



2022-23

Work, Learn & Grow

Participant Application (Youth Ages 16-19)

Applicable to CareerReady and Special Initiative WLG

NYC[™]
Department of
Youth & Community
Development


**WORKFORCE
CONNECT**
DYCD Youth Employment Programs

Personal Information

| | | | | | |
|--|----------------------------|-----------------------------------|--|--|--|
| 1. Social Security Number (Please be accurate) | | 2. Last Name | | 3. First Name | |
| <hr/> | | <hr/> | | <hr/> | |
| 4. MI | 5. Birth Date (MM/DD/YYYY) | 6. Sex at Birth | Please select your preferred Gender Identity | | |
| <hr/> | <hr/> | Female Male | <hr/> | | |
| | | | 7. Citizenship Status | | |
| | | | U.S. Citizen Permanent Resident Other | | |
| | | | <hr/> | | |
| 8. Selective Service Registration # & Date- Males 18 years of age must be registered with the Selective Service System to participate in the program (if you have not already registered; visit www.sss.gov) | | OSIS # (DOE Students ONLY) | | Do you have access to an electronic device with internet accessibility? | |
| <hr/> | | <hr/> | | <hr/> | |
| | | Date (MM/DD/YYYY) | | 9. How did you hear about us? | |
| <hr/> | | <hr/> | | <hr/> | |
| | | | | Yes No | |
| <hr/> | | <hr/> | | <hr/> | |
| 10. Street Address | | 11. Apartment | | 12. Zip Code | |
| <hr/> | | <hr/> | | <hr/> | |
| | | | | Are you familiar with any of these skills? (check all that apply) | |
| <hr/> | | <hr/> | | <hr/> | |
| 13. Do you live in a NYCHA Housing Development? | | If Yes, Name the Development: | | 14. Borough | |
| No (If No; Go to question 14) Yes | | <hr/> | | <hr/> | |
| <hr/> | | <hr/> | | <hr/> | |
| 15. Applicant's Ethnicity (Select one) | | 16. Applicant's Race (Select one) | | 17. Other than English, what Language are you most comfortable speaking? | |
| <hr/> | | <hr/> | | <hr/> | |
| | | | | <hr/> | |
| 18. Applicant's Home Phone # | | 19. Applicant's Cell Phone # | | Please select "Yes" if you would like to receive text updates | |
| <hr/> | | <hr/> | | <hr/> | |
| | | | | Yes No | |
| <hr/> | | <hr/> | | <hr/> | |
| 21 Name of Parent or Legal Guardian (Last Name) | | 22. First Name | | 23. Emergency Contact Phone # | |
| <hr/> | | <hr/> | | <hr/> | |
| <hr/> | | <hr/> | | <hr/> | |

Educational Status

| | | | | |
|------------------------------|--------------------------------|---|--------------------------------|-------------------------------|
| 24. Educational-Student Type | 25. Current educational status | 26. Please indicate the school system you attend: | What school did/do you attend? | Indicate last grade completed |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |

Income & Other Information

| | | | | | | |
|--|--|------------------------------------|---|--|--|--------------------------|
| 27. Total family income (gross) for the last SIX months | 28 (A). Number of family members currently living in applicant's household | 28 (B). Applicant's Household Type | 29. Is applicant or applicant's family currently receiving public assistance? | 30. Type of Public Assistance (Check all that apply) | | |
| <hr/> | <hr/> | <hr/> | Yes No (Skip to #31) | Family Assistance | S.S.I. | Other |
| <hr/> | <hr/> | <hr/> | <hr/> | Safety Net/Home Relief | Supplemental Nutrition Assistance Program (SNAP) | |
| 31. Is the applicant any of the following (Check all that apply) | | | | | | |
| Disabled | Justice Involved | Foster Care | Does Not Apply | ACS Preventative Services | Served in the Military | Homeless /Runaway Parent |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |

Educational and Career Detail

| | | | | | |
|------------------|-------------------------|---|---|----------------------------|--|
| 32. School Major | 32. Grade Point Average | 34. Where is your school located? (Check One) | 35. Start and end dates of your summer break? | 36. Prior work experience? | 37. What is the applicant's long-term career goal? List three (3) options: |
| <hr/> | <hr/> | In NYC Outside of NYC | From (MM/DD/YYYY) | Yes No | <hr/> |
| <hr/> | <hr/> | City State | To (MM/DD/YYYY) | <hr/> | <hr/> |

Banking Information

| | | | | |
|---------------------------------|---|-----------------------------------|--|--|
| 38. Do you have a bank account? | 39. Interested in opening a bank account? | 40. Interested in direct deposit? | 41. Are you covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance? | 42. Would you like to receive information about insurance program? |
| Yes No | Yes No | Yes No | Yes No | Yes No |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |

Certification of Accuracy: I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

(MM/DD/YYYY)

(MM/DD/YYYY)

Applicant Signature _____ Date: _____ Parent/Guardian Signature _____ Date: _____

Document Checklist: 16-19 Years Old



Proof of Identity

- ✓ Official Picture ID (school, city, state, government issued) *IDNYC Municipal ID will be accepted*
- ✓ NYS Driver/Non-Driver's License
- ✓ Permanent Resident or Alien Registration Card
- ✓ Valid U.S. Passport

*Must have photo of participant
*If dated, must be valid at the date of enrollment



Proof of Age

- ✓ Birth Certificate
- ✓ Benefit Card
- ✓ NYS Driver/Non-Driver's License
- ✓ Permanent Resident or Alien Registration Card
- ✓ Valid U.S. Passport

*If providing Valid U.S. passport, it must be signed by participant



Proof of Social Security Number

- ✓ Social Security Card

*Must be signed by participant



Proof of Address

- ✓ Home Utility Bill (ex: cable, internet, phone, gas, electric, water)
- ✓ Current Lease, Mortgage, Deed, Rent Bill
- ✓ Official Mail from a Federal, State or City Agency (ex: IRS, NYCHA, transcript from a Secondary or Higher Education Institution)
- ✓ Bank or Credit Card Statement
- ✓ Insurance

*Must have date within 6 months of enrollment
*Must include the participant and/or parent/guardian name and address



Proof of Employment Authorization

- ✓ Report card (dated within the last 6 months)
- ✓ Official school transcript
- ✓ NYS Driver's/Nondriver's License
- ✓ US Passport
- ✓ Alien Registration Card
- ✓ US Military Card/Draft Card

*No additional documents needed if you provided US passport



Proof of Working Papers

- ✓ **Required for Youth under 18 years of age ONLY:** Green working paper card for 16/17 year old youth

Provide proof **ONLY IF** applicable



Provide proof **ONLY IF** applicable

- ✓ **Proof of Selective Service:** Selective Service Registration Card or Selective Service "Online Receipt" Required for males 18 years of age or older (For more information on Selective Service registration requirements please click [here](#).)
- ✓ **Proof of Disability:** Official documentation as applicable certifying disability from a physician, ACS, HRA, School (IEP from school), Social Service agency or authorized entity on letter head.



Proof of School Status

- ✓ Report Card (dated within the current first school term); OR
- ✓ Transcript with School Name and Current Term; OR
- ✓ Program Card/ Class Schedule; OR
- ✓ Official School Letter (dated within the first school term on letterhead); OR
- ✓ Current Letter from Attendance Office