



Project Self-Sufficiency Summer Youth Employment Program 2022

The 2022 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 –**

**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: _____