LOOKING FOR SUMMER WORK?

AGES 14 YEARS - 18 YEARS OLD

SUMMER YOUTH PROGRAM

$12.00 PER HOUR - UP TO 25 HOURS PER WEEK

WORK WITHIN YOUR OWN COMMUNITY

THE SUMMER TANF YOUTH PROGRAM IS OPEN TO APPLICANTS 14 - 18 YEARS OLD.
MUST BE LACKAWANNA COUNTY RESIDENT AND MEET ALL ELIGIBILITY/INCOME REQUIREMENTS.
APPLICATIONS ARE AVAILABLE AT THE PA CAREERLINK® LACKAWANNA COUNTY

American JobCenter

EQUAL OPPORTUNITY PROGRAM EMPLOYER. AUXILIARY AIDS AND SERVICES UPON REQUEST TO INDIVIDUALS WITH DISABILITIES. EO OFFICER: CATHY GERARD. PHONE: (570) 963- 3110. TTY: (570) 963-4717. EMAIL: C-CGERARD@PA.GOV. LANGUAGE ASSISTANCE SERVICES AVAILABLE FREE OF COST. THIS SERVICE IS 100% FEDERALLY FUNDED. FOR MORE INFORMATION, VISIT: HTTPS://BIT.LY/STEVENSAMENDMENT

Temporary Assistance for Needy Families (TANF)
Youth Development Program

Name: _____ **Date:** _____

Address: _____

_____

Social Security Number: _____ **Date of Birth:** _____

Parent Phone #: _____ **Youth Phone #:** _____

Email Address: _____

Highest Level of Education Completed: _____
(Must be 14 years old or completed Grade 8)

Do you have a valid driver's license? ☐ Yes ☐ No

If, not will you have reliable transportation to your assigned worksite? ☐ Yes ☐ No

Please explain: _____

☐ Car ☐ Bus ☐ Walking ☐ Bike

Do you or anyone living in your home receive Public Assistance? ☐ Yes ☐ No *If yes, please check all that apply*:

- ☐ Medical Assistance
- ☐ Cash Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ Food Stamps (last six months)

*(Please be advised that, if any categories are checked above, it will be necessary to supply a computer printout of benefits from the Department of Human Services.)

Citizenship Status: Are you a citizen of the United States? ☐ Yes ☐ No

Race:
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian Native or Other Pacific Islander
- ☐ White
- ☐ Do not wish to disclose

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Do not wish to disclose

Gender:
- ☐ Male
- ☐ Female
- ☐ Does not self-identify

Are you a veteran? ☐ Yes ☐ No

Are you the spouse of a veteran? ☐ Yes ☐ No

Are you registered with Selective Service? ☐ Yes ☐ No

Please complete the following for all household members (start with applicant first):

Name	Date of Birth	Relationship to Applicant	Income/Source
		Applicant	

Please be advised that eligibility for this program activity is determined by family income. To be eligible for the program, the family income is figured on one month (30 days) of pay stubs (dated within the last 6 months) for all employed household members. Income cannot exceed the following, based on family size as listed above:

Family Size	Family Income: Monthly	Yearly
1	$2,950	$35,391
2	$4,003	$48,034
3	$5,057	$60,677
4	$6,110	$73,320
5	$7,164	$85,963
6	$8,218	$98,606

_____ _____

Applicants Signature **Date**

_____ _____

Parent or Guardian Signature **Date**
(Required if applicant is under 18)

Applications must be returned to: tanfyouthlackawanna@gmail.com or
PA CareerLink® Lackawanna County
135 Franklin Avenue, Scranton, PA 18503
Phone: 570-871-4780

Monday through Friday 8:30 a.m. - 4:30 p.m.

pennsylvania
DEPARTMENT OF HUMAN SERVICES

TANF YOUTH DEVELOPMENT PROGRAM (TANF YDP)

Authorization for Release of Information

I hereby authorize and request the disclosure to the TANF 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 service provider to discuss my case with other agencies as needed to further my participation in TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with TANF YDP service provider.

Organization Name and Address: Lackawanna County TANF Program 135 Franklin Avenue, Scranton, Pennsylvania, 18503	
Staff Name (please print): Cathy Gerard	
Staff Signature:	**Date:**

Client Name (please print) and Address:	**Date of Birth:**
Client Signature:	**Date:**
Signature of Parent or Legal Guardian (if client is under 18):	**Date:**

Inclement Weather Policy:

I understand that as the parent/guardian I am required to pick up the participant within thirty (30) minutes from the time work has been cancelled due to inclement weather

YES ☐ **NO** ☐

Signature of Parent or Legal Guardian: _____ **Date:** _____

Photo Release:

I consent to the use of any/all photographs taken of the participant during their employment in the Program Year 2025 TANF Summer Work Experience Program for the purpose of program promotion

YES ☐ **NO** ☐

Signature of Parent or Legal Guardian: _____ **Date:** _____

REQUIRED DOCUMENTS CHECKLIST

Youth must provide **COPIES** of one (1) item from each of the categories 1-4 listed below. Youth who are determined eligible through residency in a High Poverty Area must also provide verification of an additional barrier (category 5) where feasible. Note that some documents may satisfy more than one category (e.g., recent Department of Human Services benefits letter for categories 3 and 4).

Reminder: ONLY **COPIES** OF THESE DOCUMENTS WILL BE ACCEPTED. EXPIRED DOCUMENTS **WILL NOT** BE ACCEPTED.

1. Proof of Social Security Number

- ☐ Social Security Card **OR**
- ☐ Proof of application for SSN from Social Security Administration **OR**
- ☐ Print out from County Assistance Office (CAO) **OR**
- ☐ Form I-9

2. Proof of Citizenship/Alien Status

- ☐ Birth Certificate **OR**
- ☐ Naturalization Certificate **OR**
- ☐ US Passport **OR**
- ☐ I-179 **OR**
- ☐ Alien Registration Card **OR**
- ☐ FS-545 **OR**
- ☐ DS-1350 **OR**
- ☐ I-94 **OR**
- ☐ I-551 **OR**
- ☐ Print out from the CAO **OR**
- ☐ Form I-9

3. Proof of PA Residency

(dated within the last 6 months)

- ☐ Rent receipt **OR**
- ☐ Receipts for mortgage or utility payments **OR**
- ☐ Deed **OR**
- ☐ Driver's license or PA state ID **OR**
- ☐ Statement that a motel or hotel room is available once rental payment is made **OR**
- ☐ Statement that a room is available at a mission, Salvation Army, homeless shelter, or similar place **OR**
- ☐ Report card **OR**
- ☐ Verification from the school district on school letterhead containing the name, title, and contact information of the school official verifying enrollment **OR**
- ☐ Recent Department of Human Service's benefit letter or print out from CAO **OR**
- ☐ Collateral contact (must include the name and contact information) **OR**
- ☐ Affidavit from someone other than the participant (must include the name and contact information)

4. Proof of Household Income

(dated within the last 30 days)

- ☐ Recent DHS benefit letter **OR**
- ☐ One month (30 days) of paystubs (Must include payee name and gross income) **OR**
- ☐ Employer letter that captures information equivalent to one month (30 days) of paystubs (i.e. name, job title, hours/week, rate, frequency, employer contact info) **OR**
- ☐ If self-employed, Tax Return including Scheduled C, C-EZ, or E (if receiving rental income) **OR**
- ☐ WIOA Statement of Family Size/Family Income Form or Self-Certification Form (verification of last resort)
- ☐ Telephone Verification
- ☐ Department of Labor & Industry Pennsylvania High Poverty Area Verification (will only be considered when a youth's verified income exceeds 235% of the FPIG and must also provide verification from category 5)

5. Additional Barrier(s)

(for youth income-eligible through High Poverty Area residency only)

- ☐ School dropout or identified as at risk of dropping out of school
- ☐ Within the age of compulsory attendance, but has not attended for at least the most recent complete school year calendar quarter
- ☐ Basic skills deficient
- ☐ English language learner
- ☐ Has a disability
- ☐ Court-involved or at risk of involvement
- ☐ Child of an incarcerated parent(s)
- ☐ In foster care or aging out of foster care
- ☐ Homeless or runaway
- ☐ Pregnant or parenting
- ☐ Migrant
- ☐ In need of additional assistance to enter or complete an educational program or to secure and hold employment