: Self-Service Workshops Special Events

Program(s): DSY Job Club TANF WIA

Other: _____

Referral made

to: _____

_____ (date)