

## 2016 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)

Name of Applicant for SYEP	Parent's Name and Present Address:	For Agency Use Only:
Social Security Number		Case Number
Telephone # Where You Can Be Reached		Application Date
		County
		User ID

Are you currently attending school?

- Yes School attending \_\_\_\_\_  
 No Last School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Did you receive a diploma, GED or degree?

- Yes Year Received \_\_\_\_\_  
 No

Are you in the Foster Care system?

- Yes  
 No If yes, what country? \_\_\_\_\_ Name of Foster Home \_\_\_\_\_

Complete for every person living in the home

Name	SS #	Relationship	DOB	Amount of Gross Monthly Income	Type of Income
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	

By my signature below I acknowledge that the above gross monthly income amounts are correct.

**Release of Information:** I understand and agree that the CDJFS may contact other persons or organizations to obtain, verify or provide necessary information regarding my eligibility.

Signature of Applicant:	Date:
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For Office Use Only

TOTAL MONTHLY GROSS INCOME \$

**MONTHLY INCOME (Circle household size. Is total monthly gross income at or below the amount in the box?)**

HOUSEHOLD SIZE	200% MONTHLY INCOME STANDARD	HOUSEHOLD SIZE	200% MONTHLY INCOME STANDARD	HOUSEHOLD SIZE	200% MONTHLY INCOME STANDARD
1	\$1,980	4	\$4,050	7	\$6,122
2	\$2,670	5	\$4,740	8	\$6,815
3	\$3,360	6	\$5,430	9	\$7,509

Eligible

Not Eligible

<b>APPROVED:</b> <input type="checkbox"/>	Authorized Date:	Date Notice Mailed:
<b>WORKSITE:</b>		

<b>DENIED:</b> <input type="checkbox"/>	Denial Date:	Date Notice Mailed:
Reason for Denial:		

Signature of Applicant:	Date:
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