

DOCUMENTS TO SUBMIT WITH APPLICATION:

1. Copy of Birth Certificate
2. Copy of Social Security Card
3. Copy of Photo ID—if available
4. School Record—Copy of Report Card if dated or Transcript or letter from Guidance Counselor
5. Proof of youth's income for the last six months—copy of pay stubs for the last six months, copy of ACCESS card, letter from employer, award letter from Social Security
6. Work Permit—for all youth under the age of 18. Applications are available in the office at the high school

For Application, see below.



Provider Name: <u>PIC</u>
Program Type: <u>CE</u>
Program Address: <u>219 Donohoe Rd., Greensburg, PA 15601</u>
Contact Person: <u>Debbie Cohen</u>
Phone Number: <u>(724) 836-2600 x. 228</u>

TANF PROGRAM APPLICATION

Application Date: ____/____/____

PLEASE PRINT USING BLACK OR BLUE INK PEN

ALL APPLICANTS MUST PROVIDE PROOF OF IDENTIFICATION AND SOCIAL SECURITY CARD WITH APPLICATION!			
Last Name:	First Name:	Middle Initial:	Social Security #:
Street Address:		County:	
City:	State & Zip Code:	Email Address: <input type="checkbox"/> <input type="checkbox"/>	
Date of Birth: <input type="checkbox"/> <input type="checkbox"/>	Age: <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race: American Indian/Alaskan Native Black/African American Hispanic/Latino White/Caucasian		Home Phone#: _____ Cell Phone #: _____ Facebook: _____	
Demographic Data: (Check all that Apply)			
<input type="checkbox"/> High School Dropout <input type="checkbox"/> Homeless/Runaway/Foster Child <input type="checkbox"/> Out of School Youth <input type="checkbox"/> In-School Youth <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Adjudicated or at-risk of being court involved <input type="checkbox"/> Incarcerated Parent (s) <input type="checkbox"/> Migrant <input type="checkbox"/> Pregnant or Parenting <input type="checkbox"/> English Language Learner			
EDUCATION INFORMATION			
Current High School:		Present Grade:	Graduation Year:

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

APPLICANT'S SIGNATURE and DATE

PARENT/GUARDIAN'S SIGNATURE and DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request the disclosure to the TANF Youth Development Program (YDP) service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a client in TANF YDP, I give permission to the TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the TANF YDP provider.

APPLICANT'S SIGNATURE and DATE

PARENT OR GUARDIAN'S SIGNATURE and DATE

STAFF SIGNATURE and DATE



STATEMENT OF FAMILY SIZE/FAMILY INCOME

Name: _____

NOTICE: The household includes only the TANF YDP participant, as well as the prospective participant's legal spouse and/or children, if applicable. List TANF YDP participant's household members 6-month income. Parent(s) information and income of the prospective TANF YDP participant is not required.

Household Members Names	Relationship to Applicant	Source of Income	Family Member Income (Last Six Months)
Total Number in Family:			Total Income: \$ 0.00

Sources of income: Employment, Self-Employment, Pension, Alimony, Worker's Compensation, and Social Security Retirement/Survivor Benefits

*****You MUST include copies of proof of income such as pay stubs, social security benefits, public assistance records, etc.*****

Additional Sources of Family Income not included in Income Eligibility: (validation documentation must be included)

- Does your family currently receive Cash Public Assistance? Yes No
- If not, did your family receive Cash Public Assistance within the last six (6) months? Yes No
- Does your family receive Food Stamps? Yes No
- If not, did your family receive Food Stamps within the last six (6) months? Yes No
- Does anyone in your family receive Supplemental Social Security (SSI)? Yes No
- Does anyone in your family receive Social Security Disability Income? Yes No
- Do you receive child support? Yes No

I attest to the best of my knowledge that the information above is true and correct.

Signature of Applicant Date

Signature of Parent or Guardian Date

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or

Making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Right Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Financial Action.

FOR INFORMATION OR TO FILE A COMPLAINT, CONTACT

JAMES J. KAYER
**jkayer@pa.gov DEPARTMENT OF
LABOR & INDUSTRY OFFICE OF
EQUAL OPPORTUNITY
651 BOAS STREET, ROOM 1402
HARRISBURG, PENNSYLVANIA 17121-0750**

**717.787.1182
800.622.5422**

**TDD/TTY: 800.654.5984
FAX: 717.772.2321**



**STATEMENT OF RECEIPT
APPLICANT/PARTICIPANT
RIGHTS FORM**

I hereby certify that I have received, read and understand my "Civil Rights" as an Applicant/Participant of the WIOA program and acknowledge so with my signature.

Applicant/Participant Signature

Date Signed

Witnessed by WIOA Representative

Date Witnessed

Witnessed at (name and address where the document was received, signed and dated).

Note: This document must be retained in the Applicant/Participant file.

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*