



**T.E.E.N.**  
TEEN EMPLOYMENT EDUCATION NETWORK  
**WORKS**

**ROCKLAND COUNTY YOUTH BUREAU**  
**T.E.E.N. WORKS APPLICATION**  
**2014 SESSION I (February 3rd–May 15th)**

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The Rockland County Youth Bureau is pleased to announce that the Rockland County Youth Employment Program – *T.E.E.N. Works (Teen Employment Education Network)* is now accepting applications for the 2014 Session I. This program is funded by the County of Rockland and is designed to provide eligible youth with a meaningful workforce training. This 12-week program will offer pre-employment training to teens and young adults between the ages of 14 and 21 to strengthen their ability to become self-sufficient and responsible. The program may also provide a paid job placement pending a successful final assessment of the participant. The program will operate Monday, Tuesday and Thursdays from 3:00 – 6:00 p.m. Session I will begin on February 3, 2014 and conclude on May 15, 2014. Participants will receive a stipend of \$15 a day for the 12 weeks. At completion of the program, participants will see themselves as respected, successful, contributing members of the workforce with strong goals for their future.

Applications for *T.E.E.N. WORKS* are due to the Rockland County Youth Bureau **NO LATER** than **December 13, 2013**.

**Eligibility Requirements:**

1. Rockland County youth **14-21 years of age** are eligible for the program if they meet one or more of the following criteria:
  - a. Foster Care Youth
  - b. Aging Out of Foster Care Youth
  - c. PINS (Persons In Need of Supervision)
  - d. Youth on Probation
  - e. Out of School Youth (under 21 without a diploma)
  - f. Parenting Teens
  - g. Income Eligible:
    - i. Free or Reduced Lunch
    - ii. Public Assistance
    - iii. Food Stamps
    - iv. Medicaid
    - v. HEAP (Home Energy Assistance Program)
    - vi. Social Security Income
    - vii. Meet Income Standards (see page 3)
2. All applicants are required to participate in an interview process. The Youth Bureau staff will contact the applicant to schedule a personal interview, upon receipt of completed application.
3. Supporting documents (working papers, birth certificates, etc) must be attached to the application. Applications are considered incomplete if documentation is not attached, application is unsigned and/or it is not submitted by the deadline. **Incomplete applications will not be processed for the program.**
4. Complete pages 4-10 and make a copy of the entire application for your personal records.
  - a. Applicant and Parent/Guardian signature required. (page 6)
  - b. TANF Form - Parent/Guardian signature required. (pages 7-8)
  - c. Release of Information - Parent/Guardian signature required. (page 9)
  - d. School Administrator Form - Must have original signature by School Administrator and be submitted with application. (page 10)
5. Applicants will be notified by mail of their acceptance or non-acceptance into the program.
6. Parent/Guardian, **along with participant**, are required to attend the orientation on January 22, 2014.
7. The Rockland County Youth Bureau does **NOT** accept faxed applications.

## CHECKLIST FOR SUBMISSION OF T.E.E.N. WORKS APPLICATION

**\*\*Please be sure that the checklist is complete before submitting the application to the Rockland County Youth Bureau\*\***

- PROOF OF ELIGIBILITY TO WORK:** Copy of Working Papers - If you have not reached your 18th birthday, you must obtain working papers (*Your school will assist you in obtaining these papers*). Be sure to attach a copy of your GREEN or BLUE WORKING CARD, not the application for permission to work that you hand in to your school.

### How to Obtain Working Papers

- Applicant must obtain an application for working papers from their Guidance Counselor.
- Applicant must attach a copy of their most recent physical from the doctor to the completed working papers application and submit to Guidance Counselor. Guidance Counselor will issue working paper.
- Attach a copy of working paper to the T.E.E.N. Works Application.

- PROOF OF AGE:** Copy of Birth Certificate or U.S. Passport

- PROOF OF CITIZENSHIP/ALIEN STATUS:** (Attach a copy of ONE of the following documents)

- A. If you are a US Citizen:
  - Copy of Social Security Card
- B. If you are **not** a US Citizen:
  - Resident Alien Work Card

- TANF FORM:** Must be completed and signed by Parent/Guardian, if under 18 years of age or self, if over 18 years of age.

- SCHOOL ADMINISTRATOR FORM:** ALL applicants must submit this form, completed and signed by your school administrator. (Guidance Counselor, School Psychologist, Asst. Principal or Principal)

- PROOF OF ELIGIBILITY TO QUALIFY FOR T.E.E.N. WORKS PROGRAM:** (Please provide appropriate documentation as it applies to your household)

Please submit ALL additional documentation that applies to your household/individual applicant.

### A. Income Eligibility:

- Proof of Receipt of Food Stamps
- Copy of Temporary Assistance Budget
- Letter from Social Services Administration
- Proof of Receipt of Medicaid
- Proof of Receipt of HEAP
- Copy of your 2011 Tax Return (see **Guidelines for 2013** listed on page 3)
- Free or Reduced School Lunch: School Administrator Form (*see attached School Administrator Form*)
- Social Security Recipients: Letter from Social Services Administration

### B. PINS or Probation:

- Letter from Probation

### C. Foster Care or Aging Out of Foster Care:

- Letter from Social Service Agency

## Income Guidelines for 2014

Please refer to the income guidelines listed below when determining eligibility for the program.

SIZE OF FAMILY UNIT	INCOME GUIDELINES
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260

For family units with more than 8 members, add \$8,040 for each additional member.

**Application Deadline: December 13, 2013**

Mail/Submit application to:  
Rockland County Youth Bureau  
18 New Hempstead Road  
New City, NY 10956

If you have questions, please call (845) 638-5166

**T.E.E.N. Works Application - To be completed by Young Person**  
**Please print and fill out all the information completely**

**Personal Data**

Who referred you to the program?

REFERRAL NAME \_\_\_\_\_ ORGANIZATION \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

1 a. APPLICANT NAME AND HOME ADDRESS

1b. MAILING ADDRESS *(if different from Home Address)*

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Street Address                      Apt. #

\_\_\_\_\_  
Street Address                      Apt. #

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

2. Home Phone

3. Parent/Guardian Name

4. Parent/Guardian Cell Phone

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

4. Applicant Cell Phone

5. Applicant email address

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

6. Date of Birth

7. Age

8. Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

Mo.                      Day                      Year

9. Name of your home school (North Rockland, Spring Valley, etc):

10. Other schools you attend (B.O.C.E.S., etc):

\_\_\_\_\_

\_\_\_\_\_

11. Grade that you are presently in: \_\_\_\_\_

12. What school are you released from at the end of the day? \_\_\_\_\_ 13. What is your dismissal time? \_\_\_\_\_

14. Current Citizenship Status:    \_\_\_ I am a U.S. citizen    \_\_\_ I am an eligible non-U.S. citizen

15. Please provide emergency contact information:

a) Name: \_\_\_\_\_

b) Relationship: \_\_\_\_\_

c) Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

d) Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

e) Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

## Demographic Data

1. Gender: \_\_\_\_\_

2. Please check all that apply:  
 I have not completed high school  
 I have completed high school or received my GED  
 I am still attending high school  
 Other (please explain) \_\_\_\_\_

3. Ethnicity:

White, non-Hispanic                       Black, non-Hispanic  
 Hispanic                                       American Indian or Alaskan Native  
 Asian or Pacific Islander                   Other

4. Have you ever been convicted of a criminal offense?  Yes  No (if yes, please explain below)

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5. If on probation, please provide the name and contact information of your probation officer

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

6. Are you presently

In Foster Care                                       Residing in a group home  
 Transitioning out of Foster Care               Homeless  
 PINS     Out of School Youth  
 Parenting Teen

## Economic Data

1. I am currently receiving:

Public Assistance                      Case # \_\_\_\_\_  
 Food Stamps                              Case # \_\_\_\_\_  
 Free or Reduced lunch  
 HEAP     SSI  
 Medicaid

2. LIST ALL FAMILY MEMBERS IN THE HOUSEHOLD AND THE INCOME THEY PROVIDE

Please list all individuals residing in household. List all sources of income for each person residing in household, including wages, social security benefits, public assistance, etc. If a family member has no income, enter \$0 under INCOME AMOUNT. If additional space is needed, please use the back of this page.

Last Name	First Name	M.I.	Relationship	Source of Income	Income Amount (Annual)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

# Employment Data

1. Please check one:

I am currently employed full-time      Where? \_\_\_\_\_ How Long? \_\_\_\_\_  
 I am currently employed part-time      Where? \_\_\_\_\_ How Long? \_\_\_\_\_  
 I am not currently employed

2. Have you ever held a job?  Yes  No      Where? \_\_\_\_\_ How long? \_\_\_\_\_

3. Do you speak a language other than English?  Yes  No      If yes, what language(s) do you:  
Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

4. Have you participated in the Rockland County Youth Employment Program?  Yes  No

a) If yes, what year(s)? \_\_\_\_\_

b) Where were you placed? (Name of Company/Agency) \_\_\_\_\_

5. Have you participated in the BRIDGES Academy or T.E.E.N. Works Program?  Yes  No

a) If yes, what year(s)? \_\_\_\_\_

6. In the space provided, please explain why you would like to participate in T.E.E.N. Works.

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My signature below indicates that I have been informed of & understand the eligibility information provided on this form and certify that all information is true & correct and subject to verification. I understand that falsification is grounds for termination from the program, and may result in action to recover any monies paid while participating in the program. Furthermore, falsification of any information provided on this form, is a criminal offense subject to penalty. I authorize the disclosure of this information to other agencies. In addition, I authorize Rockland County or its assigns to obtain information concerning this application. I understand that my identity will be kept confidential to the maximum extent possible.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date

# TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. An applicant for services who is under 21 years of age may use this application form.

## SECTION ONE

**A. Information About the Youth Applicant**

**I. Applicant's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (apartment number)

\_\_\_\_\_ (city) (state) (zip code)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month, day, year)

Telephone Number: \_\_\_\_\_

## SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes. If yes, go to Section Three.
- No. If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: \_\_\_\_\_

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

Date of Entry into United States: \_\_\_\_\_

## SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes, (check which programs) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	FOOD STAMPS	HEAP	SSI	SCHOOL LUNCH

- No, complete Item B, on page 2.

**B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.**

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your 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 you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

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 you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	Yearly	RECEIVED (Check One)	
				Monthly	Weekly

**SECTION FOUR Applicant Notification and Signature**

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided. If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Parent/Guardian Consent For School Administrator Form

Release of Information

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I hereby agree to permit the release of information

(Individualized Education Plan-I.E.P, Psychological Assessments, etc.) from:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

To the Rockland County Youth Bureau for the purpose of  
workforce preparation training and placement services.

\_\_\_\_\_  
Signature of Applicant  
(Parent/Guardian signature required if under 18 years of age)

\_\_\_\_\_  
Date

**This form must be brought to your School Administrator  
in order for them to release your information.**

### School Administrator Form

(*MUST be completed by Guidance Counselor, School Psychologist, Social Worker, Asst. Principal, OR Principal*)

This document verifies that the young person applying to the Rockland County T.E.E.N. Works Program meets the following application requirements:

A. The applicant \_\_\_\_\_ is \_\_\_\_\_ years of age. D.O.B. \_\_\_\_\_

B. The applicant presently resides in (Town/City) \_\_\_\_\_

C. The applicant is a citizen of the United States. YES / NO (circle)

D. A copy of the applicant's working papers is attached. YES / NO (circle)

E. The applicant's Social Security Number is: \_\_\_\_\_

F. The applicant attends school at: \_\_\_\_\_

G. The applicant is a participant in the school lunch program. YES / NO (circle)

H. The applicant has an Individualized Education Program (I.E.P.). YES / NO (circle)

a. Please attach a full copy of the most recent I.E.P. YES / NO (circle)

b. Please attach a copy of most recent psychological. YES / NO (circle)

I. The applicant has volunteered information that they receive Case Management/Probation Support Services (PINS, JD, etc.)

Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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#### Authorization Signature:

Name of School Administrator (*Please Print*) \_\_\_\_\_ Title \_\_\_\_\_

Original Signature of School Administrator \_\_\_\_\_ Date \_\_\_\_\_

Name of School \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_