



Summer Youth Employment Checklist 2010

Thank you for your interest in the North Shore Youth Career Center's Summer Youth Program 2010. The next step in the process is to submit your application with documentation to determine your eligibility. Call to set up an appointment with an intake worker. You must bring **THIS FORM** checked off along with your application (included in packet), and all supporting documentation.

For Parents/Guardians/Applicants

	Proof of Household Income- Employment information (include all family members of household who are/or have worked in the last 6 months; (provide the 3 most recent pay stubs for each individual): if receiving assistance from TAFDC and/or Food stamps bring most recent proof of assistance
	Proof of Age/Citizenship – US Birth certificate OR valid Passport OR Alien registration card OR I-94
	Proof of RESIDENCY – Any preprinted bill or letter postmarked within the last 30 days sent to your home in your name or in the name of your parents/guardians
	Social Security Card – Social security card cannot say "not valid for employment" OR Id card with social security number on it
	Disability – Youth with disability must be verified from physician, social security printout or recent IEP/504 from school
	Proof of registration for Selective Service if you are a male and will be 18 and older by May 1, 2010
	Other Bring most recent report card if still in school

Once all documents have been collected please call to set up intake appointment. If you have any questions, please call the North Shore Youth Career Center at 781-593-0585 to speak to a representative

***Submittal of application does not guarantee acceptance into program.**



Workforce Investment Act
ARRA Youth Services Application

Date ___/___/___ Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Email _____ FAX _____
Alternate Telephone and Address _____
Center _____ Intake Manager _____ Customer ID# _____

Date of Birth M/D/Y: _____ Age _____ Male _____ Female _____ Race _____
US Citizen Yes _____ No _____ If no are you authorized to work in the Unites States Yes ___ No _____
Alien Registration Number _____ Primary Language _____
Additional Languages _____ Veteran Yes _____ No _____
Disability Yes___ No ___ Selective Service Compliant Yes _____ No ___ N/A ___ Offender: Yes _____ No _____
High School Graduate Yes _____ No _____ GED: Yes _____ No _____ Last grade completed _____
Post Secondary Yes _____ No _____ Degree _____ Major _____
Currently employed Yes ___ No _____ Employer _____ Address _____
Start Date _____ Job Title _____ Pay Rate _____
Last Employer _____ Address _____
Job Title _____ Pay Rate _____ Start Date _____ End Date _____

Table with 2 columns and 4 rows: Transitional Assistance Cash Grant, Food Stamps, WIC, Free or Reduced School Lunch

This information factors into determining your eligibility for Federal & State funded programs and will be kept confidential

Please check all services you, your parent or guardian who you reside with is currently receiving.

I hereby certify and attest, under penalty of perjury, that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for termination from the program. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes. My signature also attests to the fact that I have been supplied with a description of the full array of available activities and services as well as with procedures for filing a formal grievance and/or an equal opportunity complaint.

Applicant Signature _____ Date _____

Eligibility Interviewer Signature _____ Date _____

