

Youth Application

APPLICATION DATE	
-------------------------	--

YOUTH ELIGIBILITY

LOCAL AREA/REGION	
OFFICE LOCATION	

APPLICANT PERSONAL INFORMATION			
APPLICANT NAME:	SOCIAL SECURITY #:	EMAIL:	
ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY PHONE:	PRIMARY PHONE TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER		
ALTERNATE PHONE:	ALTERNATE PHONE TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER		
ALTERNATE CONTACT			
CONTACT NAME:	CONTACT PHONE:	CONTACT RELATIONSHIP:	

DEMOGRAPHIC INFORMATION		
DATE OF BIRTH:	AGE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
REGISTERED FOR SELECTIVE SERVICE: <input type="checkbox"/> YES SELECTIVE SERVICE REGISTRATION NUMBER: SELECTIVE SERVICE REGISTRATION DATE: <input type="checkbox"/> NO DOCUMENTED EXEMPTION NOT APPLICABLE	AUTHORIZATION TO WORK IN US: <input type="checkbox"/> US CITIZEN/NATURALIZED <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> LAWFULLY ADMITTED ALIEN/REFUGEE ALIEN/VISA REGISTRATION NUMBER: ALIEN/VISA EXPIRATION DATE: <input type="checkbox"/> NO/NONE OF THE ABOVE	
RACE/ETHNICITY: <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/OTHER PACIFIC ISLANDER	CONSIDERED TO BE OF HISPANIC HERITAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONSIDERED TO HAVE A DISABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF DISABILITY: <input type="checkbox"/> PHYSICAL IMPAIRMENT <input type="checkbox"/> MENTAL IMPAIRMENT <input type="checkbox"/> BOTH PHYSICAL AND MENTAL <input type="checkbox"/> INDIVIDUAL DID NOT DISCLOSE	

TRANSITIONING SERVICE MEMBER	
TRANSITIONING SERVICE MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF TRANSITIONING SERVICE MEMBER: <input type="checkbox"/> WITHIN 24 MONTHS OF RETIREMENT <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> WITHIN 12 MONTHS OF DISCHARGE
ESTIMATED DISCHARGE DATE:	

VETERAN INFORMATION		
ELIGIBLE VETERAN STATUS: <input type="checkbox"/> YES < 180 DAYS <input type="checkbox"/> YES, ELIGIBLE VETERAN <input type="checkbox"/> YES, OTHER ELIGIBLE PERSON <input type="checkbox"/> NO	SERVED MORE THAN ONE TOUR OF DUTY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	MILITARY SERVICE ENTRY DATE: MILITARY SERVICE DISCHARGE DATE: SECOND ENTRY DATE (IF APPLICABLE): SECOND DISCHARGE DATE (IF APPLICABLE):	
DISABLED VETERAN: <input type="checkbox"/> YES, DISABLED VETERAN <input type="checkbox"/> YES, SPECIAL DISABLED (GREATER THAN 30%) <input type="checkbox"/> NO	RECENTLY SEPARATED VETERAN: (WITHIN THE LAST 48 MONTHS) <input type="checkbox"/> YES <input type="checkbox"/> NO	ATTENDED A TRANSITION ASSISTANCE PROGRAM (TAP) WORKSHOP WITHIN THE LAST 3 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO
	CAMPAIGN VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT INFORMATION		
EMPLOYMENT STATUS: <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> EMPLOYED, BUT RECEIVED NOTICE OF TERMINATION OF EMPLOYMENT OR MILITARY SEPARATION	RECEIVING UNEMPLOYMENT COMPENSATION : <input type="checkbox"/> NO, NEITHER CLAIMANT NOREXHAUSTEE <input type="checkbox"/> YES, CLAIMANT REFERRED BY WPRS <input type="checkbox"/> YES, CLAIMANT NOT REFERRED BY WPRS <input type="checkbox"/> YES, EXHAUSTEE	
MEETS LONG TERM UNEMPLOYMENT DEFINITION : <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT OR MOST RECENT HOURLY RATE OF PAY:	FARMWORKER STATUS: <input type="checkbox"/> NO <input type="checkbox"/> FARMWORKER <input type="checkbox"/> MIGRANT <input type="checkbox"/> MIGRANT FARMWORKER

EMPLOYMENT HISTORY		
COMPANY NAME/LOCATION	JOB TITLE	START/END DATES
		From: To:

EDUCATIONAL INFORMATION	
CURRENT HIGHEST SCHOOL GRADE COMPLETED (FROM REGISTRATION):	FEDERALLY REPORTED HIGHEST SCHOOL GRADE COMPLETED:
SCHOOL STATUS: <input type="checkbox"/> IN SCHOOL, HIGH SCHOOL OR LESS <input type="checkbox"/> IN SCHOOL, ALTERNATIVE SCHOOL <input type="checkbox"/> IN SCHOOL, POST HIGH SCHOOL <input type="checkbox"/> NOT ATTENDING SCHOOL, OR HSDROPOUT <input type="checkbox"/> NOT ATTENDING SCHOOL, HS GRADUATE	ATTENDING ANY SCHOOL (PER STATE DEFINITION): <input type="checkbox"/> YES <input type="checkbox"/> NO
	MOST RECENT DATE ATTENDED SECONDARY SCHOOL:
ENROLLED IN EDUCATION LEADING TO A DIPLOMA, GED/HIGH SCHOOL EQUIVALENCY DIPLOMA OR CERTIFICATE (SECONDARY, POST-SECONDARY, ADULT EDUCATION, OR OTHER ORGANIZED PROGRAM OF STUDY): <input type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN COMPULSORY SCHOOL AGE AND DID NOT ATTEND THE MOST RECENT COMPLETE SCHOOL YEAR CALENDAR QUARTER: <input type="checkbox"/> YES <input type="checkbox"/> NO

PUBLIC ASSISTANCE INDIVIDUAL OR MEMBER OF A FAMILY THAT IS RECEIVING , OR IN THE PAST 6 MONTH HAS RECEIVED THE FOLLOWING:		
TANF: <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPPLEMENTAL SECURITY INCOME (SSI) <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE OR LOCAL INCOME BASED PUBLIC ASSISTANCE (GENERAL ASSISTANCE) <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) <input type="checkbox"/> YES <input type="checkbox"/> NO		REFUGEE CASH ASSISTANCE (RCA) <input type="checkbox"/> YES <input type="checkbox"/> NO
PUBLIC ASSISTANCE INDIVIDUAL RECEIVES, OR IN THE LAST 6 MONTHS HAS RECEIVED		
RECEIVING SOCIAL SECURITY DISABILITY INSURANCE (SSDI): <input type="checkbox"/> YES <input type="checkbox"/> NO		
PUBLIC ASSISTANCE INDIVIDUAL CURRENTLY MEETS THE FOLLOWING:		
FOSTER CHILD (STATE OR LOCAL PAYMENTS ARE MADE FOR APPLICANT): <input type="checkbox"/> YES <input type="checkbox"/> NO		YOUTH CURRENTLY LIVING IN A HIGH POVERTY AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INFORMATION NOT PROVIDED
YOUTH CURRENTLY RECEIVES, OR IS ELIGIBLE TO RECEIVE, FREE OR REDUCED LUNCH: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INFORMATION NOT PROVIDED		RECEIVING, OR HAS BEEN NOTIFIED WILL RECEIVE, PELL GRANT: <input type="checkbox"/> YES <input type="checkbox"/> NO

INDIVIDUAL BARRIERS:	
ENGLISH LANGUAGE LEARNER: <input type="checkbox"/> YES <input type="checkbox"/> NO	BASIC SKILLS DEFICIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
HOMELESS: <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUTH IN, OR AGED OUT OF, FOSTER CARE: <input type="checkbox"/> YES, CURRENTLY IN <input type="checkbox"/> YES, AGED OUT <input type="checkbox"/> NO
RUNAWAY: <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFENDER- INDIVIDUAL HAS BEEN ARRESTED/CONVICTED OF A CRIME: <input type="checkbox"/> YES <input type="checkbox"/> NO
PREGNANT/PARENTING YOUTH: <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUTH REQUIRES ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM OR TO SECURE/HOLD EMPLOYMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
OUT OF HOME PLACEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	ELIGIBLE UNDER SECTION 477 OF THE SOCIAL SECURITY ACT: <input type="checkbox"/> YES <input type="checkbox"/> NO

BARRIERS TO EMPLOYMENT:		
DISPLACED HOMEMAKER: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAWAIIAN NATIVE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT PROVIDED	AMERICAN INDIAN/ALASKAN NATIVE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT PROVIDED
SINGLE PARENT: (INCLUDING SINGLE PREGNANT WOMEN) <input type="checkbox"/> YES <input type="checkbox"/> NO	INDIVIDUAL FACING SUBSTANTIAL CULTURAL BARRIERS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT PROVIDED	ELIGIBLE MIGRANT SEASON FARMWORKER (AS DEFINED IN SEC 167): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT PROVIDED
MEETS GOVERNOR'S SPECIAL BARRIERS TO EMPLOYMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT PROVIDED		

FAMILY INCOME :	
FAMILY SIZE:	ANNUALIZED FAMILY INCOME:

GRANT ELIGIBILITY	
STATEWIDE YOUTH ELIGIBILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	

Alternate Contact Form

Name _____

Address _____

Phone Number _____

Email Address _____

Name _____

Address _____

Phone Number _____

Email Address _____

Name _____

Address _____

Phone Number _____

Email Address _____

Participant agrees to indemnify, defend, and hold harmless the City of Baton Rouge and Parish of East Baton Rouge from any and all losses, damages, expenses, or other liabilities, including but not limited to attorney fees, court costs, and other costs of defense as they accrue, arising from or in any way connected with any claim for personal injury, death, property damage, or other liability under any laws of this state or the United States, that may be asserted against the City of Baton Rouge and Parish of East Baton Rouge by any party which arises or allegedly arises out of the action or in action of the **Participant** performing obligations under this contract.

Media Release: I hereby grant the City of Baton Rouge, Parish of East Baton Rouge permission to use my child's likeness in photograph(s)/video in any and all kinds of its publications, promotional materials or on the Internet, without any further authorization, now or in the future, in perpetuity. I will make no monetary or other claim against the City of Baton Rouge, Parish of East Baton Rouge for the use of the photograph(s)/video.

SIGNATURES

Applicant Certification Statement: *(Not to be signed and dated until all documentation has been provided.)* I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the SY Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for SY Program. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

APPLICANT SIGNATURE: **DATE:**

PARENT/GUARDIAN SIGNATURE: **DATE:**

STAFF SIGNATURE: **DATE:**

Documentation Verification Checklist

Recommended documents for eligibility review/application completion and processing

Social Security Number Verification	Date of Birth and Age Verification
DD 214/Report of Transfer/Veterans	Birth Certificate
Administration Medical Card	DD 214/Report of Transfer/VA Medical Card
Driver's License	Driver's License
Letter from Social Security Administration	Federal State/Local Government Identification Card
SS Card	Hospital Record of Birth
W-2	Passport
Passport	Public Assistance/Social Service Records
Military ID	School Records/Identification Card/Work Permit
Federal/State ID	
Citizenship/Alien Status Verification	Family Income/Public Assistance
Alien Registration Card Indicating Right to Work	Check Stubs (Recent Six Months)
Birth Certificate	Employer's Statement (Company Letterhead)
DD 214/Report of Transfer(if place of birth is indicated)	Applicant Statement
Foreign Passport Stamped Eligible to Work	Food Stamp Record/Social Service Records
Hospital Record of United States Birth	Child Support
Naturalization Certification	SSI/SSDI
United States Passport	Other(specify)_____
Voter Registration Card	
Proof of Residence/ Address	Selective Service/Draft Status
Public Assistance Record/Social Service Records/School	Selective Service Registration Card
Utility Bill (current)	Selective Service Verification Form
Dated Mail (recent postmark)	Stamped Post Office Registration Receipt
Driver's License (current validation)	Internet On-line access/Verification (printed verification copy)
Landlord Statement/Lease	DD214
Voter Registration	Selective Service Acknowledgement Letter/Request
Homeless (Primarily Nighttime)	
Disability Verification	Education/Prior Training Verification
Documentation from Vocational Service Agency	School Verification Form
Doctor's Medical Statement/Evaluation Summary	High School Diploma/Credential
Formalized Assessment (Medical/Educational)	GED/HiSET Credential/Documented Statement
	College Diploma/Credential
	Other Certifications/Credential