



TANF YOUTH APPLICATION

Participant Information:

Name: _____ Phone Number: _____

PID: _____ Email: _____

Emergency Contact Person Name: _____ Phone Number: _____

What made you decide to seek services? _____

What goals do you hope to achieve while working with us? Have you already taken steps towards those goals? _____

Gender, Gender Identity, and Personal Pronouns:

The gender that is currently listed on my valid birth certificate is: (Choices based on the Gender Recognition Act, 2021.)

Male Female X Gender

The Gender with which I identify is:

Male Female Transgender Male Transgender Female Non-Binary

Agender (I do not identify with a gender.) Gender not listed. I identify as: _____

I prefer not to answer this question.

I prefer the following pronouns when referring to me, or to scenarios in relation to me:

He/Him/His She/Her/Hers They/Them/Theirs

Military/Veteran Status

I am a/an:

Disabled Veteran Recently Separated/Separated Veteran Active Duty Armed Services Individual

Active Duty Wartime or Campaign Badge Veteran Armed Forces Service Medal Veteran

Race/Ethnicity

I am: (Definitions provided by the U.S. Census Bureau.) **Check all that apply.*

- American Indian or Alaska Native Asian Black or African American
- Native Hawaiian and other Pacific Islander White

Education

What school are you attending/did you attend? _____

If completed, what year did you graduate? _____ If not completed, last grade completed? _____

Do you have any education beyond High School? (i.e. college, vocational, training certificates)

- Yes No N/A If yes, what did you study? _____

Employment

Are you currently working? Yes No

If yes, where? _____ Hours per week? _____ Wage? _____

If no, who was your most recent employer? _____ Dates of Employment: _____

Why did you leave this employment? _____

REQUIRED DOCUMENTS CHECKLIST

Youth must provide COPIES of one (1) item from each of the categories 1-5 listed below. Youth who are determined eligible through residency in a High Poverty Area must also provide verification of an additional barrier (category 6) where feasible. Note that some documents may satisfy more than one category (e.g., recent Department of Human Services benefits letter for categories 3 and 4).

Reminder: EXPIRED DOCUMENTS WILL NOT BE ACCEPTED.

<p>1. Proof of Social Security Number (Select one)</p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Proof of application for SSN from Social Security Administration OR</p> <p><input type="checkbox"/> Print out from County Assistance Office (CAO)</p>	<p>4. Proof of Household Income – Check One (dated within the last 30 days)</p> <p><input type="checkbox"/> Print out from CAO if youth is age 18+ and employment is in the system</p> <p><input type="checkbox"/> One-month (30 days) of paystubs dated within the last six months for all employed household members (Must include payee name and gross income)</p> <p><input type="checkbox"/> Employer letter that captures information equivalent to one month of pay stubs (i.e., name, job title, hours/week, rate, frequency, employer contact info)</p> <p><input type="checkbox"/> If self-employed, Tax Return including Schedule C, C-EZ, or E (for rental income)</p> <p><input type="checkbox"/> Household or student with zero income; include the WIOA Statement of Family Size/Family Income Form or Self-Certification Form.</p> <p><input type="checkbox"/> Department of Labor and Industry Pennsylvania High Poverty Area Verification (will be considered when a youth’s verified income exceeds 245% of the FPIG and must also provide verification from category 5)</p>
<p>2. Proof of Citizenship/Alien Status (Select one)</p> <p><input type="checkbox"/> Birth Certificate OR</p> <p><input type="checkbox"/> Naturalization Certificate</p> <p><input type="checkbox"/> US Passport</p> <p><input type="checkbox"/> I-179</p> <p><input type="checkbox"/> Alien Registration Card</p> <p><input type="checkbox"/> FS-545</p> <p><input type="checkbox"/> DS-1350</p> <p><input type="checkbox"/> I-94</p> <p><input type="checkbox"/> I-551</p> <p><input type="checkbox"/> Print out from the CAO</p>	<p>5. Proof of School/Education Status</p> <p><input type="checkbox"/> Attendance Records</p> <p><input type="checkbox"/> Transcripts</p> <p><input type="checkbox"/> School Documentation (Letter from school on letterhead with date and current grade)</p> <p><input type="checkbox"/> Diploma</p> <p><input type="checkbox"/> Copy of School ID reflecting current school year</p>
<p>3. Proof of PA Residency (Select one - Dated within the last 6 months)</p> <p><input type="checkbox"/> Rent receipt</p> <p><input type="checkbox"/> Receipts for mortgage or utility payments</p> <p><input type="checkbox"/> Deed</p> <p><input type="checkbox"/> Driver’s license or PA state ID</p> <p><input type="checkbox"/> Statement that a motel or hotel room is available once rental payment is made</p> <p><input type="checkbox"/> Statement that a room is available at a mission, Salvation Army, homeless shelter, or similar place</p> <p><input type="checkbox"/> Report Card</p> <p><input type="checkbox"/> Verification from the school district on school letterhead containing the name, title, and contact information of the school official verifying enrollment</p> <p><input type="checkbox"/> Recent Department of Human Service’s benefit letter or print out from CAO</p> <p><input type="checkbox"/> Collateral contact (must include the name and contact information)</p> <p><input type="checkbox"/> Affidavit from someone other than the participant</p>	<p>6. Additional Barrier(s) (Check all that apply)</p> <p><input type="checkbox"/> School dropout/identified as at risk of dropping out</p> <p><input type="checkbox"/> Within the school age of compulsory attendance, but has not attended for at least the most recent complete school year/calendar quarter</p> <p><input type="checkbox"/> Basic Skills Deficient</p> <p><input type="checkbox"/> Has a disability</p> <p><input type="checkbox"/> Court-involved or at risk of involvement</p> <p><input type="checkbox"/> Child of an incarcerated parent(s), in foster care or aging out of foster care, Homeless or runaway, pregnant or parenting</p> <p><input type="checkbox"/> Migrant</p> <p><input type="checkbox"/> In need of additional assistance to enter or complete an educational program or to secure and hold employment</p>

Participant Name _____

Participant ID # _____

January 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

July 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

August 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

March 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

April 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2024

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

May 2024

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

June 2024

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Six (6) Month Income _____

DPA/FOOD STAMP RECEIPT: _____

Intake 6 month Calendar

INTAKE CALENDAR

The calendar is used to identify the 26 week period of income for the client. Include all income (see the guidelines for income in the WIIN 3-99 chg. 2, Attachment D). This can also be used to identify number of week's worked, unemployed, wages for other family members, etc.

Please include:

1. Participant Name
2. Participant ID Number
3. Circle the date of intake. (The date the client brings his/her eligibility documents in for inspection).
4. Take a ruler to the left side of the calendar to locate the 26th week.



TANF YOUTH DEVELOPMENT PROGRAM

Authorization to Share Confidential Information and Records PII Policy #P-3-3.22

PURPOSE OF THIS FORM:

The purpose of this form is to obtain your permission to share your confidential information and records, including your social security number, among the TANF partner agencies of the SCPa Works service area. By sharing your confidential information and records, the partner agencies within the SCPa Works network will be able to better assist you in identifying and accessing employment, training, and educational services.

PLEASE READ THE FOLLOWING CAREFULLY:

I understand that the partner agencies of SCPa Works area, most specifically, PA CareerLink® programing to include partner agencies, are requesting my permission to share my confidential information and records in order to facilitate access to programs under the United States Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, July 22, 2014, and in regard to the Temporary Assistance for Needy Families (TANF) Youth Development Program (YDP) Manual reflecting PY 2022-2023.

I understand that I am not required to give permission to share my confidential information and records, including my social security number, to any agencies within the SCPa Works service area. I understand that if I agree to share my confidential information and records, including my social security number, the information will be shared solely with members of the partner agencies within the SCPa Works service area, and for the sole purposes of enabling PA CareerLink® staff to provide me employment and training services.

I understand that if I do not agree to share my confidential information and records, that information, and those records, will only be shared to the extent allowed by Federal and state law. I understand that my confidential information and records may contain information regarding medical diagnosis or treatment for drug or alcohol abuse (42 CFR, Part 2).

By completing and signing this form, I consent and agree to share my records:

I, _____ hereby consent and agree that the partner agencies of the SCPa Works service area may share my confidential information and records including, but not limited to my: name, address, telephone number, email address, social security number, date of birth, age, educational records, gender, race/ethnicity, employment history, financial information, and my eligibility for special programs.

Participant Signature: _____

PID: _____

Date: _____

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or,

Against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or

Making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above.)

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

FOR INFORMATION OR TO FILE A COMPLAINT, CONTACT



SCPWorks Workforce Development Board
4201 Crums Mill Road
Suite 100-A
Harrisburg, Pennsylvania 17112

STATE AGENCY

JAMES J. KAYER
jkayer@pa.gov
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF EQUAL OPPORTUNITY
651 BOAS STREET, ROOM 1402
HARRISBURG, PENNSYLVANIA 17121-0750
PHONE: 717-787-1182 OR 800-622-5422
TDD/TTY: 800-654-5984 FAX: 717-772-2321

**STATEMENT OF RECEIPT
APPLICANT/PARTICIPANT
RIGHTS FORM**

I hereby certify that I have received, read and understand my "Civil Rights" as an Applicant/Participant of the WIOA/TANF program and acknowledge so with my signature.

Applicant/Participant Signature

Date Signed

Witnessed by WIOA/TANF Service Provider

Date Witnessed

Witnessed at (name and address where the document was received, signed and dated).

Note: This document must be retained in the Applicant/Participant file.

Equal Opportunity and Discrimination Statement

SCPa Works Workforce Development Board and its contracted service providers are equal opportunity employers that represent and administer equal opportunity programs for eligible participants.

In accordance with equal opportunity and discrimination laws cited in WIOA Section 188 and Section 29, Part 38, the Temporary Assistance for Needy Families (TANF) Youth Development Program (YDP) Manual for PY 2022-2023, and all other federal and state contracts passed through SCPa Works, the Workforce Development Board for the South Central Pennsylvania Local Workforce Development Area has implemented up-to-date Equal Opportunity and Discrimination policies and procedures for WIOA, TANF, and EARN programs and participants.

The SCPa Works Discrimination Complaint Policy and Procedure, #P-13-2.22, must be provided to all employees and contracted service provider staff members operating within the SCPa Works service area.

In turn, all contracted services providers must present local policy #P-13.2.22 coupled with the *Equal Opportunity Is the Law, Civil Rights Statement* issued by the Pennsylvania Department of Labor and Industry Office of Equal Opportunity.

SCPa Works employees and the employees of SCPa Works contracted service providers must ensure that all programmatic participants are fully aware of this policy to include the Complaint Procedures that are in place and implemented as a part of this policy.

It is unlawful for any WIOA, TANF, or EARN participant to be discriminated against. SCPa Works requires non-discrimination practices and protocol at all times across all programming administered by SCPa Works, including delivery of all federal-funded services through the PA CareerLink® system. Equal opportunity will be afforded to all, and discrimination based on one or more of the following is expressly prohibited:

- Race;
- Color;
- Religion;
- Sex;
- National origin;
- Age;
- Disability, including impaired vision or hearing;
- Political affiliation or belief;
- Gender identity;
- Gender expression;
- Sexual orientation;
- Citizenship/lawful residency/work status; and
- Program participation eligibility/status.

I certify that I have been provided the SCPa Works Equal Opportunity Policy and the Pennsylvania Department of Labor and industry Civil Rights Statement. Both documents were explained with clarity. By signing below, I am confirming that I understand my civil rights as a WIOA/TANF participant under SCPa Works.

TANF Participant Name

TANF Participant Signature

Date

Case Manager Name

Case Manager Signature

Date



TANF Youth Participant Grievance Procedure

This grievance procedure is established to provide participants with the opportunity to bring complaints to the attention of management. It is the desire of the contracted vendor, to resolve complaints or grievances informally. Program management and participants are expected to make every effort to resolve problems as they arise. It is recognized that there may be grievances that need to be resolved by further review and discussion. To file a grievance regarding an issue please follow the steps outlined below. See SCPa Works Participant Grievance Policy #P-11-10.22 for more detailed information.

Step 1: The participant shall informally discuss the complaint or grievance with their designated staff case manager in an effort to achieve a prompt satisfactory resolution. The case manager staff member will ensure to discuss the problem with program management for a solution. A solution will be given within three working days of the informal discussion.

Step 2: If the participant feels the matter has not been settled to his/her satisfaction, he/she may discuss email or provide a letter in writing directly with the location program manager. The program manager will schedule a meeting with the participant within five days of the request.

Step 3: If the matter is not resolved at that meeting, the participant can in writing through email or a document request to speak with the program director. The program director will give a resolution within five working days of the scheduled meeting. One copy of the decision rendered shall be given to the participant, one copy will be placed in the participants file

Step3: If the participant is still unsatisfied they may request an appeal to the program director's decision in writing within five working days from receipt of the answer. The individual will appeal the decision in writing through email to the SCPa Works Program Officer.

Step 4: The Program Officer will review the appeal and provide resolution within five working days to the program director. The program director will then contact the participant with the final resolution.

Statement of Receipt - Participant Grievance Procedure

I hereby certify that I have received, read, and understand the Grievance Procedures for all programs provided within the SCPa Works service area and acknowledge so with my signature.

Participant Signature

Date

Service Provider Representative

Date

Note: A copy of this document should be given to the participant and a copy should be retained in the file.



TANF Youth Development Program Agreement Signature Page

This agreement is construed under the guidance of the Temporary Assistance for Needy Families (TANF) Youth Development Program (YDP) Policies and Procedures Manual (PY22-PY23), WIOA Final Rule, and all related SCPa Works policies and procedures. If any provision of this agreement is determined to be invalid or unenforceable, all other provisions shall continue in full force and effect.

TANF Youth Participant:

I, _____, have reviewed this agreement for form, content, funding and/or training restrictions, eligibility, and accountability, and I find that everything is in order. By signing and dating below, I understand my full responsibility to fulfill the requirements expected of me by the TANF Youth Development Program. My signature proves as confirmation that all aspects and elements pertaining to my TANF YDP enrollment are accurate and true to the best of my knowledge.

TANF Youth Participant Signature

Date

Parent/Guardian:

In the instance of a TANF YDP participant being under the age of eighteen, the parties as indicated below attest to signing and dating this agreement as authorized guardians of the TANF YDP participant listed above.

I, _____, attest to being the parent and/or the authorized guardian of the TANF YDP applicant listed above. By signing below, I give my full permission for this TANF YDP applicant to enroll and actively participate in the TANF Youth programming administered under the guidance of SCPa Works and its contracted service providers.

TANF YDP Parent/Guardian Signature

Date

TANF Case Manager

I, _____, attest that all SCPa Works policies and procedures have been followed and administered in relation to the eligibility and enrollment of the above-mentioned TANF Youth participant. By signing this agreement, I ensure that all aspects and elements of this application, funding, CWDS data entry, and CWDS participant case notes are in alignment with WIOA and TANF regulatory compliance.

TANF Case Manager Signature

Date