

Applicant's/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 <input type="checkbox"/> Hillsborough	FL _____
Student's Email	Parent's Email	Home Phone #	Alternate Phone		
		() -	() -	<input type="checkbox"/> Cell Ph. <input type="checkbox"/> Person's Name: _____	

Applicant's/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> Name of Employer/City: _____ Position: _____ Hourly Rate of Pay: \$ _____ Hours per Week: _____ Start Date: ____/____/____	<input type="checkbox"/> Not enrolled in school <input type="checkbox"/> Yes, enrolled in school Current Grade Level: _____ Name of School: _____ City: _____ Current GPA: _____ Will you be attending summer school this year? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

My child or the applicant in my care.... _____ 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 CareerSource Tampa Bay 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:

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

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: <input type="checkbox"/> Household receives Cash Assistance <input type="checkbox"/> 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 applicant, 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.	An Applicant can write "Self"		Provide SSN for each parent and each child 14 yrs old + Foster Parent's & Family SSN's not required. Only FS child's SSN.	Wages, Self- Employment, Alimony, Child Support, SSI/SSDI, Unemployment Income for each person. Income not required if on Cash Assistance. NOTE: The Foster student, Foster Parent and families Income not required.	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
	Self		- -			
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Number of Family Members: _____

TOTAL YEARLY INCOME \$ _____

For Office Use Only - TANF Youth Program Eligibility Screening

<p>Purpose 1: Assist needy families so that children can be cared for in their own homes. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Eligibility Criteria: Benchmark 1</p> <p><input type="checkbox"/> Student lives in a family receiving Temporary Cash Assistance</p> <p><input type="checkbox"/> Student is residing in the home of a parent(s)</p> <p><input type="checkbox"/> Student is residing in the home of a caretaker</p> <p>Purpose 2: Reduce the dependency of needy parents by promoting job preparation, work, and marriage. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Eligibility Criteria: Benchmark 2</p> <p><input type="checkbox"/> Student's family income does not exceed 200% of the Federal Poverty Level (see chart on right)</p> <p>Income Calculation: Family Size _____</p> <p>Annual Family Income \$ _____ Meets 200%? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">2018 TANF Income Guidelines</th> </tr> <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>1</td><td>\$2,023.33</td><td>\$24,280.00</td></tr> <tr><td>2</td><td>\$2,743.33</td><td>\$32,920.00</td></tr> <tr><td>3</td><td>\$3,463.33</td><td>\$41,560.00</td></tr> <tr><td>4</td><td>\$4,183.33</td><td>\$50,200.00</td></tr> <tr><td>5</td><td>\$4,903.33</td><td>\$58,840.00</td></tr> <tr><td>6</td><td>\$5,623.33</td><td>\$67,480.00</td></tr> <tr><td>7</td><td>\$6,343.33</td><td>\$76,120.00</td></tr> <tr><td>8</td><td>\$7,063.33</td><td>\$84,760.00</td></tr> </tbody> </table> <p style="font-size: small; text-align: center;">*Note: For each person over 8, add \$8,640 to the annual income (\$720.00 monthly)</p>	2018 TANF Income Guidelines			200% of the Federal Poverty Level			Family Size	Monthly Inc.	Annual Income	1	\$2,023.33	\$24,280.00	2	\$2,743.33	\$32,920.00	3	\$3,463.33	\$41,560.00	4	\$4,183.33	\$50,200.00	5	\$4,903.33	\$58,840.00	6	\$5,623.33	\$67,480.00	7	\$6,343.33	\$76,120.00	8	\$7,063.33	\$84,760.00
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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 2017 STEM TEC TANF Summer Youth Program.

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



Grievance/Complaint and Whistleblower Process for STEM TEC

CareerSource Pinellas and CareerSource Tampa Bay strive to provide excellent customer service to all program customers. If you feel you have been treated unfairly at any time during your association with CareerSource Tampa Bay, the following is the local procedure for filing a complaint.

1. I will first discuss any concern with my CareerSource Pinellas or CareerSource Tampa Bay Business Services staff member for resolution.
2. If my situation is not resolved to my satisfaction, I may ask to be referred to the CareerSource Pinellas or CareerSource Tampa Bay Director of Programs to review my case and assist me in resolving my situation.
3. If the CareerSource Pinellas or CareerSource Tampa Bay Director of Programs is unable to resolve my concern to my satisfaction, I may complete a formal grievance form or a letter of grievance and mail or hand deliver it to the attention of the CareerSource Pinellas and CareerSource Tampa Bay EEO Officer, 4902 Eisenhower Blvd., Suite 250, Tampa, FL 33634, for investigation.
4. If I disagree with the decision of CareerSource Pinellas or CareerSource Tampa Bay or if a written decision is not provided to me within 60 days of filing my complaint, I may file an appeal with the State Department of Economic Opportunity's Office of Civil Rights (see address and phone number below) or to the USDOL. Appeals should be filed within 30 calendar days.
5. If I reasonably believe that some policy, practice, or activity of CareerSource Pinellas or CareerSource Tampa Bay is in violation of law (employment law, health and safety laws, criminal fraud and abuse, etc.), I may file a written complaint with the President and CEO of CareerSource Pinellas and CareerSource Tampa Bay, 4902 Eisenhower Blvd., Suite 250, Tampa, FL 33634. The President and CEO shall determine what action should be taken.
6. I understand that I am protected from retaliation for any complaint that I raise concerning any alleged unlawful activity, policy, or practice only if I bring it to the attention of the President and CEO of CareerSource Pinellas and CareerSource Tampa Bay and provide a reasonable opportunity for the President and CEO to take appropriate action to correct the alleged unlawful activity.

EQUAL OPPORTUNITY IS THE LAW

I understand that CareerSource Pinellas or CareerSource Tampa Bay is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, gender identity, gender expression, sex stereotyping, political affiliation, belief, or citizenship/status as a lawfully admitted immigrant authorized to work in the US. CareerSource must not discriminate in 1) deciding who will be admitted, or have access to, any financially assisted program or activity administered by CareerSource Pinellas or CareerSource Tampa Bay; 2) providing opportunities in, or treating any person with regard to, such a program or activity; or 3) making employment decisions in the administration of, or in connection with, such a program or activity. If I think that I have been subjected to discrimination under a Workforce program or activity, I understand that I may file a complaint within 180 days from the date of the alleged violation with the local CareerSource Pinellas and CareerSource Tampa Bay EEO Officer or one of the following offices:

- | | | |
|---|----|---|
| 1) Veronica Owens, Equal Opportunity Officer
Office of Civil Rights
Department of Economic Opportunity (DEO)
107 East Madison Street, Caldwell Building, MSC 150
Tallahassee, Florida 32399-2250
Phone: (850) 921-3205
TTY via the Florida Relay Service: 711 | OR | 2) Director, Civil Rights Center
ATTN: Office of External Enforcement
U.S. Department of Labor
200 Constitution Ave N, Rm N-4123
Washington, DC 20210 |
|---|----|---|

By my signature below, I acknowledge that I have read this entire form. I also understand that if I have a question about this form or any worker rights under Federal Law I may contact the CareerSource Pinellas or CareerSource Tampa Bay EEO Officer at (813) 397-2033.

Customer Signature: _____ Date: ____/____/____

Parental Signature: _____ Date: ____/____/____

(Required if customer is under 18 years of age)



STEM TEC: General Release of Information / Agreement of Consent

Customer Name: _____ **SSN (last 4 only):** _____

<u>Release of Information</u>	<ul style="list-style-type: none"> I hereby give permission for CareerSource to obtain and/or disclose my past, present, and future information or records that may be needed for eligibility determination, monitoring and follow-up purposes. This information may include, but shall not be limited to: school records, grade records, attendance records, public assistance records, and employment information, including wages. A photocopy/facsimile of this signed consent form may be used to obtain/release information authorized by signature on this form.
	<ul style="list-style-type: none"> It is also my understanding that any information obtained by the above organization will be held in strict confidence.
	<ul style="list-style-type: none"> I understand that I may revoke this consent at any time by providing a written statement indicating that my consent to the release of information is no longer given to the party(ies) previously granted permission.
	Customer Signature: _____ Date: ____/____/____

<u>Media Release</u> (please check one)	<input type="checkbox"/> I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any quotes, photographs or video footage taken of me, for any purpose whatsoever, without compensation to me. This consent is given willingly and under no undue stress or influence.
	<input type="checkbox"/> I do not consent to and authorize the use and reproduction by you, or anyone authorized by you, of any quotes, photographs or video footage taken of me, for any purpose whatsoever, without compensation to me.
	Customer Signature: _____ Date: ____/____/____ Parent/Guardian Signature: _____ Date: ____/____/____