



## Application for Youth Workforce Development TANF Programs

**All information is required for Participation and must be accompanied by supporting documentation.**

Basic Demographic Information		
Name:	Gender:	
Date of Birth:	Age:	SSN: _____ - _____ - _____
Current address:		<input type="checkbox"/> City of Pittsburgh <input type="checkbox"/> Allegheny County (Outside of the City of Pittsburgh Residents)
If 18 or older and male: <input type="checkbox"/> I am registered with Selective Service ( <i>all males 18 and older must register with selective service, please refer to <a href="http://www.sss.gov">www.sss.gov</a> for assistance</i> )		
Student Phone:	Home Phone:	Student Email:
Parent/Guardian Contact Name:	Parent/Guardian Contact Phone:	Parent/Guardian Contact email:
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Do not wish to disclose	
TANF Youth Eligibility Requirements		
If you answer yes to any of the following questions, please provide supporting documentation.		
<div style="border: 1px solid black; padding: 10px;"> <ol style="list-style-type: none"> <li>1. Are you between the ages of 14-18? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Are you regularly attending an accredited school and are actively pursuing a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Are you a citizen or non-citizen authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> </div>		
School Name: _____ Grade level for 2016-2017 school year: _____		



Employment History		
_____	_____	_____
<i>Dates Employed</i>	<i>Job Title</i>	<i>Employer</i>
Starting wage \$ _____	Ending Wage \$ _____	
_____	_____	_____
<i>Dates Employed</i>	<i>Job Title</i>	<i>Employer</i>
Starting wage \$ _____	Ending Wage \$ _____	

**Income Eligibility**

\*\*Income eligibility is based on household size and included household income. Household income includes wages, cash assistance, food stamps, and SSI. Income must be verified with pay stubs, COMPASS documentation, or other sources.  
 \*\*List everyone, including yourself, who currently resides in your household. If you are disabled, please only list your income. For income eligibility, you are considered a household of one.

Household Member First and Last Name	Relationship	Income for Last 6 Months	Source of Income <i>(Employment wages should be wages before taxes)</i>
	SELF		

Total Number in Household: \_\_\_\_\_ \$ \_\_\_\_\_ Total Income for Last 6 months

If you answer YES to any of the following questions 1-3, Please provide documentation to support the category chosen.

Do you receive:

1. Temporary Assistance for Needy Family (TANF) Cash Assistance?  
 If YES please provide: Start Date: \_\_\_\_\_  
 Case #: \_\_\_\_\_ Monthly Grant Amount: \$ \_\_\_\_\_
2. SNAP Benefits (Food Stamps)?: \_\_\_ Yes \_\_\_ No \_\_\_ have you received in the past 6 Months
3. Supplement Security Income (SSI)? \_\_\_ Yes \_\_\_ No  
 If yes: Category \_\_\_ Disabled \_\_\_ Aged \_\_\_ Blind

**Additional Demographic Information**

If you answer yes to any of the following questions, please provide the supporting documentation.

1. Are you in foster care, or aging out of foster care?  Yes  No
2. Are you homeless, or a runaway?  Yes  No
3. Are you a migrant?  Yes  No
4. Are you court-involved, or at risk of involvement?  Yes  No
5. Are you a child of an incarcerated parent(s)?  Yes  No
6. Are you disabled?  Yes  No
7. Are you pregnant or parenting?  Yes  No
8. Are you in need of additional assistance to enter or complete an educational program or to secure and hold employment?  Yes  No

**Applicant 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 the release of this information for verification and reporting purposes and understand that it be used to determine eligibility.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is <18 years old)

\_\_\_\_\_  
Date

**Authorized Staff Certification**

*I have reviewed all of the above information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of the interview.*

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
Date

## Youth Workforce Development Program Signature Page

**Instructions:** Please read the statements below and acknowledge by signing in the appropriate places. **If you are under 18, you must obtain the signature of a parent or guardian.**

### Release of Information- Participant Consent Form

I hereby authorize \_\_\_\_\_ as well as the Three Rivers Workforce Investment Board (TANF Service Provider) to request and/or disclose my personal data (including name, address, social security number, status in the program) Allegheny County Assistance Office, Allegheny County Department of Human Services, training institutions/schools or prospective employers, as deemed necessary for my participation in a TANF program. I realize this information will be shared in the interest of providing the most appropriate services for me. I also give permission to including but not limited to; Allegheny County Assistance Office, Allegheny County Department of Human Services, training institutions/schools, or current, past, and prospective employers as it relates to my participation in a TANF program; to release the following information to \_\_\_\_\_ as well as the Three Rivers Workforce Investment Board:

Employment Verification	Public Assistance Eligibility
<ul style="list-style-type: none"> <li>- Employment Start Date</li> <li>- Job Title</li> <li>- Last Date of Employment</li> <li>- Hourly Wage</li> <li>- Reason for Termination</li> </ul>	<ul style="list-style-type: none"> <li>- Residency</li> <li>- Citizenship</li> <li>- Family Size</li> <li>- Amount of Family Income</li> <li>- Public Assistance Eligibility and Benefits Received</li> <li>- Disability Status</li> </ul>
Secondary and Post-Secondary Education Verification including	
<ul style="list-style-type: none"> <li>- Copy of a GED</li> <li>- Copy of a Secondary School Transcript / Report Card or Post-Secondary Transcript</li> <li>- Copy of a High School Diploma</li> </ul>	

I have read this form and/or had it explained to me and I understand its contents. I release the Three Rivers Workforce Investment Board **its agents, partners, and affiliates** from all legal responsibility or liability for disclosure of the above information to the extent that the information was used for its stated purpose. I understand the release of my personal data will be used for my benefit, for program tracking and reporting purposes and will not be shared with any entity for any other purpose.

_____	_____
Signature of Participant	Date
_____	_____
Parent or Guardian Signature	Date
<i>(required if applicant is under 18 years of age.)</i>	

### GRIEVANCE STATEMENT

Three Rivers Workforce Investment Board (TRWIB) has established and maintains a grievance procedure for grievances or complaints about its programs and activities. All applicants and participants of the employment and training programs offered by the TRWIB are entitled to take advantage of this procedure. Initially you should attempt to resolve your complaint informally at the agency/department/training institution where you are placed. If the complaint cannot be resolved at this level to your satisfaction, you may file a complaint in writing summarizing your issue to:

Compliance Manager  
Three Rivers Workforce Investment Board  
Centre City Tower, Suite 2600  
650 Smithfield St., Pittsburgh PA 15222

Compliance Manager reviews and/or investigates the complaint in an attempt to reach an informal resolution. If an informal resolution cannot be reached, a formal hearing will be provided within 30 days of original filing date. A written decision will be rendered to all parties within 30 days of hearing.

I have read and understand the above statement and acknowledge so with my signature.

_____	_____
Applicant/Participant Signature	Date
_____	_____
Parent or Guardian Signature	Date
<i>(required if applicant is under 18 years of age.)</i>	
_____	_____
Staff Member as Witness	Date



**EQUAL OPPORTUNITY IS THE LAW**  
CIVIL RIGHTS STATEMENT

**The Three Rivers Workforce Investment Board and its agents, partners, and affiliates do not discriminate, on the basis of race, color, religion, religious creed, sex, sexual orientation, gender identity, national origin, ancestry, marital status, age or non-job-related disability as required by federal, state, and local law.**

Here is some information about YOUR **CIVIL RIGHTS UNDER FEDERAL LAW**. TRWIB, Inc. is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and, for beneficiaries only, citizenship, or participation in federally funded programs, as amended in admission or access to, opportunity or treatment, in, or employment in the administration of or in connection with any federally funded activity. If you think that you have been subjected to discrimination under a federally funded program or activity, you may file a complaint within **180-days** from the date of the alleged violation with the Department of Labor and Industry's (L&I) Office of Affirmative Action (OAA), or you may file a complaint directly with the Director, Civil Rights Center (CRC), **U.S.**

**Department of Labor, 200 Constitution Avenue, N.W., Room N-4123, Washington, DC 20210.** If you elect to file your complaint with the Office of Affirmative Action, you must wait until the Office of Affirmative Action issues a decision or until 60-days have passed, whichever is sooner, before filing with the CRC (see above address). If the OAA has not provided you with a written decision within 60-days of filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with CRC within 30-days of the expiration of the 60-day period. If you are dissatisfied with the OAA's resolution of your complaint, you may file a complaint with CRC. Such a complaint should be filed within 30-days of the date you receive notice of the OAA's proposed resolution. If you have any questions, regarding YOUR CIVIL RIGHTS, or to file a discrimination complaint, please contact: The **Department of Labor and Industry, Office of Equal Opportunity – Room 514, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, Pennsylvania 17120. Or Call (717) 787-1182 • 1-800-622-5422 • TDD 1-800-654-5984.** Also, a complaint can be filed by phone or in person at the local office. **U.S. Equal Employment Opportunity Commission, 1000 Liberty Ave, Suite 1112, Pittsburgh, PA 15222.** For general inquiries or to begin the process of filing a complaint of discrimination, call **1-800-669-4000.** *All complaints will be handled confidentially.*

**Statement of Receipt:** I hereby Certify that I have received, read and understand my rights under law and acknowledge this with my signature.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by WIA Representative

\_\_\_\_\_  
Date

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

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



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 Learn & Earn federally funded program and acknowledge so with my signature.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witnessed by WIA 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.

\_\_\_\_\_  
*WIA-1 6 10-00 PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY OFFICE OF EQUAL OPPORTUNITY*

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 Learn & Earn federally funded program and acknowledge so with my signature.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witnessed by WIA Representative

\_\_\_\_\_  
Date Witnessed

\_\_\_\_\_  
*WIA-1 6 10-00 PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY OFFICE OF EQUAL OPPORTUNITY*



## CCRP Paperwork Checklist

Make sure you turn in the following documents with your CCRP application!!

- Birth certificate or passport
- Social Security card
- State or school ID
- Work permit
- Proof of income- bring ALL of the documentation that applies to your situation
  - Parent and student pay stubs (dated within the last 6 months)
  - Compass print out (dated within the last 6 months)
    - Food stamp print out (SNAP)
    - Cash Assistance (TANF) print out
    - Supplemental Security Income (SSI) print out

Please contact Rachel Schwartz, Elisa Portillo, Michelle Maynard or Daniel Jackson  
with any questions

[CCRP@bloomfield-garfield.org](mailto:CCRP@bloomfield-garfield.org)

(412) 362-8580