

# TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

## SECTION ONE

### A. Information About the Youth Applicant

1. Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street) (Apartment Number)

(City)

(State)

(Zip Code)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Month, Day, Year)

Telephone Number: \_\_\_\_\_

## SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes.** If yes, **go to** Section Three.
- No.** If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: \_\_\_\_\_

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

Date of Entry into United States: \_\_\_\_\_

## SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes,** check which program(s) and then **go to** Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- No,** complete Item B, on page 2.

**B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.**

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

**SECTION FOUR Applicant Notification and Signature**

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

**By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.**

**SECTION FIVE TANF Youth Services Application Review Form**

CERTIFICATION ITEM	Yes	No																																												
1. Is the applicant a New York State resident?																																														
2. Is the applicant under 21 years of age?																																														
3. Is the applicant for services either a United States citizen or a qualified non-citizen? Note: Documentation of non-citizen status is required.																																														
4. Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income considered.]  <input type="checkbox"/> Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, SNAP, HEAP or SSI?  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Income test is met based on a calculation of combined gross income for applicant's family size.  Worksheet - Calculation of Current Gross Income (convert all income to annual income)																																														
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Source</th> <th style="text-align: center;"><u>Yearly</u></th> <th style="text-align: center;"><u>Monthly</u> (x12=yearly)</th> <th style="text-align: center;"><u>Weekly</u> (x 52=yearly) (x4.333=monthly)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> <tr><td colspan="4">a. Total gross income is: \$ _____ per year.</td></tr> <tr><td colspan="4">b. Subtract child support payments made \$ _____ per year.</td></tr> <tr><td colspan="4">c. Net gross income for 200% test is: \$ _____ per year. (Time period must be the same for a, b, and c)</td></tr> <tr><td colspan="4">d. Total family size is _____.</td></tr> <tr><td colspan="4"><b>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</b></td></tr> </tbody> </table>	Source	<u>Yearly</u>	<u>Monthly</u> (x12=yearly)	<u>Weekly</u> (x 52=yearly) (x4.333=monthly)	1.				2.				3.				4.				5.				a. Total gross income is: \$ _____ per year.				b. Subtract child support payments made \$ _____ per year.				c. Net gross income for 200% test is: \$ _____ per year. (Time period must be the same for a, b, and c)				d. Total family size is _____.				<b>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</b>					
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5. If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form? Please note: The DSS Commissioner or his or her designee must sign for a child in foster care.																																														

**Current Income** – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

**or**

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

**Gross Income includes:** Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker's compensation; Supplemental Security Income (SSI); child supports payments received; alimony received; interest payments; other recurring income that is not excluded below.

**Excluded Income:** Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

**Certification Decision**

- The applicant is certified for TANF Services.** All Items on page 3, must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):**
  - The applicant is not a resident of New York State.
  - The applicant is not under 21 years of age.
  - The applicant is not a U.S. citizen or a qualified non-citizen.
  - The income of the family members is above 200% of poverty
  - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.) Specify reason below.

\_\_\_\_\_

\_\_\_\_\_

**Signature of reviewer:** \_\_\_\_\_ **Date** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

**Second Level Review**

- ◆ Complete this section only if the person certifying requests the review.
- ◆ The review must be done by someone at a higher level than the person originally doing the review.

The results of the second level review were:

- Agreed with the original decision.
- Disagreed with the original decision for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The result of the second level review is that:

- The applicant for services is certified to receive TANF Services.
- The applicant for services is not certified to receive TANF Services.

**Signature of reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or  <b>I-551:</b> stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or  <b>I-571:</b> Refugee Travel Document or  <b>I-688B:</b> Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or  <b>I-766:</b> Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><b>I-94:</b> stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or  <b>I-94</b> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or  <b>I-551:</b> stamped "CU6, CU7, or CH6" or  Temporary <b>I-551</b> stamp in foreign passport. or  USCIS notice or letter indicating ongoing exclusion or deportation proceedings or  A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><b>I-94:</b> stamped "Granted asylum under Section 208 of the INA" or  <b>I-551:</b> Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or  <b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or  <b>I-766:</b> Employment Authorization Document annotated "(a5)" or  Grant letter from USCIS Asylum Office or  Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><b>I-94:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS or  <b>I-551:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or  Temporary <b>I-551</b> stamp in foreign passport or  <b>I-571:</b> Refugee Travel Document or  Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or  <b>I-766:</b> Employment Authorization Document annotated "(a10)" or  Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or  <b>INS I-551:</b> Stamped "RE5, RE6, RE7, RE8, or RE9" or  Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and  Documents to show lawfully residing in the US  <b>Divorced spouses do not qualify</b></p>
7. Lawfully Admitted For Permanent Residence (LPR) <u>without</u> 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p><b>I-551:</b> (Permanent Resident Card) or  Temporary <b>I-551</b> stamp in foreign passport or on <b>I-94.</b> or  <b>I-327</b> (Re-entry Permit) or  <b>I-181:</b> Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<b>Form DD-214</b>) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. <b>Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children</b>	Status Granted	Military Identification Card ( <u>DD Form 2</u> ) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. <b>Conditional Entrant (status granted to refugees before 1980)</b>	Entry	<u>I-94</u> with stamp showing admitted under Section 203(a)(7) of INA or <u>I-688B</u> (Employment Authorization Card) annotated "274a.12(a)(3)" or <u>I-766</u> (Employment Authorization Document) annotated "(a1)" or "(a3)"
11. <b>A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)</b>	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); or INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. <b>Victim of Human Trafficking</b>	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or <u>I-94</u> Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. <b>Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)</b>	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<u>I-94</u> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or <u>I-688E</u> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or <u>I-766</u> annotated "C11" or A4, and <u>I-94</u> indicating admitted for at least one year
14. <b>North American Indian born in Canada</b>	NA	<u>I-551</u> : (Permanent Resident Card): stamped "S1-3", temporary <u>I-551</u> stamp in a Canadian passport or <u>I-94</u> : stamped "S1-3" or <u>Tribal document</u> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. <b>Member of federally recognized tribe born outside U.S.</b>	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act

**TOWN OF HEMPSTEAD DEPARTMENT OF OCCUPATIONAL RESOURCES  
REGISTRATION SUPPLEMENT & RELEASE STATEMENT**

PARTICIPANT'S NAME: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Please Print

**CERTIFICATION**

- A.
1. I make this application & statement in order to be found eligible to receive services paid for by Federal and/or State funds. I understand that the Department of Occupational Resources (DOOR.) will rely on the information I supply to them. I certify that all such information given by me shall be true, accurate and complete.
  2. I request services under a program created under, resulting from or derivative of funds obtained from the United States Department of Labor and the State of New York & other funding sources.
  3. I agree to participate in all assigned and required activities. I agree to accept a suitable job offer as defined herein. A suitable job offer is one which offers appropriate working conditions and is comparable with my levels of experience and skills, and is either within commuting distance as determined by the DOOR, or is accessible by public transportation.
  3. I agree that upon completion of a training course, I will be required to take a certification exam.
  4. I understand that my participation in the program may end or be terminated if employment has been or can be secured in the private sector. I agree to notify the DOOR if I secure private employment.
  5. I understand that my participation in any program as described in paragraph 1 herein may be terminated if my participation and/or performance is determined to be unsatisfactory, or if I am no longer eligible to participate in such programs, or for any other reason at the discretion of DOOR, regardless of how long I have been in the program.
  6. I understand that any benefits I receive may terminate without any prior notice if program funding is reduced or canceled, if the regulations or applicable laws are changed, or if I cease to be eligible to participate. I understand that as part of my participation, in accordance with the Privacy Act of 1974, the Town of Hempstead and/or its contractors require disclosure of my Social Security number as well as other documents and information.
- B.
1. I give permission to the agents, servants, employees and/or officers of the Town of Hempstead, the New York State Department of Labor, or the U.S. Department of Labor to take any such actions as they deem appropriate to verify all statements made herein, separately, or at any future date, in connection with my participation in or eligibility for the program. Such actions may include, but shall not be limited to securing and obtaining copies of my income tax records and returns, all records filed with the New York State Department of Labor, the Nassau County Department of Social Services, the United States Social Security Administration, any prior, present, future or potential employers, and agencies providing public assistance, including TANF, General State or Local Cash Assistance, Supplemental Security Income, and Food Stamps or other such agencies. I authorize each of the aforementioned agencies to release information concerning me to the Town of Hempstead, the New York State Department of Labor, or the U.S. Department of Labor, and agree to cooperate with the release of information, including providing additional authorizations as may be required.
  2. I understand that while a participant, I may not engage in partisan or non-partisan political activities during hours for which I receive program funds. I agree not to engage in such activities during the prescribed hours. I agree not to engage in partisan or non-partisan activities in which I represent myself as a spokesperson of the program. I certify that I was not referred to this program by any political organization or its representatives. I understand and agree that I may not and will not, during working hours under the program attempt to influence in any manner a member of Congress or any State legislator concerning any legislation or appropriation before or by such legislator.
- C.
- If my application shows that I am a disabled individual by reason of alcohol and/or drug addiction, which I believe is or will be lessened, alleviated, or cured by out-patient treatment at a rehabilitation facility, I irrevocably waive any privilege or confidentiality pertaining to records or documents of treatment or my alcohol or narcotics problem, to the extent that representatives of the U.S. Department of Labor, N.Y. State Department of Labor and/or DOOR are granted irrevocable permission to examine and photocopy such records held by any government agency, physician, hospital or rehabilitation facility. I understand that if any records are examined or photocopied, it will be done for the sole purpose of determining my eligibility for the program or for an evaluation of the type of activity or program that is best for me. I further understand that information obtained as a result of my release or waiver of confidentiality shall not be made public or disclosed to any potential employer, and that all such confidential information shall be kept in a confidential file, by agents, employees and officials of the Town of Hempstead. I authorize any government agency, physician, hospital, or rehabilitation facility or program to release medical and/or treatment information to the Town of Hempstead, the New York State Department of Labor, or the U.S. Department of Labor. I agree to cooperate with the release of such information, including but not limited to providing additional authorizations to said agencies.

D. I hereby certify that I am not the wife, husband, son, daughter, mother, brother, sister, sister-in-law, brother-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepparent of stepchild of any of the following: any officer or staff member in the Town of Hempstead, Department of Occupational Resources, Supervisor, Town Board; Hempstead Workforce Development Board (WDB), Youth Council, or any other Federal, State, County, City or local government official or their staff members; or any official or staff member of a private-for-profit contractor or sub-contractor of the Town of Hempstead for which I am or can expect to be hired. If I am related to any individual named above, I describe this relationship herewith:

Name of Relative	Relationship (describe in detail)
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In the event that I should become related to any such person, I agree to disclose that information to DOOR.

E. 1. I have been advised of the Equal Employment Opportunity Policy and Grievance Procedure.  
 2. I understand that if I become or am found ineligible after enrollment, I will be terminated and separated from the program.  
 3. I agree to notify the program coordinator or DOOR if I become aware of any reasons why I would be deemed ineligible under the program. I understand that in the event that I am terminated as a result of falsifying any information on this application or any other reporting requirements, I may be prosecuted for fraud.  
 4. I attest that **all** the information on this application is true to the best of my knowledge and there is no intent to commit fraud. I understand that the information on the application will be used to determine my eligibility, and that I may be required to document the accuracy of the information and that the information is subject to external verification and may be released for such purposes.  
 5. I hereby authorize DOOR to contact any individual or appropriate agency to obtain information or verify my status concerning: Receipt of any form of public assistance, unemployment insurance benefits, test scores, test materials and transcripts, medical records, counseling reports, psychological or psychiatric assessment and evaluation material, drug and alcohol related counseling reports. I also authorize DOOR to obtain information regarding financial aid status, award letters or statement for any grant program such as PELL, TAP, SEOG and others, and any information that these awards have been awarded and/or received by me, as well as the amount of any balance check issued by a college or educational institution after my tuition and book store credit has been paid. I agree to cooperate with the release of such information as may be required and to provide the Town of Hempstead, and the Department of Occupational Resources with any authorizations as may be required to obtain such information.

F. 1. As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CRF Part 85.605 and 85.610:  
 2. I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, sale or use of a controlled substance in conducting any activity under the grant and:  
 3. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. 20202-4571. I understand that the failure to do so may result in a finding of ineligibility under the grant.

G. I swear that I have read all parts of and signed this intake record/registration form and state that **all** contents thereof are true. I have read this entire certification statement before signing it and state that its contents are also true.

**I UNDERSTAND THAT IF I HAVE MADE FALSE STATEMENTS IN THIS INTAKE RECORD/REGISTRATION FORM AND CERTIFICATION STATEMENT, I HAVE COMMITTED A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, WHICH IS A CRIME. I UNDERSTAND THAT FALSE STATEMENTS MAKE ME SUBJECT TO OTHER PUNISHMENT UNDER STATE AND/OR FEDERAL CRIMINAL LAWS. I UNDERSTAND THAT THIS STATEMENT IS EQUIVALENT TO A STATEMENT DULY SWORN UNDER OATH.**

Applicant's Signature \_\_\_\_\_ Date Application Signed \_\_\_\_\_

Parental consent is required for all minors except minors who are heads of households.

**SIGNATURE OF PARENT, GUARDIAN, OR RESPONSIBLE ADULT** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me (us) personally came \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



**TOWN OF HEMPSTEAD DEPARTMENT OF OCCUPATIONAL RESOURCES (DOOR)  
EQUAL OPPORTUNITY (EO) AND NONDISCRIMINATION POLICY**

- I. DOOR prohibits discrimination against all individuals on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title I – financially assisted program or activity.
- II. DOOR and the WDB will not discriminate on any prohibited grounds to registrants, applicants, and eligible applicants/registrants; participant applications for employment and employees; unions or professional organizations holding collective bargaining or professional agreements with the recipients; and members of the public including those with impaired vision or hearing.
- III. DOOR and the WDB will not discriminate in any of the following areas:
  - a. Deciding who will be admitted or have access to DOOR’s programs and activities;
  - b. Providing opportunities in, or treating any person with regard to, such programs and activities; or
  - c. Making employment decisions in the administration of, or in connection with, such a program or activity.
- IV. DOOR will take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, DOOR will provide appropriate auxiliary aids and services to qualified individuals with disabilities.
- V. Services and information will be provided in languages other than English when there is a significant number or proportion of the population eligible to be served or likely to be directly affected by DOOR that may need services or information in a language other than English.
- VI. DOOR will monitor the EO compliance status of its subrecipients and contractors annually. Periodic on-site reviews of subrecipients will be conducted to assess their EO compliance posture, the results of which are communicated to the subrecipient and contractor in writing.
- VII. If you think that you have been subjected to discrimination under a WIOA Title I – financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:  
  
DOOR’s Equal Opportunity Officer: Sal Scibetta, 50 Clinton Street, Suite 400, Hempstead, NY 11550, (516) 485-5000 ext. 1205; or the [Director](#), Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the [CRC](#) Web site at [www.dol.gov/crc](http://www.dol.gov/crc).
- VIII. DOOR is able to and will comply with the policy as stated above and on the attached [Equal Opportunity is the Law](#) publication. I acknowledge that I have read and understood this information:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Equal Employment Opportunity is **THE LAW**

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



# MEN WHO ARE AGE 18 THROUGH 25 ARE REQUIRED TO REGISTER

and can do so online at:

[www.sss.gov](http://www.sss.gov)

or they can complete this form.

## HOW TO COMPLETE THIS FORM

- Read the Privacy Act Statement.
- Print your information in BLACK INK and CAPITAL LETTERS ONLY.

Block 1: Print your date of birth. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 2: Place an X in the correct box.

Block 3: Provide your Social Security Number if you have one since it is mandatory to include this information. Leave this space blank if you do not yet have a social security number.

Block 4: Print your full name as outlined on the card. Include any suffix (such as Jr., or II), in the designated box, if applicable.

Block 5: Print your current mailing address as outlined on the card. Use the two-letter State abbreviation and enter your ZIP Code.

Block 6: Print today's date. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 7: Sign your name in the box.

- Selective Service will send you a Registration Acknowledgement in the mail.
- If you do not receive a Registration Acknowledgement within 90 days, it is your responsibility to contact the Selective Service System at the following Address:

Selective Service System  
Registration Information Office  
P.O. Box 94638  
Palatine, IL 60094-4638

## PRIVACY ACT STATEMENT

The Military Selective Service Act, Selective Service regulations, and the President's Proclamation on Registration require that you provide the indicated information, including your Social Security Number if you have one. The principal purpose of the requested information is to establish or verify your registration with the Selective Service System. This information may be furnished to other government agencies for the stated purposes on a selective basis. See Systems of Records SSS-9 <https://www.sss.gov/Portals/0/PDFs/Systems%20of%20Records%202011.pdf>

**DEPARTMENT OF JUSTICE** - for review and processing of suspected violations of the Military Selective Service Act, or for perjury, and for defense of a civil action arising from administrative processing under such Act.

**DEPARTMENT OF STATE & U.S. CITIZENSHIP AND IMMIGRATION SERVICES** - for collection and evaluation of data to determine a person's eligibility for entry/reentry into the United States and for U.S. citizenship.

**DEPARTMENT OF DEFENSE & U.S. COAST GUARD** - for exchange of data concerning registration, classification, induction, and examination of registrants and for identification of prospects for recruiting.

**DEPARTMENT OF LABOR** - to assist veterans in need of data concerning reemployment rights, and for determining eligibility for benefits under the Workforce Investment Act.

**DEPARTMENT OF EDUCATION** - to determine eligibility for student financial assistance.

**OFFICE OF PERSONNEL MANAGEMENT & U.S. POSTAL SERVICE** - to determine eligibility for employment.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** - to determine a person's proper Social Security Number and for locating parents pursuant to the Child Support Enforcement Act.

**STATE AND LOCAL GOVERNMENTS** - to provide data which may constitute evidence and facilitate the enforcement of state and local law.

**BUREAU OF CENSUS** - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.

**ALTERNATIVE SERVICE EMPLOYERS** - for exchange of information with employers regarding a registrant who is a conscientious objector for the purpose of placement and supervision of performance of alternative service in lieu of induction into military service.

**GENERAL PUBLIC** - Registrant's name, Selective Service registration number, date of birth, and classification. (Military Selective Service Act, 50 U.S.C. 3806(h))

**Failure to provide the required information may violate the Military Selective Service Act. Conviction for such a violation may result in imprisonment for up to five years and/or a fine of not more than \$250,000.**

Council Members  
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CHRISTOPHER CARINI  
MELISSA MILLER  
LAURA RYDER

KATE MURRAY  
Town Clerk

JEANINE C. DRISCOLL  
Receiver of taxes

ERIC C. MALLETTE  
Commissioner

# Town of Hempstead Department Of Occupational Resources

50 CLINTON STREET, HEMPSTEAD, NY 11550-4201  
(516) 485-5000 FAX# (516) 485-2865



DONALD X. CLAVIN, Jr.  
Supervisor

## TRAVEL RELEASE FORM

I consent to my/minor's participation in traveling to and from events and acknowledge that I fully understand my/minor's participation in travel and do hereby waive, release, absolve, indemnify and agree to hold harmless to the Town of Hempstead and City of Long Beach, Board of Directors, organizers, instructors, mentors, and persons transporting my child to or from worksites and other locations within the Town of Hempstead and City of Long Beach, NY. This includes all travel to and from the worksite arranged by the Town of Hempstead Department of Occupational Resources (DOOR), including but not limited to all transportation - bike, train, van, and/or walking.

I will bring my required medication to the worksites and other locations within the Town of Hempstead and City of Long Beach, NY.

I understand that if I have any risk concerns regarding travel or any restrictions or allergies, I should discuss the risks associated with my/minor's participation with the activity coordinators and event staff before I sign this document and before travel begins.

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Council Members  
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DONALD X. CLAVIN, Jr.  
Supervisor

## PHOTOGRAPH, SOCIAL MEDIA & VIDEO RELEASE FORM

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Audio, photographic, social media or video recordings may be used for the following purposes:

- Conference Presentations
- Educational presentations or courses
- Informational Presentations
- Educational Video
- Marketing for the Town of Hempstead/City of Long Beach

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I (We) also grant the Town of Hempstead and its employees; the City of Long Beach, NY and its employees; and the worksites and its employees, the right to photograph my dependent without charge and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. (Check one)

- I Authorize Use of My Photograph  
 I Do Not Authorize Use of My Photograph

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

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

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DONALD X. CLAVIN, Jr.  
Supervisor

**CONSENT TO PARTICIPATE**

I accept the offer to participate in the Town of Hempstead Department of Occupational Resources' (DOOR) Summer Youth Employment Program 2024.

I certify that I am the applicant, and I am \_\_\_\_\_ years of age. I understand that the information provided on my application will be shared with other entities for purposes of administering programs, research, and providing referrals to possible employers. I authorize the release of my application information to such entities and employers. I understand that I have the right to inspect this information and to request appropriate corrections through the administering agency.

\_\_\_\_\_

Participant Name

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature (if under 18)

\_\_\_\_\_

Date



In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact:

**First Emergency Contact**

\_\_\_\_\_  
First Emergency Contact Name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Phone Number

**Second Emergency Contact**

\_\_\_\_\_  
Second Emergency Contact Name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Phone Number

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DONALD X. CLAVIN, Jr.  
Supervisor

## **PARTICIPANT CODE OF CONDUCT**

1. I agree to display appropriate behavior at all times including while at my worksite. I will not subject myself to the following examples of disruptive behavior:
  - Leaving the worksite or an event, unless my supervisor grants permission
  - Bringing radios, CD players, iPods, and video games to the worksite, unless otherwise noted
  - Using my cell phone at the worksite including texting and email messaging. I will keep my cell phone on silent and out of sight. The supervisor is allowed to confiscate the mobile or technological device until end of program day. Employee will receive it back upon the day's completion
2. I understand that the following behaviors are examples of inappropriate conduct. Please note that this is not comprehensive:
  - Sexual misconduct including kissing, inappropriate touching, and massages of any kind
  - Verbal sarcasm
  - Any form of unwanted affection
  - Comments that relate to a Participant's body
  - Running and/or making excessive noise at the worksite
  - Loitering
  - Exhibiting any profane, obscene, indecent, or offensive language or gestures
  - Displaying any behavior that is disruptive to the orderly process of worksite instruction
  - Defying (disobeying) the authority of supervisors
  - Failing to abide by the rules and regulations of the worksite not otherwise listed in the Code of Conduct
  - Destruction of any on site property or equipment
  - Bullying or cyberbullying
3. I agree to demonstrate proper values by my language and behavior including, but not limited to:
  - Respecting supervisors and other participants
  - Respecting the rights and property of others. I understand that neither vandalism nor stealing will be tolerated and financial obligations that result from such behavior will be the sole responsibility of self and my family
  - I will dress appropriately. I understand that this prohibits shorts, tank tops, sagging pants, and any clothing that has any reference to tobacco or alcohol products including insignias or advertisements.
  - I will not possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, guns, or items that would endanger people, pets, wildlife, or property or any item that would be

classified illegal. I understand that possession of any of these items or if I appear under the influence of any drugs or alcohol, I will be subject to immediate disciplinary action and possibly dismissed from the program.

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

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

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Supervisor

## **DISCIPLINE PROCEDURES**

The Town of Hempstead Department of Occupational Resources' (DOOR) Summer Youth Employment Program follows a 5-STEP procedure for addressing behavioral issues that may arise. Please refer to the CODE OF CONDUCT for acceptable program behaviors. Breaking the CODE of CONDUCT will be handled in the following ways:

**STEP 1: WARNING** – At the first sign of a problem, the Worksite Supervisor will place the participant on Step 1 and work with participant to find a solution to prevent the problem from beginning again. There may be consequences for the first step.

**STEP 2: WRITE UP** – The participant will be removed from the worksite to work with the Worksite Supervisor. The participant will talk to the Worksite Supervisor, discuss why the problem has continued, and find solutions with the participant to correct their behavior. Together they will complete and sign an incident report.

**STEP 3: INTERVENTION** – the participant is removed from the worksite to work with the Worksite Supervisor. DOOR will be notified that the participant is in STEP 3 and will contact the parent/guardian of the youth under the age of 18. Together they will complete and sign an incident report.

**STEP 4: DISMISSED FOR DAY** – The participant is removed from worksite and taken to the Worksite Supervisor. DOOR will be notified that the participant is in STEP 4 and will contact the parent/guardian of youth under the age of 18. The participant is dismissed for the day, and an incident report is completed.

**STEP 5: DISMISSED FROM PROGRAM** – DOOR is notified that the participant is in STEP 5. The participant is removed from the program. Parents will be contacted for youth under the age of 18. Parents will be asked to pick up youth under the age of 18 from the worksite, if necessary.

## ***LEAVING THE WORKSITE WITHOUT PERMISSION – AUTOMATIC DISMISSAL***

- Immediately notify DOOR, which will call the parent/guardian if youth is under the age of 18
- An incident report is completed that documents the automatic termination from the program

**VIOLENCE** (violent acts, threatening remarks, gestures, etc.) **AND**  
**POSSESSION OF WEAPONS – AUTOMATIC DISMISSAL**

- Immediately notify DOOR, which will call the parent/guardian if youth is under the age of 18
- An incident report is completed that documents the automatic termination from the program

*I have read and understood the DISCIPLINE PROCEDURES and intend to stay in compliance.*

---

Participant Name

---

Participant Signature

---

Date

---

Parent/Guardian Name

---

Parent/Guardian Signature  
(if youth is under 18)

---

Date

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Supervisor

## **ATTENDANCE AND PAYROLL POLICY**

### **GENERAL PROCEDURES**

Each absence, late, and early dismissal will be recorded as excused or unexcused along with noting the specific reason for absence. Excused absences are defined as an absence due to personal illness, illness or death in the family, family travel, religious observance, quarantine, or required court appearance. Exceptions will be made on a case-by-case basis.

No distinction will be made between “excused” or “unexcused” when determining the total number of days absent from program.

Any absence, lateness or early dismissal will be documented. It is the participant’s responsibility to notify program provider within 24 hours of absence AND to provide a written excuse upon the participant’s return to the worksite. The written note should include participant name, date of absence, and reason for absence. Youth younger than 18 will be required to get a parent/guardian signature. Each time a participant is absent a phone call is requested; however, all absences will be recorded as unexcused until a written note is received.

### **NOTIFICATION SEQUENCES AND CONSEQUENCES FROM WORKSITE**

When a participant exceeds the maximum number of absences, this participant will be dismissed from the program.

After 1<sup>st</sup> absence: DOOR will give the participant a warning.

After 2<sup>nd</sup> absence: DOOR will meet with participant to address the absence and notify parent/guardian for youth under age 18

After 3<sup>rd</sup> absence: Participant will be dismissed from the Summer Youth Employment Program

**PAYROLL POLICY**

Participants will receive paychecks. Pay deductions will be taken from each paycheck reflecting any absences within the pay period.

- Consequences of absences from worksites will result in pay deductions
- DOOR will be responsible for the distribution of paychecks to participants.

***State Unemployment Insurance (SUI): Due to this TEMPORARY SUBSIDIZED GOVERNMENT FUNDED 6 weeks' summer employment program, I AM NOT ELIGIBLE to make a claim for Unemployment Compensation.***

I have read and understand the DISCIPLINE PROCEDURES and UNEMPLOYMENT DISCLOSURE STATEMENT and intend to stay in compliance.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent/Guardian Signature  
(If youth is under 18)

\_\_\_\_\_  
Date



### **SYEP Worksite Interest Questionnaire**

1. Have you participated in SYEP before?  Yes  No
  - a. If yes, when did you participate? \_\_\_\_\_
  - b. What was your worksite? \_\_\_\_\_
  - c. Would you go back to this worksite?  Yes  No
  
2. In which school district do you currently attend school (if applicable): \_\_\_\_\_
  - a. Do you want to work for your school district?  Yes  No
  
3. Do you mind working outdoors?  Yes  No
  
4. Do you have reliable transportation?  Yes  No
  - a. Do you take public transportation?  Yes  No
  - b. Do you have access to a car?  Yes  No
  - c. How far are you willing to travel?  Up to 3 miles  Up to 5 miles  Up to 10 miles
  
5. Can you work on weekends?  Yes  No
  
6. Can you work evening and nights?  Yes  No
  
7. List a few of your hobbies and interests:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Where do you see yourself in 5 years?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Please select your top 3 industries, with 1 being your first pick\*:  
 Food and Beverage  
 Business/Professional Services  
 Healthcare  
 Child Care  
 Hospitality  
 Working with individuals with disabilities  
 Communications/Publishing  
 Construction  
 Warehousing/Wholesale Distribution



10. Additional information or comments.

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**\*We will do our best to place you in an industry that best meets your interests, but placement in your top picks is not guaranteed.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date