



APPLICATION FOR YOUTH AGES 16-21



Services may include:

Tutoring
Mentoring
Job Shadowing
Tuition Assistance

Employment Opportunities
Skills Training
Work Experience

GED Preparation
Career Awareness
On-the-Job Training
Work Readiness

PLEASE READ ALL INFORMATION CAREFULLY:

- Please complete all pages front and back of your application
- Only completed applications will be considered
- Your Application will be pre-screened for eligibility
- You may be contacted for an interview if you meet eligibility requirements
- Completing the eligibility interview does not guarantee services
- **High school** students must be 16 years old or older and in 11th or 12th grade to receive services
- Make sure your school/agency letter is completed and signed by a school/agency official
- If under the age of 18 your parent or guardian must sign pages 4 & 5
- High school graduates, college graduates, GED recipients, high school dropouts and college dropouts under 22 are encouraged to apply for individualized services

PLEASE HAND CARRY YOUR APPLICATION TO ONE OF THE FOLLOWING LOCATIONS:

PA CareerLink® Lehigh Valley/Allentown
))) Union Boulevard
Allentown, PA

William Allen High School
CareerFORCE Center, Room 109
126 N. 17th Street
Allentown, PA

Lehigh Career and Technical Institute
Adult Education Office
4500 Education Park Drive
Schnecksville, PA

Dieruff High School
CareerFORCE Center
815 N. Irving Street
Allentown, PA

YOU MAY MAIL YOUR APPLICATION TO:

CareerFORCE Lehigh Valley Youth Program
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If you have any questions, call: 610-841-0314. TTY: 610-821-6760

OUR POLICY IS FIRST COME-FIRST SERVED

Auxiliary Aids and Services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program



IMPORTANT

KEEP THIS SHEET FOR YOUR INFORMATION



To determine your eligibility at the time of your interview, you must bring **one** item from each of the categories listed below. Please note: where two or more items are listed, only **one** needs to be brought to the interview, and the school/agency verification form can be used to verify many of these categories.

CATEGORY	DOCUMENTATION ITEM
AGE	<p><i>Bring one of the following:</i></p> <ul style="list-style-type: none"> • Driver's License • Birth Certificate • Work Permit (Working Papers) • School/Agency Verification Form
RESIDENCY (item must display applicant's current name and address)	<p><i>Bring one of the following:</i></p> <ul style="list-style-type: none"> • Driver's License • Utility Bill • Welfare, Food Stamp or Social Security Award Letter • Medical Card • Rent Receipts • School Card or School/Agency Verification Form • Issued or Completed Work Permit (Working Papers)
CITIZENSHIP	<p><i>Bring one of the following:</i></p> <ul style="list-style-type: none"> • Birth Certificate • Alien Card • Other Documentation of Birth from Hospital of Birth
PHOTO ID	<p><i>Bring one of the following:</i></p> <ul style="list-style-type: none"> • Driver's License • State Issued ID Card • Passport/Alien Card • School ID Card
ECONOMIC ELIGIBILITY If Receiving Food Stamps If Receiving SSI If Receiving Welfare If unemployed If employed GROSS FAMILY INCOME OVER LAST SIX MONTHS (26 WEEKS)	<p>BRING ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Food Stamp Award Letter • SSI Award Letter • Welfare Card/Medical Card • Unemployment Determination Letter • Pay Stubs from past 6 months (26 weeks) or • Gross Earnings Statement from Employer for past 6 months <p>*YOUTH WITH A DISABILITY MAY BE CONSIDERED A FAMILY OF ONE TO DETERMINE IF THEY MEET WIA YOUTH PROGRAM ECONOMIC ELIGIBILITY</p>
SELECTIVE SERVICE (MALES ONLY, 18 YEARS OF AGE, BORN AFTER DECEMBER 31, 1959)	<p>BRING ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Acknowledgement Letter • Selective Service Registration Card
SCHOOL STATUS (STUDENTS ONLY)	<ul style="list-style-type: none"> • Most Recent Report Card <p>BRING ONE OF THE FOLLOWING:</p>
SOCIAL SECURITY NUMBER	<ul style="list-style-type: none"> • Social Security Card • Social Security Office Document
NUMBER IN FAMILY	<p><i>Bring one of the following:</i></p> <ul style="list-style-type: none"> • Birth Certificate for Each Family Member • Court Decree • Divorce Decree • Landlord Statement • Lease • Marriage Certificate • Medical Card • Most Recent Tax Return Supported by IRS Documents • Public Assistance/Social Service Agency Records • Public Housing Authority Records. (If Resident of or on Waiting List) • School/Agency Verification Form
PARENT/GUARDIAN SIGNATURE	<p>If under the age of 18, make sure your parent or legal guardian signs your application at all places marked with an "X".</p>

Be prepared. Coming to your eligibility interview without the required items will cause a delay and can affect your chances of receiving a summer job or training.



PA CAREERLINK® LEHIGH VALLEY
555 UNION BOULEVARD
ALLENTOWN, PA 18109



APPLICATION FOR YOUTH AGES 16-21

PLEASE PRINT
PHOTOCOPIES NOT ACCEPTABLE

APPLICANT INFORMATION						
Last Name:		First Name:		Middle Initial:	Social Security #:	
Street Address:				County: Lehigh <input type="checkbox"/> Northampton <input type="checkbox"/>		
City:		State & Zip Code:		Email Address:		
Have you ever applied to PA CareerLink® Lehigh Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No				Home Phone#: _____		
Have you ever participated in PA CareerLink® Lehigh Valley programs? <input type="checkbox"/> Yes <input type="checkbox"/> No				Cell Phone #: _____		
				Facebook: _____		
Are you currently attending Middle School, High School or College? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your present grade? _____				Number: _____		
In what year will you graduate? _____				Are you a High School Dropout? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SCHOOL(S) ATTENDED	DATE STARTED	DATE ENDED	COURSE/ MAJOR	DID YOU GRADUATE?		
				YES	NO	YEAR
BEGINNING WITH YOUR PRESENT OR LAST JOB, PLEASE LIST JOBS YOU HAVE HELD:						
Name of Employer:			Supervisor:			
Address:			Salary:			
Job Title:			Start Date:		End Date:	
Job Duties:			Reason for Leaving:			
Name of Employer:			Supervisor:			
Address:			Salary:			
Job Title:			Start Date:		End Date:	
Job Duties:			Reason for Leaving:			

PART B.

1. Is anyone in your family receiving cash **public assistance** payments (TANF, general assistance, SSI, or Refugee Assistance)? YES NO

IF YES, the following four questions must be filled in:

What is the case number? _____

Who is the caseworker? _____ Phone # _____

What is the amount of the grant? _____

What is the date that this assistance began? _____
(month) (day) (year)

- Is anyone in your family receiving **Food Stamps**? _____ YES NO

If yes, what is the case number? _____

Who is the caseworker? _____ Phone # _____

2. Are you a foster child? YES NO

3. What is your birthdate? _____

4. Are you registered with the Selective Service? (Males 18 or older) YES NO

5. Citizenship:
Are you a citizen of the United States? YES NO

If NO, please indicate your non-citizen status _____
and your registration number _____

6. Are you presently or have you been subjected to any stage of the criminal justice process? YES NO

7. Are you homeless or temporarily living in a public or private shelter? YES NO

***YOUTH WITH A DISABILITY MAY BE CONSIDERED A FAMILY OF ONE TO DETERMINE IF THEY MEET WIA YOUTH PROGRAM ECONOMIC ELIGIBILITY**



APPLICANT NAME: _____

PART C. CERTIFICATION AUTHORIZATION AND RELEASE OF INFORMATION

PARENTS AND GUARDIANS: Please read the following and sign below if the applicant is under 18 years of age. Your signature and date are required and subjects you to the provisions contained in these paragraphs.

APPLICANT: If you are 18 years of age or older you must sign and date below. You are subject to the provisions contained in the following paragraphs.

CERTIFICATION: I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of information, for verification purposes, and understand that it will be used to determine eligibility.

I, also, hereby authorize all schools, present and previous employers, community-based organizations, and government agencies to disclose my records, report cards, school attendance, discipline reports, IEP's, test scores, reason for leaving, and all other information which will be used to evaluate my application for eligibility and participation and hereby release PA CareerLink® Lehigh Valley and Lehigh Valley Workforce Investment Board, Inc. from all liability arising from such disclosure.

I understand that my participation is subject to cancellation if any information I have supplied on this application is false or misleading, or if I have failed to disclose any information requested on this application. I further understand that falsification of information may subject me to prosecution under the law.

I, hereby, give my permission to submit to a pre-enrollment physical examination if deemed necessary.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS and I certify that all of the information furnished above and on the other pages of this application is true, complete, and correct to the best of my knowledge.

NAME: _____
(Print name of Parent/Guardian, if Applicant under 18)

NAME: _____
(Print name of Applicant, if 18 or over)

X SIGNED: _____ DATE: _____
(Signature of parent/guardian, if applicant under 18)

X SIGNED: _____ DATE: _____
(Signature of applicant, if 18 or over)

APPLICATION FOR YOUTH AGES 16-21
SCHOOL/AGENCY VERIFICATION FORM

This requested information will simplify the eligibility process. Please review this section and sign where appropriate.

I authorize the release of school or agency record information necessary to complete this section. This information is confidential and will not be released to any source outside PA CareerLink® Lehigh Valley.

_____ Date _____
Signature of applicant, if 18 or older

Because the applicant named in this application is a minor, I, as a person legally authorized to sign for this applicant, authorize the release of information necessary to complete this section.

_____ Date _____
Signature of parent or guardian if applicant, is under 18

SCHOOL/AGENCY LETTER

This section is to be completed by Authorized School or Agency Personnel Only (such as Guidance Counselor or Caseworker)

This applicant is interested in services and should meet WIA eligibility guidelines. According to School or Agency records, the following information is recorded. **Please check or complete all that apply.**

Name of School or Agency: _____ **Current Grade:** _____
Date: _____ **Place of Birth:** _____
Name of Applicant: _____ **Date of Birth:** _____
Address: _____
Members of the Household or Family: (List below names, not number of family members) _____

Education Skills: Indicate **grade equivalent** based on testing within the past 12 months. Please convert standard scores to grade level.

- ____ 1. Reading skills grade level (Ex: 9.4)
- ____ 2. Math skills grade level (Ex: 7.3)

Financial Eligibility Determination:

- ____ 1. This applicant has a physical or mental disability which, for this applicant, constitutes or results in a substantial barrier to employment.
The following is a brief description of the disability: _____
- ____ 2. This applicant is a foster child for whom state or local government payments are made.

Eligibility Barriers:

- ____ 1. This applicant is basic skills deficient, having reading skills at or below the 8.9 grade level.
- ____ 2. This applicant is basic skills deficient, having math skills at or below the 8.9 level.
- ____ 3. This applicant is a pregnant or parenting individual.
- ____ 4. This applicant dropped out of school on _____.
- ____ 5. This applicant is homeless.
- ____ 6. This applicant is a runaway.
- ____ 7. This applicant is an offender.
- 8. This applicant needs additional assistance to complete his or her educational plan or to secure and hold employment.
Must meet one of the following:
 - ____ Youth at risk of dropping out of school as certified by school counselor
 - ____ Youth who lacks a significant of work history
 - ____ Youth of incarcerated parents
 - ____ Youth aged out of Foster Care

Please attach any additional information that will assist with the placement of this applicant into the program such as: aptitude tests, interest inventories.

Signature of authorized school or agency personnel Title Date

