

**IF YOU ARE BETWEEN THE AGES OF 18-24**

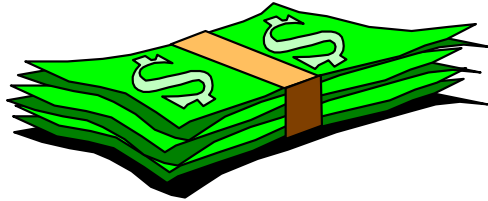
**TAKE CONTROL OF YOUR FUTURE**  
**& DON'T LET TIME PASS YOU BY**

**APPLY NOW**

**WORK AND LEARN UNDER**  
**THE CARES YOUTH EMPLOYMENT PROGRAM**  
**FUNDED BY THE**

***Northwest Regional Workforce Investment Board***

**JOBS ARE AVAILABLE THROUGH THE**  
**NORTHWEST REGIONAL WORKFORCE INVESTMENT BOARD**



**Application packets can ONLY be downloaded off**

**The Northwest Regional Workforce Investment Board's website**

**[www.nrwib.org](http://www.nrwib.org)**

**YOU MUST CALL TO MAKE AN APPOINTMENT TO DROP OFF YOUR APPLICATION**

**ANGELICA HERON (203) 574-6971 EXT 466**

**APPLICATIONS AND REQUIRED DOCUMENTS**

**CAN BE FAXED TO (203) 573-8951**

**DO NOT EMAIL ANY DOCUMENTS!**

**2020 Cares Act Youth Employment Program**  
**Instructions for applying for the summer youth employment program**  
**Very Important Please Read Carefully**

1. **All applications MUST BE submitted by FAX or appointment only, call Angelica Heron to schedule an appointment. (203) 574-6971 EXT 466**
2. All documentation as it relates to the applicant needs to be provided to staff or its designated contractor in order to make a determination for eligibility. Please have all documentation ready for staff at the time of submission of the application. **Completion of this application does not guarantee placement in the program. Supporting documentation for eligibility determination will be accepted by fax. 203-573-8951**
3. **Important** Applicant must complete the State Youth Employment Application and the Youth Supplement included in this packet.

**Required Documentation for Determination of Eligibility:**

**You need to bring in all of the following documents**

**Birth Certificate and Social Security Card for only the applicant**

*If the applicant is a resident alien a copy of the applicant's Green Card is required along with the applicant's Birth Certificate or passport.*

4. The income eligibility and documentation requirements listed below will apply for the 2020 Cares Act Youth Employment Program.

**Please read carefully** - Applicants shall be considered income eligible if they provide any **one** of the following forms of documentation:

A copy of a document providing proof of the applicant's eligibility for free or reduced lunch program for the present school year. Example lunch card, letter from school.

OR

A copy of applicant's family federal tax return for 2019 indicating that the adjusted gross income falls within 185% of the federal poverty level as reported on IRS 1040, 1040A or 1040EZ for the previous calendar year.

OR

The applicant may provide documentation that the family receives Food Stamps, cash payments under TANF (Temporary Assistance for Needy Families), General Assistance, or Social Security Benefits. Example: Current letter / printout of benefits from DSS and / or Social Security.

OR

Proof of applicant designating handicapped or Special Education Status (if Applicable)- Letter from doctor, rehabilitation center, or copy of IEP / PPT from the Director of Special Education Services of the applicants respective Department of Education.

OR

If the child is in Foster Care through DCF a letter from the social worker stating that the child is under the care of DCF needs to be provided.

5. All completed applications need to be reviewed by staff to assure that all documentation is provided and applicant is determined eligible for services.

## 2020 CARES ACT YOUTH EMPLOYMENT APPLICATION

### Muy Importante Leyó por favor Con cuidado

1. Tenga toda la documentación lista para el personal al momento de presentar la solicitud. La finalización de esta solicitud no garantiza la colocación en el programa. La documentación de respaldo para la determinación de elegibilidad será aceptada por fax. 203-573-8951

2. Toda la documentación como relaciona al personal de la de trabajo o su contratista designado a hacer una determinación para la elegibilidad. Tenga por favor toda la documentación se prepara para el personal en aquel momento de la entrevista. La terminación de esta aplicación no garantiza colocación en el programa.

3. Importante La Página del Suplemento deben ser llenados y firmados.

La juventud debe estar en la escuela y entre las edades de 18 -24 Documentación Necesaria para la Determinación de Elegibilidad:

Todos los documentos siguientes son requeridos:

- El Certificado de nacimiento para sólo el solicitante (nota conectó página si nacido en Puerto Rico)
- Si el solicitante es un extranjero residente que una copia de Tarjeta de Verde del solicitante es requerida junto con el Certificado de nacimiento del solicitante o el pasaporte.
- La Tarjeta de la Seguridad social para sólo el solicitante
- Mayoría de las cartillas de notas recientes

4. La elegibilidad de ingresos y requisitos de documentación listaron solicitará abajo el 2020 Programa de Empleo de Juventud de Estado.

Lea por favor con cuidado - Solicitantes serán considerados los ingresos elegibles si proporcionan cualquiera de las formas siguientes de documentación:

- Una copia de un documento que proporciona prueba de la elegibilidad del solicitante para el programa libre o reducido del almuerzo para el año escolar presente. La tarjeta del almuerzo de ejemplo, la carta de la escuela. O UNA copia de regreso familiar de impuesto nacional de solicitante para 2019 indicar que las rentas brutas ajustadas entra 185% del umbral de pobreza federal como informado en IRS 1040, 1040A o 1040EZ
- O El solicitante puede proporcionar documentación que la familia recibe Cupones de alimentos, los pagos en efectivo bajo TANF (Ayuda Temporal para Familias Necesitadas), Ayuda General, o Beneficios de Seguridad social. Ejemplo: La carta actual/impresión del contenido de la memoria de beneficios de DSS y/o la Seguridad social. O la Prueba de designar de solicitante perjudicó o
- Estatus Especial de Educación (si Aplicable)- Carta del médico, del centro de rehabilitación, o de la copia de IEP/PPT del Director de Servicios Especiales de Educación de los solicitantes respectivo Departamento de la Educación. O Si el niño está en el Cuidado Adoptivo por DCF una carta del asistente social que indica que el niño está bajo el cuidado de DCF debe ser proporcionado.

Todas las aplicaciones completadas deben ser revisadas por el personal de trabajo para asegurarse de que toda la documentación es proporcionada y el solicitante es determinado elegible para servicios.

**NRWIB/CARES ACT CONNECTICUT YOUTH EMPLOYMENT APPLICATION**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

S.S.#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

LAST EMPLOYER: \_\_\_\_\_ LAST DATE EMPLOYED: \_\_\_\_\_

**EARNINGS OF APPLICANT'S HOUSEHOLD:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF HOUSEHOLD MEMBER    RELATIONSHIP TO YOU    DATES EMPLOYED                      GROSS WAGE WEEKLY  
(INCLUDE SELF)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**OTHER INCOME:** (SOCIAL SECURITY, PENSION, WELFARE, ETC.)

NAME OF HOUSEHOLD MEMBER    RELATIONSHIP TO YOU                      SOURCE                      AMOUNT                      RECEIVED  
(INCLUDE SELF)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I hereby certify that all the facts stated in the attached application are true, complete and correct to the best of my knowledge. I understand that my misrepresentation of the facts on this application will be cause for my discharge if I am enrolled. I am also aware that if I feel that I have been treated unfairly, I may file a grievance. I have been advised to see the Executive Director if I have not been treated fairly. I voluntarily waive my rights under the Privacy Act of 1974 to withhold my social security number. I realize this is necessary so that the NRWIB may coordinate my placement into training or employment. I further understand that any misrepresentation of facts on the application could result in my repayment of all monies received since date of hire/enrollment and possible federal and state prosecution. I also certify that no member of my immediate family is employed in the administrative capacity by the Service Delivery Area, sub-grantee, or contractor. I also give the NRWIB permission to contact any agency to gain or give information necessary to determine eligibility and aide in employability.

I consent that any statement and / or photographs which have been or are about to be made of ME by the Northwest Regional Workforce Investment Board, Inc. may be used by the Northwest Regional Workforce Investment Board, Inc. its legal representatives, successors, and assigns, employees, and person(s) acting with its permission, upon its authority or on its behalf, to use my child's name, voice, verbal statements, portrait or picture (motion or still) for advertising purposes, for purposes of trade, public information , and for any lawful purpose whatsoever.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CARES ACT YOUTH EMPLOYMENT APPLICATION 2020**  
**\* IMPORTANT ( Must be completed and signed by applicant)**

**LAST NAME:**

**FIRST NAME:**

(Circle one)  
 Did you work in this program last summer: **yes no**      SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
_____	_____	_____
<b>Address</b>	<b>City</b>	<b>Zip</b>
_____	_____	_____
<b>Phone Number</b>	<b>Date of Birth</b>	<b>Age</b>

**Alternate Contact Information:**

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> US Citizen
	<input type="checkbox"/> Resident Alien    Alien Reg. # _____

**Race:**     American Indian/Alaskan Native       Asian       Black

Hawaiian Native/Pacific Islander       Hispanic       White

<b>Public Assistance:</b>	<input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch
<input type="checkbox"/> TANF/Cash Assistance <input type="checkbox"/> Food Stamps	
<input type="checkbox"/> General Assistance/Cash <input type="checkbox"/> Social Security	<b>Youth with a Disability and / or Special Needs</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**School Name:** \_\_\_\_\_ **Present Grade:** \_\_\_\_\_

**Foster Child**  
 Yes       No

**\*\*\*Only complete this section if you do not receive free/reduced lunch or public assistance.**  
**Copy and attach the supporting documentation for family income. (Federal Tax return for 2019)**  
**To be verified by Intake Staff.**

<b>Family income</b>	\$ _____	<b>185% Poverty Income</b>	
<b>Family Size – Number of family members listed on 1040 for 2019</b>	_____	<b>Family Size</b>	<b>Income</b>
		<b>1</b>	<b>\$23,606</b>
		<b>2</b>	<b>\$31,894</b>
		<b>3</b>	<b>\$40,182</b>
		<b>4</b>	<b>\$48,470</b>
		<b>5</b>	<b>\$56,758</b>
		<b>6</b>	<b>\$65,046</b>
		<b>7</b>	<b>\$73,334</b>
		<b>8</b>	<b>\$81,622</b>

*This chart represents the maximum income levels for a family to qualify and or participate in the minimum level subsidized school meal program. For a family size over 8 add \$7,733 per family member.*

I certify that statements made by me on this application are voluntary, true, and complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s), I will be subject to disqualification or dismissal from this program or activity and to such other penalties as may be prescribed by law or regulations. I also understand that any and all of this information provided to me may be verified and I allow the release of this information by the authorized entity for verification purposes.

Additionally, I hereby certify that I AM the age of eighteen (18) years or older I consent that any statement and / or photographs which have been or are about to be made of ME by the Northwest Regional Workforce Investment Board, Inc. may be used by the Northwest Regional Workforce Investment Board, Inc. Its legal representatives, successors, and assigns, employees, and person(s) acting with its permission, upon its authority or on its behalf, to use my name, voice, verbal statements, portrait or picture (motion or still) for advertising purposes of trade, public information, and for any lawful purpose whatsoever.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Yo certifico que las declaraciones hechas por mí en este (Intake) formulario son provistas voluntariamente y son verdaderas, completas y correctas según mi leal entender y saber, y son hechas de Buena fe. Entiendo que en caso que yo haya hecho declaraciones falsas a sabiendas, puedo ser descalificado o despedido del programa o actividad y ser sujeto a otras sanciones que puedan ser prescribas por ley o reglamento. También entiendo que toda y cualquier información provista por mi está sujeta a ser verificada. Permiso que esta información sea compartía por la entidad autorizada con el propósito de verificarla.

Ademas. La presente certifico que ME SOY de dieciocho (18) anos Estoy de acuerdo que cualquier declaracion y / o fotografias que han sido o estan a punto de ser de me por la Fuerza de Trabajo Regional del Noroeste Junta de Inversion, Inc. Puede ser utilizado por el noroeste de la Fuerza Laboral de la Junta Regional de Inversiones, Inc. Sus representantes legales, sucesores y cesionarios, empleados, y la persona(s) que actuen con su autorización, a su autoridad o en su nombre, voz declaraciones verbales, un retrato o una imagen (el movimiento o todavía) con fines publicitarios del comercio, la información publica, y para cualquier proposito legal de ningun tipo.

Firma de Aplacarte \_\_\_\_\_ Fecha \_\_\_\_\_

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**The Northwest Regional Workforce Investment Board and it's American Job Center staff will verify your eligibility prior to the start of program services to insure that all required documentation is on file and that applicant meet eligibility requirements.**

*For Office Use Only:*

**Intake Specialist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_