



Child
Support

Children
Services

Employment &
Family Services

Financial &
Medical Services

Shelby County Department of
— Job & Family Services —

227 South Ohio Avenue, Sidney, Ohio 45365
937.498.4981 | Fax: 937.498.7396 | www.shelbycountyjfs.org

Dear Youth Employment Program Applicant,

Thank you for your interest in our Youth Employment Program. The goal of the program is to assist individuals ages 16 – 24 obtain employment in order to gain valuable work experience and skills while earning a paycheck. The ultimate outcome is for participants in the program to be hired on permanently by the employer in which they are placed.

In order to participate in the program, the applicant must be:

- Ages 16 – 17 and in school or age 18 if a full-time student in high school
- Ages 18 – 24 and in a family that has a minor child
- Ages 18 – 24 and has a minor child
- Living in a household whose income is under 200% of the Federal Poverty Level (For example, a family of 4 may not have a monthly income over \$4,050.00.)

To begin your application process, please complete the attached application and release of information. If you are ages 16 – 17 or age 18 and a full-time high school student, please have a parent review the information and sign the application and release of information. Also attached is a document checklist. One form of verification from each category listed on the checklist must be provided in order to determine your eligibility for the program.

Once you have completed the application and the release of information, return it to our office at 227 South Ohio Avenue, Sidney, Ohio. Please go to the main reception window and give your paperwork to the staff person there and ask to speak with an Employment and Family Services (EFS) Specialist. You will meet with an EFS Specialist to go over your application and answer any questions you may have about the program. If you are unable to come to our office, you may submit your application information by fax to 937-498-7396. An EFS Specialist will then contact you if additional information is needed to complete your application process.

If you have any questions about our Youth Employment Program or questions while you are completing your application, please call 937-498-4981, select option 5 and then option 6.

Thank you again for your interest in our Youth Employment Program. Even if you are not eligible for this program, staff is available in our OhioMeansJobs Center of Shelby County, located in our building, to assist you by providing employment services. We are excited to work with you as you achieve your employment goals.

Sincerely,

Helen Scott
Employment & Family Services Administrator

“Serving the adults, children & families of Shelby County”

Thomas L. Bey
Director

Steve Pulfer
Assistant Director

Shelby County Department of Job and Family Services TANF Summer Youth Employment Program

Section I: Complete the Information Below

Youth Name	Parent or Guardian Name
Youth Social Security Number	Social Security Number
Household Address, City and Zip Code	Two Phone Numbers where you can be reached:

Please check the category below that best fits your current situation:

Age 16-17 and in school or age 18 and a full time student in a secondary school

Age 18-24 and in a family that also has a minor child.

Age 18-24 and has a minor child.

(Household income for the above categories may not be greater than 200% of the federal poverty level)

If there are no minor children in the home, is anyone in the household pregnant? Yes No

Is the applicant a U.S. Citizen? Yes No If not, is the applicant a qualified alien? Yes No

Is any member of the household a fugitive felon, parole or probation violator? Yes No

Does any member of the household have an outstanding OWF(cash assistance) overpayment due to fraud? Yes No

Would the applicant or a member of the household like to have voter registration form? Yes No

Is the applicant related to an employee of the Shelby County Department of Job and Family Services? Yes No

Section II: List All Household Members (List additional household members on the back of application)

Name	Date of Birth	Relationship to Youth	Source of Monthly Income (Employment, Child Support, SSI, OWF, etc.)	Monthly Amount of Income	Does this person receive Food Assistance, or Medicaid?
		Self			

Section III: Read and Sign the Application

By my signature below, I agree that the above information is true and complete to the best of my knowledge. I also give consent for my information to be shared with Goodwill Easter Seals Miami Valley for any purpose related to the TANF Summer Youth Employment Program. If the youth is a minor, as a parent, I also give consent for my child to register on the OhioMeansJobs website.

Youth Signature	Date
Parent/Guardian Signature (if youth is a minor)	Date

FOR SCDJFS USE ONLY - Application for TANF Summer Youth Employment Program under PRC Funding		
Applicant does <input type="checkbox"/> does not <input type="checkbox"/> have a fraudulent OWF/PRC overpayment that has not been paid in full.		
Family Size: _____	Date Application Approved:	Date Denied:
Monthly Income: _____	Date Approval Notice Sent:	Date Notice Sent:
SCDJFS Staff Signature:	Date:	

Section II: List Additional Household Members not listed on page 1

Name	Date of Birth	Relationship to Youth	Source of Monthly Income (Employment, Child Support, SSI, OWF, etc.)	Monthly Amount of Income	Does this person receive Food Assistance, or Medicaid?

**Shelby County Department of Job and Family Services
TANF Youth Summer Employment Program
Document Checklist**

Please include ONE form of verification from each category and include the documents with your completed TANF Summer Youth Employment Program Application. If you are having difficulty obtaining any of the required verifications, please call 937.498.4981, select option 5 and then option 6. Before a determination of your eligibility for this program can be made, all verifications must be submitted.

BIRTHDATE

- Birth Certificate
- Baptismal certificate (date and place of birth must be indicated)
- Hospital record
- Passport
- Driver's License
- Public Assistance Record

SOCIAL SECURITY NUMBER

- Social Security Card
- Verification form from Social Security Office

CITIZENSHIP/ALIEN STATUS

- Birth Certificate
- Hospital Record
- Passport (if foreign passport, must be stamped eligible to work)
- Alien Registration Card
- Public Assistance Record

HOUSEHOLD INCOME (30 day budget period)

- Current pay stubs for all family members working
- Statement of gross wages from employer
- Statement from Social Security or SSI for current year
- Savings or bank statements (if no income and living off of savings)
- Proof of unemployment benefits
- Public assistance records
 - Acceptance/Award letter or Computer printout showing case number and amounts

VERIFICATION OF FAMILY SIZE

- Letter from a neighbor or someone that knows you that can verify who is living in the household
- Public Assistance Record

UNEMPLOYMENT COMPENSATION

- Unemployment Award Letter
- Printout from Unemployment Compensation Web Site
- Verification form showing claim information and amounts
- Public Assistance Record

PREGNANT/PARENTING

- Child's birth certificate
- Statement from Social Service Agency
- Medical card
- Public Assistance Record



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**SHELBY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
RELEASE OF INFORMATION**

I, _____, hereby authorize and direct the organization(s) listed below to release information to the Shelby County Department of Job and Family Services from TANF Youth Employment program enrollment to program exit or termination unless revoked by me in writing, whichever comes first.

I further authorize the Shelby County Department of Job and Family Services to share information with the organizations listed below to facilitate my participation in the TANF Youth Employment program, Support Services, Education, or as deemed necessary. The purpose of exchanging information is to maximize community resources and reduce duplication of services.

The groups or individuals that may be asked to release the above information **includes, but is not limited to:**

- Training Providers _____
- Selective Services _____
- Public/Private Educational Institutions _____
- Counseling Agencies _____
- Past, Present, and Potential Employers _____
- All Divisions Housed within the Shelby County Department of Job & Family Services
- Children Services
- Child Support Enforcement
- Court System
- Social Security Administration
- Goodwill Easter Seals Miami Valley
- Other: _____
- Other: _____

I attest to the fact that all information previously presented is true to the best of my knowledge. Any attempt to defraud or misrepresent information to the Shelby County Department of Job and Family Services may result in the repayment of wages or funds expended on my behalf, or prosecution by the county prosecutor.

Signature of Applicant	Date
Signature of Parent/Guardian (if youth is a minor)	Date

Revised 3/7/15

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Thomas L. Bey
Director

Steve Pulfer
Assistant Director