



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 825
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

Dear Summer Youth Employment Program Applicant:

Thank you for applying for a summer position with Albany County's TANF Summer Youth Employment program. This program is in collaboration with the City of Albany. Your application and paycheck will be processed by the City of Albany. It is anticipated the program will run from Monday, July 3, 2017 through Friday, August 4, 2017.

The registration period for the summer employment programs closes on **Friday, June 2, 2017**. Please make sure that your application is complete. Please make sure that all information marked with an "X" is completed. You must submit all required documentation:

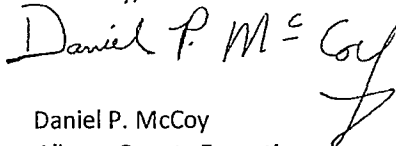
- Application packet-completed and signed
- Payroll data sheet
- Report of Personnel Changes
- Employment Eligibility Verification Form
- Federal/State Tax forms-completed
- Tax Exempt Form (if applicable)
- NYS Retirement System Form
- Address Verification Form
- Acknowledgment of wage rate
- Working papers from your school district for 14-17 year old applicants
- Original working paper and a copy – original will be returned at the end of the program
- Copy of Social Security Card
- Copy of Birth Certificate
- 18 years old applicants must provide –copy of picture ID, copy of Social Security card, copy of birth certificate
- Proof of registration with Selective Service

NOTE: Applicant has to be 14 years old with working papers before application deadline- April 1, 2017.

Applications will be available at your school's guidance office by Wednesday, April 12, 2017. They can also be downloaded from the County's website at: www.albanycounty.com. Should you have any questions, you may contact Nicole Ward at (518) 447-4892. Please return completed applications to: Nicole Ward 112 State Street, Room 300 Albany, NY 12207.

I wish you a safe summer and meaningful summer employment experience.

Sincerely,



Daniel P. McCoy
Albany County Executive

Summer WIA/TANF checklist

- Application
- Completed Tax forms and tax exempt forms
- Income Verification
- Proof of citizenship
- Social Security Card
- Proof of Address
- Acknowledgement of Pay Rate
- Complaint guidelines
- ISS
- Working Papers/Photo ID (18+)
- Selective Services Registration (males, 18+)

Other:



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET - ROOM 825
ALBANY, NEW YORK 12207-2021
(518) 447-70404 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

PHILIP F. CALDERONE, ESQ.
DEPUTY COUNTY EXECUTIVE

2017 WIA/TANF SUMMER EMPLOYMENT APPLICATION

Personal Information

1. Name: _____
Last First MI
2. Address: Street: _____
City: _____
State: _____ Zip Code: _____
3. Male: _____ Female: _____
4. Social Security #: _____ 5. Date of Birth: _____
6. Age: _____ 7. Telephone #: _____
8. Choose One: U.S. Citizen: _____ Alien Resident: _____
9. Choose One: African-American ___ Hispanic ___ Asian ___ Native American ___ Caucasian ___
10. Does your family receive assistance from Social Services? _____
11. Do you require any special accommodations? _____ If so, specify _____

Education

1. School Attending: _____
2. Grade: _____

Emergency Information

Person to Contact in Case of an Emergency:

Name: _____

Relationship: _____ Telephone: _____

CITY OF ALBANY
PAYROLL DATA SHEET

Effective Date of Change 7/14/17
Effective Payroll Date 7/5/17

- New Employee Military Leave Address/Name Change
 Re-Employed Term/Resignation Status Change A/I Reason _____
 Transfer Retirement Promotion
 Grade Change Data Change Reason _____

SECTION A

EMPLOYEE # _____ SOCIAL SECURITY# _____ DATE OF BIRTH _____ DATE OF EMPLOYMENT 7/5/17

EMPLOYEE NAME _____

Mailing Address _____

Physical Address _____

SECTION B

DEPT _____ SUB-DEPT _____ Transfer _____ Transfer to _____
to Dept _____ Sub-Dept _____

PAY CHANGE: from \$ _____ to \$ _____

POSITION enrollee HOURS/WEEK 20

SALARY \$ _____ WEEKLY \$ 194.00 HOURLY \$ 9.70 OT \$ _____

SECTION C

LABOR UNION	DUES AMOUNT	POLICE EXPENSE	AMOUNT
B BLUE	\$ _____	START	\$ _____
C CWA		STOP	
F FIRE			
P POLICE		LONGEVITY YEARS	_____
I IUOE		LONGEVITY AMOUNT \$	_____
T TEAMSTERS			

(circle one)

Charge to BUDGET ITEM: GD 6294 7170

Employee Signature _____ Date _____

Department Head _____ Date _____

Audit & Control Approval _____ Date _____

**Albany Municipal Civil Service Commission
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City Housing Authority Library School District

Department: Youth and Workforce Svcs

Name of Employee: _____ Social Security Number: _____

Address: _____

Title of Position: enrollee Salary: \$ 9.70

Name And Title of Last Employee In Position : _____

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			
<input type="checkbox"/> Provisional				Attach Application
<input checked="" type="checkbox"/> Temporary (6 months maximum)		From <u>7/5/17</u>	To <u>8/11/17</u>	State Length of Employment
<input type="checkbox"/> Substitute (ASD)		From _____	To _____	Give Facts Under Remarks
<input type="checkbox"/> For Term of Office		From _____	To _____	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion				Return Report of Certification
<input type="checkbox"/> Provisional Promotion				Attach Nomination
<input type="checkbox"/> Non-Competitive Class				Attach Application
<input type="checkbox"/> Exempt Class				Attach Nomination
<input type="checkbox"/> Labor Class				Attach Nomination
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> FMLA (12 weeks maximum)	From _____	To _____	Attach official documentation from Dr.
	<input type="checkbox"/> Military Leave of Absence	From _____	To _____	Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From _____	To _____	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form MSD 222
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	

Remarks: _____

Appointing Officer: _____

Title: _____

Date: _____

Certificate valid until: _____ Date: _____

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

Secretary to the Commission: _____ Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

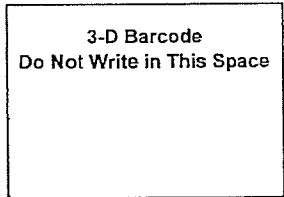
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You're single and have only one job; or
 • You're married, have only one job, and your spouse doesn't work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit **F** _____
 (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. **G** _____
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** _____

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial X _____		Last name X _____		2 Your social security number X _____	
Home address (number and street or rural route) X _____			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code X _____			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. 7 _____					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) X _____				Date X _____	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

X	First name and middle initial	X	Last name	Your social security number	X	
	Permanent home address (number and street or rural route)		Apartment number	X	Single or Head of household <input type="checkbox"/>	Married <input type="checkbox"/>
X	City, village, or post office	X	State	X	ZIP code	
X	Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/> Complete the worksheet on page 3 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) 1 2 Total number of allowances for New York City (from line 28) 2					
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.						
	3	New York State amount				3
	4	New York City amount				4
	5	Yonkers amount				5

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
X	X

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number

Instructions

Changes effective for 2017.

Form IT-2104 has been revised for tax year 2017. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2017 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

City of Albany
Department of Youth and Workforce Services
175 Central Avenue
Albany, NY 12206

Kathy M Sheehan
Mayor

Jonathan P Jones
Commissioner

TAX EXEMPT AUTHORIZATION

I authorize my child X _____
to be exempt from federal and state income withholding taxes.

X _____
Parent/Guardian Signature

X _____
Date



CITY OF ALBANY
ADMINISTRATIVE SERVICES
CITY HALL, ROOM 301
ALBANY, NEW YORK 12207
Telephone (518) 434-5049

KATHY M. SHEEHAN
MAYOR

PERSONNEL * EQUAL OPPORTUNITY EMPLOYMENT * FAIR HOUSING * PURCHASING

**New York State Labor Law Section 195(1) Notice and
Acknowledgement of Wage Rate and Designated Payday Hourly
Rate Plus Overtime**

<p>City of Albany City Hall Room 301 Albany, New York 12207 Phone: (518) 434-5284 FEIN: 14-6002058</p> <p>Prepared By: <u>Jackie Jop</u> <u>Payroll</u> Title: _____</p>	<p>Employee's Name and Address: <u>X</u></p> <p>Employee's Phone Number <u>X</u></p>
<p>Hourly Rate of Pay: \$ <u>9.70</u> per hour.</p> <p>Overtime Rate of Pay: \$ _____ per hour.</p> <p>Designated pay day: Employees are paid weekly on Friday. Unionized employees are paid according to contractual agreement: Checks are available for distribution at 4:00 pm on the day prior to the regular pay day (Friday).</p>	

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Signature: X

Date: X

TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____

(Street) (Apartment Number)

(City)

(State)

(Zip Code)

Social Security Number: _____

Date of Birth: _____

(Month, Day, Year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

Yes. If yes, go to Section Three.

No. If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

No, complete Item B, on page 2.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

SECTION FOUR Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____

Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

SECTION FIVE TANF Youth Services Application Review Form

CERTIFICATION ITEM	Yes	No																																												
1. Is the applicant a New York State resident?																																														
2. Is the applicant under 21 years of age?																																														
3. Is the applicant for services either a United States citizen or a qualified non-citizen? Note: Documentation of non-citizen status is required.																																														
4. Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income considered.] ___ Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, SNAP, HEAP or SSI? <p style="text-align: center;">OR</p> ___ Income test is met based on a calculation of combined gross income for applicant's family size. Worksheet - Calculation of Current Gross Income (convert all income to annual income)																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Source</th> <th style="width: 20%; text-align: center;"><u>Yearly</u></th> <th style="width: 20%; text-align: center;"><u>Monthly</u> (x12=yearly)</th> <th style="width: 20%; text-align: center;"><u>Weekly</u> (x 52=yearly) (x4.333=monthly)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td colspan="4">a. Total gross income is: \$ _____ per year.</td></tr> <tr><td colspan="4">b. Subtract child support payments made \$ _____ per year.</td></tr> <tr><td colspan="4">c. Net gross income for 200% test is: \$ _____ per year. <small>(Time period must be the same for a, b, and c)</small></td></tr> <tr><td colspan="4">d. Total family size is: _____</td></tr> <tr><td colspan="4">Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</td></tr> </tbody> </table>			Source	<u>Yearly</u>	<u>Monthly</u> (x12=yearly)	<u>Weekly</u> (x 52=yearly) (x4.333=monthly)	1				2				3				4				5				a. Total gross income is: \$ _____ per year.				b. Subtract child support payments made \$ _____ per year.				c. Net gross income for 200% test is: \$ _____ per year. <small>(Time period must be the same for a, b, and c)</small>				d. Total family size is: _____				Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.			
Source	<u>Yearly</u>	<u>Monthly</u> (x12=yearly)	<u>Weekly</u> (x 52=yearly) (x4.333=monthly)																																											
1																																														
2																																														
3																																														
4																																														
5																																														
a. Total gross income is: \$ _____ per year.																																														
b. Subtract child support payments made \$ _____ per year.																																														
c. Net gross income for 200% test is: \$ _____ per year. <small>(Time period must be the same for a, b, and c)</small>																																														
d. Total family size is: _____																																														
Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.																																														
5. If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form? Please note: The DSS Commissioner or his or her designee must sign for a child in foster care.																																														

Current Income – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

or

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

Gross Income includes: Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker's compensation; Supplemental Security Income (SSI); child supports payments received; alimony received; interest payments; other recurring income that is not excluded below.

Excluded Income: Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

Certification Decision

- The applicant is certified for TANF Services. All Items on page 3, must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):
 - The applicant is not a resident of New York State.
 - The applicant is not under 21 years of age.
 - The applicant is not a U.S. citizen or a qualified non-citizen.
 - The income of the family members is above 200% of poverty
 - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.) Specify reason below.

Signature of reviewer: _____ Date _____

Agency/Organization: _____

Second Level Review

- ◆ Complete this section only if the person certifying requests the review.
- ◆ The review must be done by someone at a higher level than the person originally doing the review.

The results of the second level review were:

- Agreed with the original decision.
- Disagreed with the original decision for the following reason(s): _____

The result of the second level review is that:

- The applicant for services is certified to receive TANF Services.
- The applicant for services is not certified to receive TANF Services.

Signature of reviewer: _____ Date: _____

Agency/Organization: _____

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><u>I-94</u>: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or <u>I-551</u>: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or <u>I-571</u>: Refugee Travel Document or <u>I-688B</u>: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or <u>I-766</u>: Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><u>I-94</u>: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or <u>I-94</u> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or <u>I-551</u>: stamped "CU6, CU7, or CH6" or Temporary <u>I-551</u> stamp in foreign passport. or USCIS notice or letter indicating ongoing exclusion or deportation proceedings or A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><u>I-94</u>: stamped "Granted asylum under Section 208 of the INA" or <u>I-551</u>: Stamped "AS1, AS2, AS3, AS6, AS7, or AS8" or <u>I-688B</u>: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or <u>I-766</u>: Employment Authorization Document annotated "(a5)" or Grant letter from USCIS Asylum Office or Order of an Immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><u>I-94</u>: stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS or <u>I-551</u>: stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or Temporary <u>I-551</u> stamp in foreign passport or <u>I-571</u>: Refugee Travel Document or Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><u>I-688B</u>: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or <u>I-766</u>: Employment Authorization Document annotated "(a10)" or Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><u>I-94</u>: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or INS <u>I-551</u>: Stamped "RE5, RE6, RE7, RE8, or RE9" or Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and Documents to show lawfully residing in the US Divorced spouses do not qualify</p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p><u>I-551</u>: (Permanent Resident Card) or Temporary <u>I-551</u> stamp in foreign passport or on <u>I-94</u>. or <u>I-327</u> (Re-entry Permit) or <u>I-181</u>: Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (Form DD-214) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children	Status Granted	Military Identification Card (DD Form 2) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. Conditional Entrant (status granted to refugees before 1980)	Entry	I-94 with stamp showing admitted under Section 203(a)(7) of INA or I-688B (Employment Authorization Card) annotated "274a.12(a)(3)" or I-766 (Employment Authorization Document) annotated "(a1)" or "(a3)
11. A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); or INA Section 204(a)(1)(ii)(B) (i) or (iii)
12. Victim of Human Trafficking	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or I-94 Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-94 with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or I-688B annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or I-766 annotated "C11" or A4, and I-94 indicating admitted for at least one year
14. North American Indian born in Canada	NA	I-551: (Permanent Resident Card): stamped "S1-3", temporary I-551 stamp in a Canadian passport or I-94: stamped "S1-3" or Tribal document certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. Member of federally recognized tribe born outside U.S.	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act

**YOUTH INDIVIDUAL SERVICE STRATEGY
ALBANY SUMMER YOUTH EMPLOYMENT**

Name: _____ SS#: _____

Address: _____

Phone: _____ Date of Birth: _____

Currently attending school? Yes No Name of School: _____

Grade: ____ H.S. Graduate/GED: Yes No

Will you have to attend summer school this year? Yes No

What are your likes and dislikes about attending school? _____

What are your educational goals? _____

Occupational Goals? _____

Why do you want to be in the Summer Youth Employment Program and what do you expect? _____

What are your goals for the next 2 years? _____

Hobbies and Interests? _____

Have you ever had a job before? If so what kind and where? _____

What type of transportation is available to you for this program? _____

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES, 100 STATE STREET, ALBANY, NY 12202, TEL: 518/462-2300, FAX: 518/462-2301, WWW.ALBANYCOUNTYNY.GOV

If you have children, do you have adequate daycare to participate in the program? _____

Do you have any special needs that require special conditions at your worksite this summer? (if yes, please explain) _____

Assessment:

Worksite Placement:

Case Manager

Date