



Danbury Youth Services, Inc.
Strengthening Youth and Families

91 West Street, Danbury, Connecticut 06810
(203) 748-2936 • (Fax) 203 797-8568
www.danburyyouthservices.org

In order to be considered for the SYEP you must print the application, complete it, and have all the documents necessary on the checklist with you when handing in the application or it will NOT be accepted.

Checklist:

- ☐ Child's Birth Certificate
- ☐ Child's Social Security Card
- ☐ Free/reduced lunch program letter or current tax return, or financial assistance letter
- ☐ Child's School ID (with Photo) or passport
- ☐ Child's 3rd Quarter Report Cards
- ☐ Child's Special Education Status/IEP (Needed if Available)
- ☐ Letter from DCF Foster Care worker stating the child's status (Needed if Available)
- ☐ Child's Green Card (Needed if Available)
- ☐ Completed Application Packet
- ☐ Signatures from Parents/Legal Guardians in packet

All the listed items above = Complete Application!

PLEASE NOTE THAT ATTENDANCE IS MANDATORY FOR ALL WORKSHOPS & 20 WORK HOURS EACH WEEK. THEREFORE NO VACATIONS, CAMPS, OR OTHER SUMMER ACTIVITIES ARE PERMITTED TO INTERFERE WITH YOUR WORK

Funded in Part By: • City of Danbury
• CT Dept. of Social Services
• United Way of Western CT
• Fairfield County Community Foundation (FCCF)
• CT State Dept. of Education

• Union Savings Bank
• CT Dept of Children & Families
• News-Times Campership Fund
• G.E.
• Praxair

• Northwest Regional Workforce Investment Board
• Pitney Bowes Literacy & Education Fund
• Wells Fargo Foundation

IF YOU ARE BETWEEN THE AGES OF 14 –21

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

APPLY NOW

WORK AND LEARN THIS SUMMER
UNDER THE YOUTH EMPLOYMENT PROGRAM
FUNDED BY THE

Northwest Regional Workforce Investment Board

SUMMER JOBS ARE AVAILABLE
TO IN AND OUT OF SCHOOL YOUTH THROUGH THE NORTHWEST
REGIONAL WORKFORCE INVESTMENT BOARD



Application packets can ONLY be downloaded either off
The Northwest Regional Workforce Investment
Board's website

www.nrwib.org – under youth programs
or

Danbury Youth Services, Inc. website
www.danburyyouthservices.org

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Application Dates for Eligibility will be:

April 16, 2018 thru May 17, 2018

Applications taken daily Monday thru Thursday 4:00 PM to 8:00 PM

Apply Now / Important Please Read Carefully

2018 State Youth Employment Program
Instructions for applying for the summer youth employment program
Very Important Please Read Carefully

1. The applicant (child / children) who are applying for the program must be present at the time of eligibility determination so that WorkForce Connection staff or its designated contractor can process their application.
All applicants MUST BE fourteen years of age by June 30, 2018
2. All documentation as it relates to the applicant needs to be provided to American Job Center staff or its designated contractor in order to make a determination for eligibility. Please have all documentation ready for staff at the time of the interview. **Completion of this application does not guarantee placement in the program. No supporting documentation for eligibility determination will be accepted by fax and / or mail. Please be aware that funding for the program has not yet been finalized.**
3. **Important** Applicant must complete the State Youth Employment Application; Youth Supplement page 2 and Individual Service Strategy page 3

Youth must be in school and between the ages of 14 -21

Required Documentation for Determination of Eligibility:

Youth need to bring in all of the following documents

*Birth Certificate 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.

*Social Security Card for **only** the applicant*

Copy of applicant's most recent report card

4. The income eligibility and documentation requirements listed below will apply for the 2018 State 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 2017 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. **This may be a source of documentation for out of school youth**

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. **This may be a source of documentation for out of school youth**

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 American Job Center staff to assure that all documentation is provided and applicant is determined eligible for services.

STATE YOUTH EMPLOYMENT APPLICATION 2018
*** IMPORTANT (Must be completed and signed by applicant and parent / guardian)**

LAST NAME:

FIRST NAME:

(Circle one)

Did you work in this program last summer: yes no SSN _____ - _____ - _____

Last Name

First Name

MI

Address

City

Zip

Phone Number

Date of Birth

Age

Alternate Contact Information:

Name: _____

Phone Number: (_____) _____

Relationship to Applicant: _____

☐ Male ☐ Female

☐ US Citizen

☐ Resident Alien Alien Reg. # _____

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black
☐ Hawaiian Native/Pacific Islander ☐ Hispanic ☐ White

Public Assistance:

☐ TANF/Cash Assistance ☐ Food Stamps

☐ Free Lunch ☐ Reduced Lunch

☐ General Assistance/Cash ☐ Social Security

Youth with a Disability and / or Special Needs
☐ Yes ☐ 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 2017)
To be verified by Intake Staff.

Family income	\$ _____	185% Poverty Income	
Family Size – Number of family members listed on 1040 for 2017	_____	Family Size	Income
<i>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>		1	\$22,311
		2	\$30,044
		3	\$37,777
		4	\$45,510
		5	\$53,243
		6	\$60,976
		7	\$68,709
		8	\$76,442

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 as parent and / or guardian of a minor under the age of eighteen (18) years I consent that any statement and / or photographs which have been or are about to be made of my minor 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 of trade, public information, and for any lawful purpose whatsoever.

Applicant Signature _____ Date _____

Parent/Guardian 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. Permito que esta información sea compartía por la entidad autorizada con el propósito de verificarla.

Ademas. La presente certifico que como padre o tutor de un menor de edad de dieciocho (18) anos Estoy de acuerdo que cualquier declaracion y / o fotografías que han sido o estan a punto de ser de mi menor 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, para usar mi el nombre del nino, 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 _____

Firma de Padres o Guardián _____ Fecha _____

For Office Use Only: American Job Center Staff will be responsible for filling in this information

Educational District Code: _____ Educational District School Code: _____

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: _____

American Job Center Youth Supplement

ALL APPLICATIONS MUST BE COMPLETED BY 4:00 PM May 17, 2018

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ ZIP CODE: _____

S.S.#: _____ DATE OF BIRTH: _____ AGE: _____

LAST EMPLOYER: _____ LAST DATE EMPLOYED: _____

EARNINGS OF APPLICANT'S HOUSEHOLD: FROM: _____ TO: _____

<u>NAME OF HOUSEHOLD MEMBER</u> (INCLUDE SELF)	<u>RELATIONSHIP TO YOU</u>	<u>DATES EMPLOYED</u>	<u>GROSS WAGE WEEKLY</u>
--	----------------------------	-----------------------	--------------------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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

<u>NAME OF HOUSEHOLD MEMBER</u> (INCLUDE SELF)	<u>RELATIONSHIP TO YOU</u>	<u>SOURCE</u>	<u>AMOUNT</u>	<u>RECEIVED</u>
--	----------------------------	---------------	---------------	-----------------

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.

Additionally, I hereby certify that as parent and / or guardian of a minor under the age of eighteen (18) years I consent that any statement and / or photographs which have been or are about to be made of my minor 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: _____

PARENT OR GUARDIAN SIGNATURE: _____

Individual Service Strategy

Last Name: _____ First Name: _____

Educational Status:

Please check one of the following:

In School: _____ Out of School: _____

Health Conditions:

Is youth generally in good health or do they have any health conditions? Please specify.

Good: _____ Other, explain: _____

Directions: From the list below it is important that you **ONLY CHOOSE THE ONE CAREER** that most interests you.

Career Interests:

- _____ 1) **Manufacturing, Construction, and Technology:** Examples Assembling products using computers, computer aided drafting, trades (carpenter- electrician), designing and creating tools video technician
- _____ 2) **Hospitality, Retail:** Examples Managing a hotel, buying products for a store to sell or planning events
- _____ 3) **Finance, Banking, Insurance:** Examples helping people to get loans; to buy houses and cars, helping people invest their money for retirement, or helping people insure their property against damage investment banker, accountant, insurance agent real estate agent.
- _____ 4) **Health, Biosciences:** Examples Directly caring for patients – Nurses, EMT Technician, Nurses Aide, Veterinarian, Laboratory Technician, Pharmacist
- _____ 5) **Government, Education, Human Services:** Examples Teacher. Firemen, Police Officer, Teacher's Aide, Social Worker, Corrections officer.
- _____ 6) **Arts and Media:** Example Music Composer, Graphic designer, Dancer, Actor, Actress, Photographer, Journalist
- _____ 7) **Other:** _____

Youth Signature: _____

Date: _____



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Danbury Youth Services, Inc. (DYS) SYEP Youth Worker Addendum

In addition to the traditional SYEP program application provided by the NorthWest Regional Workforce Investment Board (NWRWIB), DYS is requiring its applicants to read the below information to understand the requirements of the DYS operated Summer Youth Employment Program for summer 2018.

This is required because DYS may not receive the monies to operate the SYEP program funded by NWRWIB due to the ongoing state budget crisis. Due to this, the experience this year will be significantly different than the past years work programs and will only provide a stipend for participation, not an hourly wage, if the program is not funded. The primary reason for these modifications is to focus on providing the highest level long term job readiness learning experience. We want to ensure that both child/guardian (s) understand these changes and are willing to follow these requirements to make the most the summer youth employment program.

For this application to be complete, you must read and sign below.

Thank you,

Joseph Dobbins
Program Director

By signing this document below, you agree to the following conditions:

-Youth worker works 20 hours a week beginning the first week of July to the 2nd week of August. The number of hours worked may be impacted by SYEP funding uncertainties that could change the work program number of hours and whether the position is paid.

-Youth worker is also required to participate in additional hours of work including required workshops during the week to enhance professional skills and discuss challenges in a work environment. Small stipends will be provided to youth workers for their participation.

-Youth worker understands that assigned work positions are to teach skills that carry on beyond the summer and the emphasis is on teaching and learning the skills, not necessarily on the amount of money paid. DYS understands the importance of being paid hourly for the youth worker but this is not guaranteed.

-Youth worker is required to commit to the program whether or not the program is going to provide stipends or be paid hourly by funding from NWRWIB.

-Youth worker understands that they will receive verification of their status as a paid position or stipend position the first day of the program.

Youth Name: _____ **Signature:** _____

Date: _____

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In order to be considered for the SYEP you must follow the listed timelines and you must be able to attend the following workshop dates in addition to 20 hours of supervised placement hours.

Application Information and Timeline

Date:	Topic:	Notes:
April 16	Applications and the checklist will be posted online	Print online, then complete application and gather documents before submitting
May 17	Last day of applications	Applications will NOT be accepted after May 17th
June 18	Letters will go out in the mail notifying you if you got in the program	Might get notified earlier than June 18th.
July 2	First day of work	6 weeks of work from July 2 - August 10.

THESE WORKSHOPS ARE MANDATORY TO ATTEND EACH WEEK IN ADDITION TO NORMAL JOB PLACEMENT HOURS

Workshops Time line

Weekly check in (Mondays)	Topic:	Notes:
Week 1: July 2	Resumes and Interviewing Skills	Introductions, referral/volunteer sites given How to prepare yourself for the difficult questions, first impressions, and language skills.
Week 2: July 9	Career opportunities and paths	Career assessments and college options.
Week 3: July 16	Disability/ Ability Skills and Rights	How to communicate with someone who has special needs vs. someone who does not.
Week 4: July 23	Banking, Scholarships, & Retirement	Learn how to start a retirement fund right away, how to be more efficient with money.
Week 5: July 30	Spending and Budgeting	Discuss savings and checking accounts and how to manage money.
Week 6: August 6	Team Building	Work as a group, have tasks that has a leader who they need to follow.
Week 7: August 13	Survey / Lessons Learned	How far they have come and how has the program helped them.

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Danbury Youth Services, Inc. 2018 Summer Youth Employment Program Applicant Questions

This MUST be completed and turned in with the application to the receptionist for approval. Please complete the entire form to be considered for the next round of interviews.

* Required

1. Youth Name: *

2. Best Youth Contact Number: *

3. Best Email Address: *

4. If 18 or older have you registered for selective service? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ N/A or Not Sure

5. Are you a prior participant? If so, how many years?

Mark only one oval.

- ☐ None/1st year
- ☐ 1 year (last summer)
- ☐ 2 years
- ☐ 3 years
- ☐ 4 or more years

6. Do you speak and write in another language besides English? *

For Example: Spanish, Portuguese, Sign Language, etc.

7. Job Preferences *

Please circle your top three options

Mark only one oval.

- ☐ Animal Care
- ☐ Automotive/Mechanical/Engineering
- ☐ Babysitting/Childcare/Teaching
- ☐ Computer/Design/Coding
- ☐ Finance/Banking/Insurance
- ☐ Medical/Science
- ☐ Painting/Art/Photography
- ☐ Restaurant/Cooking/Culinary
- ☐ Retail/Fashion
- ☐ Trade Positions (Plumbing, Electrical, HVAC, etc.)
- ☐ Environmental/Yard Work/Gardening

8. Why are you seeking a job for the summer? *

Check all that apply.

- ☐ Looking for something to do
- ☐ Need money to help family
- ☐ Need money for self
- ☐ Parents encouraged me
- ☐ Looking for job experience
- ☐ Other: _____

9. Are there any goals that you are looking to accomplish after completing this program? *

Check all that apply.

- ☐ Set up a bank account/Learn how to manage money
- ☐ Get long term work
- ☐ Get a car/Understand public transit
- ☐ Build a resume
- ☐ Other: _____

10. What do you believe is your strongest skill? *

Mark only one oval per row.

	Organization/time management	Data Entry/computer skills	Professional Conversation/phone skills	Leadership/Teamwork	Public Speaking
Choose 1:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Are there any skills that you are looking to master upon completing this program? *

Check all that apply.

- ☐ Organization/time management
- ☐ Data Entry/computer skills
- ☐ Professional Conversation/phone skills
- ☐ Leadership/Teamwork
- ☐ Public Speaking
- ☐ Other: _____

12. Is there any goal that you are looking to achieve after completing this program? *

Check all that apply.

- ☐ No
- ☐ Go to college
- ☐ Get a long term job
- ☐ Enter the military
- ☐ Other: _____

13. Are you involved in any groups, sports, or clubs? *

Score 1 = Seasonal activities/sometimes and occasional volunteering

Mark only one oval.

	0	1	2
No Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year Long Activities/ Always volunteering weekly or monthly			

14. (Day) Work Availability: Please select all that you CAN do. *

Check all that apply.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Weekends (If Need Be)

15. (Hour) Work Availability: Please select all that you CAN do. *

Check all that apply.

- ☐ Morning (8a-12p)
- ☐ Afternoon (12p-4p)
- ☐ Evening (4p-8p)
- ☐ Anytime

16. Do you have any summer camps, vacations, trips, or events between July 2nd & August 10th? *

If yes, please explain.

17. How do you plan on getting to and from work? *

Check all that apply.

- ☐ Car (self)
- ☐ Car (parent/other)
- ☐ Uber/Lyft/Taxi
- ☐ Bus
- ☐ Bike
- ☐ Walk
- ☐ Other: _____

18. Will you have any challenges getting to and from work? *

I.E. rain/storm, heat, farthest distance you would travel.

19. Will you have any trouble in completing 20 hours of work a week or work shifts that are longer than 4 hours a day? (including trips, vacations, and summer camps) *

20. Are there any concerns that we may need to know about before placing you that might impact your ability to do any job? *

21. Have you ever had any disciplinary actions at school? *

Check all that apply.

- ☐ N/A
- ☐ Detention
- ☐ In School Suspension
- ☐ Out of School Suspension
- ☐ Expulsion
- ☐ Arrest
- ☐ Other: _____

22. List 1 or 2 references that we can call for a recommendation: (teacher, coach, employer, NOT FAMILY RELATED) *

Please list Name, Number, and Email, and how you know them:
