



2018 Summer Work Experience Participant Application

To be eligible for the Experience Works! Program, youth must be:

- ✓ A U.S. Citizen or qualified alien
- ✓ A resident of Westmoreland or Fayette County
- ✓ Meet TANF Guidelines

Follow these steps to complete the application process:

1. Complete Entire Application. Use "Not Applicable" when appropriate.
2. Submit all required documentation with the application.
3. Return application and documentation to youth program provider or local CareerLink® Location prior to the start date of the program.

Openings are limited and failure to provide ALL required documentation will result in processing delay. Each Youth that applies will be contacted with more details.

Additional applications can be downloaded from the WIB Website at www.westfaywib.org or picked up at local CareerLink® Locations!

Local PA CareerLink® Locations:

- PA CareerLink® Westmoreland: 151 Pavilion Lane, Youngwood, PA 15697
- PA CareerLink® Alle-Kiski: 1150 5th Ave, Suite 200, New Kensington, PA 15068
- PA CareerLink® Fayette: 112 Commonwealth Drive, Lemont Furnace, PA 15456



Provider Name: **FCCAA**
 Program Type: 2018 Summer Work Experience
 Site: _____
 Contact Person: _____
 Phone Number: _____

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:	
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> 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 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

PARENT/GUARDIAN RELEASE AND CONSENT FORM

I, _____, give permission to release all information necessary for my son/daughter,
 (Parent/Guardian Name)

_____, to participate in the youth program.
 (Print Student's Name)

This authorization is granted to contact and share *if needed* schools, government agencies, and/or social service agencies.

PARENT OR GUARDIAN SIGNATURE and DATE

The above Self-Certification is being utilized for verification of eligibility of the person whose signature appears above.



STATEMENT OF FAMILY SIZE/FAMILY INCOME

Name: _____

List family members that reside in household, relationship, last six (6) months income, and source of income.

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

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**