

TANF SYEP 2017 ELIGIBILITY FORM

Summer Youth Employment Program			
Participant's Name:		SSN:	
If no SSN, was proof of SSN application provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the participant a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If no, is the participant a Qualified Non-Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEMOGRAPHIC INFORMATION			
Family Size:	Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			
City:	State:	ZIP Code:	
Phone Number: () () ()	Alternate Number: () () ()		

ELIGIBILITY CATEGORIES-ENROLLMENT BENCHMARKS	
Purpose 1: Assist needy families so that children can be cared for in their homes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Criteria:	
<input type="checkbox"/> In a family receiving Temporary Cash Assistance <input type="checkbox"/> Residing in the home of a parent <input type="checkbox"/> Residing in the home of a caretaker	
Documentation Criteria: Florida Screens Required	
<input type="checkbox"/> AIHH <input type="checkbox"/> AIID <input type="checkbox"/> AIIM <input type="checkbox"/> ARDT <input type="checkbox"/> IQCH	
Purpose 2: Reduce the dependency of needy parents by promoting job preparation, work, and marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Criteria:	
<input type="checkbox"/> Participant's family income does not exceed 200% of the Federal Poverty Level	
Documentation Criteria: Check all that apply	
<input type="checkbox"/> Tax Returns <input type="checkbox"/> Pay Stubs-Last 30 Days <input type="checkbox"/> Employment Verification Form	
<input type="checkbox"/> Unemployment Verification <input type="checkbox"/> Other _____ <input type="checkbox"/> Free & Reduced Lunch Verification	

2017 Federal Poverty Level 200%			
Persons In Family/Household	Poverty Guideline	Persons In Family/Household	Poverty Guideline
1	\$24,120	5	\$57,560
2	\$32,480	6	\$65,920
3	\$40,840	7	\$74,280
4	\$49,200	8	\$82,640
Note: For families/households with more than 8 persons, add \$8,360 for each additional person			

PRIVACY ACT STATEMENT

_____ **I understand** that I am required by law to provide my social security number(s) (SSN) or proof that I have applied for a social security number, if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act, Section 1137. The SSN is used to administer the program and associate all services, correspondence and participation with the appropriate individual.

_____ **I understand** that if I do not have a SSN and I do not know how to apply for one, I can request help from the CareerSource Center or other program provider.

_____ **I understand** that my SSN will be used to associate all records to my identification, including program participation and the receipt of benefits/services.

Participant: (Signature) _____ (if 18 or older) **Date:** _____

Parent/Guardian: (Signature) _____ **Date:** _____

LWDB Staff: (Print) _____ **Phone Number: () _____**

LWDB Staff: (Signature) _____ **Date:** _____