

# CSE SYEP 2022 ELIGIBILITY FORM

Summer Youth Employment Program			
<b>Participant's Name:</b>		<b>SSN:</b>	
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  Yes    No

**Eligibility Criteria:**

In a family receiving Temporary Cash Assistance

Residing in the home of a parent

Residing in the home of a caretaker

**Documentation Criteria:** Florida Screens Required

AIHH                    AIID                    AIIM                    ARDT                    IQCH

**Purpose 2:** Reduce the dependency of needy parents by promoting job preparation, work, and marriage  Yes    No

**Eligibility Criteria:**

Participant's family income does not exceed 200% of the Federal Poverty Level

**Documentation Criteria:** Check all that apply

Tax Returns                                    Pay Stubs-Last 30 Days                                    Employment Verification Form

Unemployment Verification            Other \_\_\_\_\_                                    Free & Reduced Lunch Verification

2022 Federal Poverty Level 200%			
Persons In Family/Household	Poverty Guideline	Persons In Family/Household	Poverty Guideline
<b>1</b>	<b>\$29,664</b>	<b>5</b>	<b>\$97,204</b>
<b>2</b>	<b>\$48,604</b>	<b>6</b>	<b>\$113,686</b>
<b>3</b>	<b>\$66,710</b>	<b>7</b>	<b>\$130,168</b>
<b>4</b>	<b>\$82,360</b>	<b>8</b>	<b>\$146,650</b>

**Note: For families/households with more than 8 persons, add \$4,540 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:** \_\_\_\_\_