



Project Self-Sufficiency Summer Youth Employment Program 2021

The 2021 Summer Youth Employment Program is open to youth aged 15 to 17 who are rising sophomores, juniors, or seniors and who are currently enrolled in high school. Those who have been previously served by this program are ineligible.

PARENT/GUARDIAN INTAKE APPLICATION

Are you a Project Self-Sufficiency Participant? YES___ NO___ Counselor's Name_____

How did you hear about our Summer Youth Employment Program?

Newspaper__ Radio__ TV__ Friend__ PSS Counselor__ Other (specify)_____

Did your child participate in last year's program? YES_____ NO_____

LAST NAME:_____ FIRST NAME:_____

SOCIAL SECURITY #:_____

EMAIL ADDRESS:_____

MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

HOME PHONE:_____ CELL PHONE:_____

WORK PHONE:_____ EMAIL:_____

IS YOUR CHILD A U.S. CITIZEN/LEGAL RESIDENT? YES_____ NO_____

FAMILY STATUS: SINGLE_____ MARRIED:_____ DIVORCED/SEPARATED_____

TOTAL NUMBER IN HOUSEHOLD (INCLUDING YOURSELF):_____

NUMBER OF MEMBERS AGE 17 AND UNDER:_____

ALTERNATE/EMERGENCY CONTACT NAME:_____

RELATIONSHIP TO CHILD: _____

PHONE: _____

IS YOUR CHILD CURRENTLY PARTICIPATING IN SERVICES PROVIDED BY THE FOLLOWING (check all that apply):

- ___ Community or School Counseling/Therapy
- ___ Substance Abuse Treatment
- ___ Probation
- ___ Division of Child Protection and Permanency
- ___ Family Services Organization
- ___ Family Intervention Services
- ___ School Child Study Team

___ **Other: Please use the space below to describe in detail, your child's involvement in any services other than the those listed above –**

APPLICANT STATEMENT
(INCOME WORKSHEET STATEMENT)

Name of Applicant: _____ SS# _____

Total Number in Family Unit: _____

Total household income (include wages, child support, disability etc.)

- | | |
|-------------------------|-------------------------|
| ___ \$0 - \$4,999 | ___ \$35,000 - \$44,999 |
| ___ \$5,000 - \$9,999 | ___ \$45,000 - \$54,999 |
| ___ \$10,000 - \$14,999 | ___ \$55,000 - \$64,999 |
| ___ \$15,000 - \$19,999 | ___ \$65,000 - \$74,999 |
| ___ \$20,000 - \$24,999 | ___ \$75,000 or above |
| ___ \$25,000 - \$34,999 | |

I hereby certify under penalty of perjury that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I attest that the information state above is true and accurate. I am also aware that eligibility is subject to review and verification and participants may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment.

I HEREBY GIVE PERMISSION TO VERIFY MY INCOME BY CONTACTING MY PLACE OF EMPLOYMENT OR AGENCY FROM WHICH I RECEIVE BENEFITS.

Parent/Guardian Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____