

**Student's Contact Information: Please Print Clearly**

First Name	Initial	Last Name	Social Security Number		
Address		Apt or Bldg	City	State	Zip
				<input type="checkbox"/> Pinellas <b>FL</b>	
Student's Email	Parent's Email	Home Phone #	Alternate Phone		
		( ) -	( ) - <input type="checkbox"/> Cell Ph. <input type="checkbox"/> Person's Name: _____		

**Student's Demographic Information: Check off all that apply.**

Birth Date/Gender Citizen Status	Race	Employment Status	Student's School Status
DOB: ____/____/____  Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female  Student's Citizenship Status: <input type="checkbox"/> U. S. Citizen or <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Lawfully admitted alien or Refugee with right to work	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Employed <input type="checkbox"/> Not Currently Employed <i>If employed, please provide the following info:</i> <b>Name of Employer/City:</b> _____ _____ <b>Position:</b> _____ <b>Hourly Rate of Pay:</b> \$ _____ <b>Hours per Week:</b> _____ <b>Start Date:</b> ____/____/____	<input type="checkbox"/> Not enrolled in school <input type="checkbox"/> Yes, enrolled in school <b>Current Grade Level:</b> _____ <b>Name of School:</b> _____ _____ <b>City:</b> _____ <b>Current GPA:</b> _____ <b>Will you be attending summer school this year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Parent/Guardian Attestation: Please initial the statements that apply to the Student.**

<b>My child or the applicant in my care....</b> _____ is a foster child _____ receives Social Security benefits _____ receives Refugee Cash Assistance _____ is pregnant or parenting _____ is eligible for Free & Reduced Lunch Program	_____ lives in relative care and receives cash assistance and I am the legal guardian. _____ lives in my household and I am not a legal guardian but have notarized permission from parent. _____ has a juvenile criminal record (misdemeanor or felony). _____ has an 504 or an Individual Education Plan (IEP) for a Learning, Behavioral or Physical Disability. _____ has a physical impairment and might require assistance. _____ requires a special diet. I will provide lunch and snacks if CareerSource is unable to accommodate.
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**Parent or Guardian, please initial each of the statements below:**

\_\_\_\_\_ Income based means tested benefits require "family eligibility." I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status may not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizen status is not provided.

**Privacy Act Statement:**

\_\_\_\_\_ I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF Funded benefits/services. This is mandatory under the Social Security Act, section 1137. The Social Security Number is used to administer the program and associate all services, correspondence and participation with the appropriate individual.

\_\_\_\_\_ If I do not have a social security number and do not know how to apply for one, I understand that I can request help from CareerSource Pinellas or other program provider identified below. The indicated person will refer me to the appropriate agency and may provide other help as needed and requested.

\_\_\_\_\_ I understand that my Social Security Number will be used to associate all records to my identification, including program participation and receipt of services and benefits.

\_\_\_\_\_ I will provide copies of the following required documents to substantiate the information in this application:

- |   |  |   |
|---|--|---|
| __ Student's Social Security Card             | __ Student's IEP or 504 from School                  | __ Proof of Unemployment Benefits/RA Benefits |
| __ Student's Birth Certificate                | __ Proof of Foster Care Documents                    | __ Proof of Public Assistance, SSI, SSDI etc. |
| __ Student's school or state I. D. Card       | __ Proof of Guardianship Documents                   | __ Proof of Child Support                     |
| __ Student's recent Report Card or Transcript | __ Proof of residence in Pinellas county             | __ Proof of Free & Reduced Lunch              |
| __ Student's proof of alien registration      | __ Family Pay Stubs, Self-Employment Statements etc. |   |



# 2019 STEM TEC TANF Summer Youth Program Application

**Student's Household and Family Income Information:** For funding purposes the Family is defined as two or more persons related by blood, marriage or decree of court who are living in a single residence and are included in one or more of the following categories: A husband, wife and dependent children, a parent or guardian and dependent children, or a husband and wife. A foster child is considered a family of 1. Please just list that child in the Family Household section below.

**Family Household & Income:** Check all that apply:  Household receives Cash Assistance  Household received Food Stamps within last 6 months

Name	Relationship	Age	SSN #	Income Type	Total Income 6 Months	Total Income Per Year
List all family members: Including student, mother, father, sisters, and brothers. If applicant is in foster care or if in relative care and receives cash assistance, just list the applicant's name.	List student first. Write "Self"		Provide SSN for each parent and each child that worked. <i>Foster Parent's &amp; Family SSN's not required. Only FS child's SSN.</i>	Wages, Self-Employment, Alimony, Child Support, SSI/SSDI, Unemployment Income for each person. Income not required if on Cash Assistance. <i>NOTE: The Foster student, Foster Parent and families Income not required.</i>	Add income from date of application back 6 months for each person.	Add total income for each person by multiplying last 6 months of income X 2
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Number of Family Members: \_\_\_\_\_

TOTAL YEARLY INCOME \$ \_\_\_\_\_

### For Office Use Only - TANF Youth Program Eligibility Screening

<p><b>Purpose 1:</b> Assist needy families so that children can be cared for in their own homes.  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Eligibility Criteria: Benchmark 1</b></p> <p><input type="checkbox"/> Student lives in a family receiving Temporary Cash Assistance  <input type="checkbox"/> Student is residing in the home of a parent(s)  <input type="checkbox"/> Student is residing in the home of a caretaker</p> <p><b>Purpose 2:</b> Reduce the dependency of needy parents by promoting job preparation, work, and marriage. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Eligibility Criteria: Benchmark 2</b></p> <p><input type="checkbox"/> Student's family income <b>does not</b> exceed 200% of the Federal Poverty Level (see chart on right)</p> <p><b>Income Calculation:</b> Family Size _____          Annual Family Income \$ _____ Meets 200%? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>2019 TANF Income Guidelines</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th colspan="3">200% of the Federal Poverty Level</th> </tr> <tr> <th>Family Size</th> <th>Monthly Inc.</th> <th>Annual Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$2,081.67</td><td style="text-align: center;">\$24,980.00</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$2,818.33</td><td style="text-align: center;">\$33,820.00</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$3,555.00</td><td style="text-align: center;">\$42,660.00</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$4,291.67</td><td style="text-align: center;">\$51,500.00</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$5,028.33</td><td style="text-align: center;">\$60,340.00</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$5,765.00</td><td style="text-align: center;">\$69,180.00</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$6,501.67</td><td style="text-align: center;">\$78,020.00</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$7,238.33</td><td style="text-align: center;">\$86,860.00</td></tr> </tbody> </table> <p style="font-size: x-small; text-align: center;">*Note: For each person over 8, add \$8,840 to the annual income (\$736.67 monthly)</p>	200% of the Federal Poverty Level			Family Size	Monthly Inc.	Annual Income	1	\$2,081.67	\$24,980.00	2	\$2,818.33	\$33,820.00	3	\$3,555.00	\$42,660.00	4	\$4,291.67	\$51,500.00	5	\$5,028.33	\$60,340.00	6	\$5,765.00	\$69,180.00	7	\$6,501.67	\$78,020.00	8	\$7,238.33	\$86,860.00
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I certify, by my signature below, that I have provided the information on the STEM TEC Application Forms and acknowledge that the information on these forms is true and accurate. This information is being provided to establish eligibility for services under the 2019 STEM TEC TANF Summer Youth Program.

STEM TEC Student's Printed Name	STEM TEC Student's Signature	Date
Parent's Printed Name	Parent's Signature	Date
CareerSource Staff Printed Name	CareerSource Staff Signature	Date