



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 1-4 listed below. Youth who are determined eligible through residency in a High Poverty Area must also provide verification of an additional barrier (category 5) 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: ONLY **COPIES** OF THESE DOCUMENTS WILL BE ACCEPTED. EXPIRED DOCUMENTS **WILL NOT** BE ACCEPTED.

1. Proof of Social Security Number

- ☐ Social Security Card **OR**
- ☐ Proof of application for SSN from Social Security Administration **OR**
- ☐ Print out from County Assistance Office (CAO) **OR**
- ☐ Form I-9

2. Proof of Citizenship/Alien Status

- ☐ Birth Certificate **OR**
- ☐ Naturalization Certificate **OR**
- ☐ US Passport **OR**
- ☐ I-179 **OR**
- ☐ Alien Registration Card **OR**
- ☐ FS-545 **OR**
- ☐ DS-1350 **OR**
- ☐ I-94 **OR**
- ☐ I-551 **OR**
- ☐ Print out from the CAO **OR**
- ☐ Form I-9

3. Proof of PA Residency

(dated within the last 6 months)

- ☐ Rent receipt **OR**
- ☐ Receipts for mortgage or utility payments **OR**
- ☐ Deed **OR**
- ☐ Driver's license or PA state ID **OR**
- ☐ Statement that a motel or hotel room is available once rental payment is made **OR**
- ☐ Statement that a room is available at a mission, Salvation Army, homeless shelter, or similar place **OR**
- ☐ Report card **OR**
- ☐ Verification from the school district on school letterhead containing the name, title, and contact information of the school official verifying enrollment **OR**
- ☐ Recent Department of Human Service's benefit letter or print out from CAO **OR**
- ☐ Collateral contact (must include the name and contact information) **OR**
- ☐ Affidavit from someone other than the participant (must include the name and contact information)

4. Proof of Household Income

(dated within the last 30 days)

- ☐ Recent DHS benefit letter **OR**
- ☐ One month (30 days) of paystubs (Must include payee name and gross income) **OR**
- ☐ Employer letter that captures information equivalent to one month (30 days) of paystubs (i.e. name, job title, hours/week, rate, frequency, employer contact info) **OR**
- ☐ If self-employed, Tax Return including Scheduled C, C-EZ, or E (if receiving rental income) **OR**
- ☐ WIOA Statement of Family Size/Family Income Form or Self-Certification Form (verification of last resort)
- ☐ Telephone Verification
- ☐ Department of Labor & Industry Pennsylvania High Poverty Area Verification (will only be considered when a youth's verified income exceeds 235% of the FPIG and must also provide verification from category 5)

5. Additional Barrier(s)

(for youth income-eligible through High Poverty Area residency only)

- ☐ School dropout or identified as at risk of dropping out of school
- ☐ Within the age of compulsory attendance, but has not attended for at least the most recent complete school year calendar quarter
- ☐ Basic skills deficient
- ☐ English language learner
- ☐ Has a disability
- ☐ Court-involved or at risk of involvement
- ☐ Child of an incarcerated parent(s)
- ☐ In foster care or aging out of foster care
- ☐ Homeless or runaway
- ☐ Pregnant or parenting
- ☐ Migrant
- ☐ In need of additional assistance to enter or complete an educational program or to secure and hold employment



Applicant's Name: _____

Last First MI

Participant ID: _____ Application Date: _____

Please provide information regarding the applicant's FAMILY as requested below.

If applicable, please complete the following information for FAMILY MEMBERS not currently residing in the applicant's residence (see instructions).

I attest to the best of my knowledge that the information above is true and correct.

Date _____

CORROBORATING WITNESS – I attest to the best of my knowledge that the information is true and correct.

Name _____ Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Relationship to Applicant _____

Participant Name _____

Participant ID # _____

January 2025

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 2025

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 2025

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	

August 2025

S	M	T	W	T	F	S
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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 2025

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23	24	25	26	27	28	29
30	31					

September 2025

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

April 2025

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20	21	22	23	24	25	26
27	28	29	30			

October 2025

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19	20	21	22	23	24	25
26	27	28	29	30	31	

May 2025

S	M	T	W	T	F	S
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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 2025

S	M	T	W	T	F	S
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

June 2025

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

December 2025

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 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 (TANF YDP)

Authorization for Release of Information

I hereby authorize and request the disclosure to the TANF YDP service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a client in TANF YDP, I give permission to the TANF YDP service provider to discuss my case with other agencies as needed to further my participation in TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the TANF YDP service provider.

Organization Name and Address:	
Staff Name (please print)	
Staff Signature:	Date:

Client Name (please print) and Address:	Date of Birth:
Client Signature:	Date:
Signature of Parent or Legal Guardian (if client is under 18):	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

LWDA/PA CAREERLINK®/UCSC EQUAL OPPORTUNITY OFFICER

Whitney Matthews
Equal Opportunity Officer
SCPa Works Workforce Development Board
4201 Crums Mill Road
Suite 100-A
Harrisburg, Pennsylvania 17112
PHONE: 717-476-2742

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**

I hereby certify that I have received, read, and understand my Civil Rights as an Applicant/Participant of the WIOA/TANF program and acknowledge my understanding of this by signing below.

Applicant/Participant Name

Applicant/Participant Signature

Date

WIOA/TANF Vendor Representative

Date

Name of Career Center or Vendor Organization

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