



**Project Self-Sufficiency Summer Youth Employment Program 2024**

***The 2024 Summer Youth Employment Program is open to rising sophomores or juniors who are currently enrolled in high school.***

**PARENT/GUARDIAN INTAKE APPLICATION**

Are you a Project Self-Sufficiency Participant? YES\_\_\_ NO\_\_\_ Counselor's Name\_\_\_\_\_

How did you hear about our Summer Youth Employment Program?

Newspaper\_\_ Radio\_\_ TV\_\_ Friend \_\_ PSS Counselor \_\_ Other (specify)\_\_\_\_\_

Did your child participate in last year's program? YES\_\_\_\_\_ NO\_\_\_\_\_

LAST NAME:\_\_\_\_\_ FIRST NAME:\_\_\_\_\_

SOCIAL SECURITY #:\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP:\_\_\_\_\_

HOME PHONE:\_\_\_\_\_ CELL PHONE:\_\_\_\_\_

WORK PHONE:\_\_\_\_\_ EMAIL:\_\_\_\_\_

IS YOUR CHILD A U.S. CITIZEN/LEGAL RESIDENT? YES\_\_\_\_\_ NO\_\_\_\_\_

FAMILY STATUS: SINGLE\_\_\_\_\_ MARRIED:\_\_\_\_\_ DIVORCED/SEPARATED\_\_\_\_\_

TOTAL NUMBER IN HOUSEHOLD (INCLUDING YOURSELF):\_\_\_\_\_

NUMBER OF MEMBERS AGE 17 AND UNDER: \_\_\_\_\_

ALTERNATE/EMERGENCY CONTACT NAME:\_\_\_\_\_

RELATIONSHIP TO CHILD:\_\_\_\_\_

PHONE: \_\_\_\_\_

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

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

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

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**APPLICANT STATEMENT  
(INCOME WORKSHEET STATEMENT)**

Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_

Total Number in Family Unit: \_\_\_\_\_

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

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

Has your child received the **Covid-19 Vaccine**? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please complete the following)

First Dose Date: \_\_\_\_\_ Second Dose Date: \_\_\_\_\_

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

Which Vaccine did they receive: \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_