



Special Initiative – Application Package Cover Sheet

Referring Agency: _____

Please track all applications submitted and accepted by the provider. Only one (1) application can be submitted per applicant. Submission of an application package is contingent upon the availability of slots with the provider and does not guarantee enrollment.

Participant Name: _____

Select Applicant Barrier to employment and attach Agency letter:

<input type="checkbox"/> Foster Care	<input type="checkbox"/> Runaway	<input type="checkbox"/> ACS Preventive Services
<input type="checkbox"/> Homeless	<input type="checkbox"/> Offender/Justice Involved	<input type="checkbox"/> HRA – Business Link
<input type="checkbox"/> Homeless (In Shelter)		

Please select the SYEP Provider this application will be submitted to:

<input type="checkbox"/> C.C.M.S - Community Counseling & Mediation	<input type="checkbox"/> St. Nicks Alliance Corp.
<input type="checkbox"/> Center for Alternative Sentencing and Employment Services	<input type="checkbox"/> The Children’s Aid Society
<input type="checkbox"/> Henry Street Settlement, Inc.	<input type="checkbox"/> United Activities Unlimited, Inc.
<input type="checkbox"/> La Guardia Community College- Research Foundation	<input type="checkbox"/> Wildcat Service Corporation
<input type="checkbox"/> Samuel Field YM & YWHA	

Please list two (2) points of contact at your agency or individual case managers in the event there is a concern with the applicant:
(List in the order of choice)

Name: _____ Title: _____

Phone #: _____ Email: _____

Name: _____ Title: _____

Phone #: _____ Email: _____

_____ *Note: If there are additional points of contact, please continue on the back of the page.*-----

Are you aware of any issues that would prevent this applicant from being successful at the following sites?

Childcare Retail Other: *Please explain below*

Would you recommend that this participant be placed at the following types of sites?

- Sheltered Internship or In-house Learning Project (requires additional guidance)*
- No restrictions, capable of independently following directions with little guidance*
- Other: Please explain:* _____

Notes: _____

Referral Agency Signature: _____ Date: _____

Please complete upon acceptance of Package:

Provider Print		Date
Last Name: _____	Provider Signature: _____	Rec'd: _____

Name _____ SYEP ID# _____

One application will be accepted for each applicant. **Completed** applications will be entered into a lottery to determine those applicants who will be offered a position in the Summer Youth Employment Program. **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM.** The following application items: Spoken Language, Disability Status is voluntary and will be treated with confidentiality. They cannot be used to affect your status in receiving employment, benefits and/or services. Information provided may be used by the City of New York to improve City services or to access additional funding.

1. Social Security Number (Please be accurate)																											
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2. Last Name						3. First Name						4. MI															
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5. Birth Date (MM/DD/YYYY)						6. Gender (Check one)			7. Citizenship Status (Check one)																		
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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 .)									9. Alien Number:																		
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10. Street Address (Number and Street)						11. Apt.			12. Zip Code																		
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13. Do you live in a NYCHA Housing Development?						14. Borough (Check One)			15. Applicant's Ethnicity (Select One)																		
<input type="checkbox"/> No If No; Go to question 14. <input type="checkbox"/> Yes If Yes, Name the Development:						<input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island			<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																		
16. Applicant Race (Select One)						17. Other than English, what Language are you most Comfortable speaking? (Check all that apply)			18. Applicant's Home Phone #																		
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other						<input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese (incl. Cantonese & Mandarin) <input type="checkbox"/> French <input type="checkbox"/> Fulani <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kru, Ibo or Yoruba <input type="checkbox"/> Mande <input type="checkbox"/> Punjabi <input type="checkbox"/> Persian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> </tr> </table>																		
19. Applicant's Cell Phone #						20. Applicant's Email			21. Name of Parent or Legal Guardian (Last Name)																		
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22. First Name						23. Emergency Contact Phone #			24. Education – Student Type																		
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Educational Status	
24. Education – Student Type	
<input type="checkbox"/> Currently Attending School <input type="checkbox"/> Not in-school	
25. Current Educational Status	
J.H.S. grade	<input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th
H.S. grade	<input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th
College	<input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior
26. Please indicate the school system you attend	
<input type="checkbox"/> DOE <input type="checkbox"/> CUNY <input type="checkbox"/> Other	
a. What school did/do you attend?	
b. Indicate last grade completed.	
<input type="checkbox"/> Grade 0 - 8 <input type="checkbox"/> High School Graduate/ HSE	
<input type="checkbox"/> Grade 9-11 <input type="checkbox"/> 12+ Some Post-Secondary	
<input type="checkbox"/> 2 or 4 year College Graduate	

Income & Other Information	
27. Total family income (gross) for the last SIX months	
\$ _____	
28. Number of family members currently living in applicant's household	

a. Type of Applicant Household	
<input type="checkbox"/> Single Parent Female <input type="checkbox"/> Two Adults-No Children <input type="checkbox"/> Single Person – No Children <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Home <input type="checkbox"/> Other	
29. Is applicant or applicant's family currently receiving public assistance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to #31)	
30. Type of Public Assistance (Check all that apply)	
<input type="checkbox"/> Family Assistance (formerly known as AFDC) <input type="checkbox"/> S.S.I. <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Safety Net/Home <input type="checkbox"/> Relief <input type="checkbox"/> Other	
31. Is the applicant any of the following (Check all that apply)	
<input type="checkbox"/> Disabled <input type="checkbox"/> Offender/Justice Involved <input type="checkbox"/> Served in the Military <input type="checkbox"/> Foster Care <input type="checkbox"/> ACS Preventative Services <input type="checkbox"/> Does Not Apply <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> Parent	

Name _____ SYEP ID# _____

NY STATE Eligibility Status

A comparison of the information provided in your application with the NYS 200% poverty standards guideline has been completed to certify your eligibility for NY STATE Services. Based on those findings:

The applicant is certified for NY STATE Services. (Please initial below in the participant and the Parent /Legal Guardian)

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

Participant
Initials

Parent/Guardian
Initials

32. School History: (Ask the participant to discuss the schools they have attended in the past and why they left.

SCHOOL(S) ATTENDED	FROM	TO	REASON FOR LEAVING	COMMENTS (Note if Alternative School)

33. Favorite Subject: _____ **Least Favorite Subject:** _____

34. What is your current grade average? _____ **34a. What is your major (potential) in college?** _____

35. If educated outside of the U.S., comparable grade level: _____

Interests & Goals

36. List three skills you possess:

a. _____ b. _____ c. _____

37. What career interests has the participant expressed? (Check all appropriate categories.)

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Financial | <input type="checkbox"/> Science |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Human Services | <input type="checkbox"/> Medical | <input type="checkbox"/> Business Administration |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Protective Services | <input type="checkbox"/> Athletics | <input type="checkbox"/> Law |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Technology | <input type="checkbox"/> Education | <input type="checkbox"/> Skilled Trades |
| <input type="checkbox"/> Other (Specify): _____ | | | |

38. What is the applicant's long term career goal? _____

39. Have you set a savings goal for the summer? Yes (Go to a.) No Don't Know Does not want to disclose

a. How much of your salary do you plan to save this summer? \$ _____

Health Questionnaire (THIS SECTION MUST BE COMPLETED AND SIGNED BY PARTICIPANT AND PARENT/GUARDIAN.)

40. Do you have any allergies, e.g. asthma, hay fever, penicillin, dust, etc.? Yes (please list) No

41. Are you presently taking any medication that you would like us to know about in case of emergency? Yes (please list) No

42. Do you have any illness, injury or on-going medical condition which would prevent you from performing specific tasks at the project site? Yes (please explain) No

Consent for Emergency Medical Treatment

I, _____, the parent/guardian of _____ do hereby give authorization to the staff of, the SYEP Provider, or the Project supervisor to obtain emergency medical treatment for my child if s/he is injured or requires medical attention in my absence with the understanding that the family will be notified as soon as possible.

Participant Signature _____ Date _____ Parent/Guardian Signature _____ Date _____



Name _____ SYEP ID# _____

Unpaid Orientation Acknowledgment

Youth may participate in Project-Based Learning activities for a maximum of 15 hours per week (Sunday through Saturday). Additionally, youth must complete an unpaid orientation prior to beginning Project-Based Learning activities.

By initialing this section the participant and the parent fully understand that participation in SYEP activities, and payment for those activities, is limited to the applicable maximum stipend amount per week and the participant must complete all unpaid orientation hours, as required both in-person and on the digital platform, prior to engaging in Project-Based Learning activities.

Participant Initials		Parent/Guardian Initials	
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Participant Pay Card Acknowledgment

I acknowledge that I have a choice of payment methods for my payroll. I may choose to be paid by debit card issued by MetaBank at 5501 South Broadband Lane, Sioux Falls, SD 57108 or direct deposit into an existing bank account. I understand that I may make my selection in accordance with the enrollment procedures set forth for the Summer Youth Employment Program. If I do not complete a selection of payment method by the due date disclosed within the enrollment procedures, I understand that I shall be paid by debit card and agree to be so paid.

By initialing this section the participant and the parent agree they acknowledge the terms stated above as it pertains to their payment options.

Participant Initials		Parent/Guardian Initials	
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Photo/Video Release Wavier

I hereby authorize and permit the City of New York Department of Youth and Community Development ("DYCD") or its authorized agent, without compensation therefore, permission to photograph, publish, reproduce, record and use, with or without my name or the name of the person for whom I am the parent/guardian. This includes, but is not limited to, photographs, quotes and/or text, motion pictures, videotapes, Web site pages and personal stories or audio tapes of and/or by me or the person for whom I am the parent/guardian.

I release DYCD from any and all legal liability that may arise from the release of information requested. I agree that all text, Web information/hypertext, photographs, motion pictures, negatives, prints and transparencies, videotapes and audio tapes made of and/ or by me or the person for whom I am the parent/guardian by or for DYCD, shall be the exclusive property of DYCD, which in its sole discretion may use this material as it sees fit in any medium or forum.

By initialing this section, the participant and the parent agree to the Photo/Video terms stated above. If you do not agree to these terms, please mark these boxes N/A.

Participant Initials		Parent/Guardian Initials	
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CERTIFICATION STATEMENT

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 acknowledge that information I have provided in this application and during my child's participation in the program may be used by the City of New York to evaluate and improve City services and programs or to access additional funding. I agree and accept that I, and my child, will abide by all applicable rules and regulations of this program.

Participant Signature _____ Date _____

Intake Officer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Thank you for your participation and Good Luck in the Summer Youth Employment Program.



Special Initiative: Participant Data Analysis Questions 2020

Application Information for SYEP Application: Part 2

Please complete the following questions:

32. Prior work experience? (paid or volunteer) Yes No

33. What is the applicant's long-term career goal? List three (3) options:

1st _____

2nd _____

3rd _____

34. Do you have a bank account? Yes No

35. Interested in opening a bank account? Yes No

36. Interested in direct deposit? Yes No

37. Is the applicant or any member of the household (0-64 years of age) covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance? Yes No

38. If NO, do you want to be contacted with information about public health insurance programs? Yes No

Applicant Signature _____

Date _____

If you are selected from the lottery or recruited for a summer opportunity, you will need to bring certain documents to your SYEP provider. You must submit **COPIES** of one (1) item from categories 1-6 listed below as it applies to you. **These items are needed to officially complete your enrollment so that you are eligible for SYEP.** Note that some documents may satisfy more than one category (e.g. U.S. Birth Certificate or current U.S. Passport for categories 2).

Reminder: **ONLY COPIES OF THESE DOCUMENTS WILL BE ACCEPTED**

1. Proof of Identity

- Official Picture ID (school, city, state, government issued)
IDNYC Municipal ID will be accepted

2. Proof of Age

- Birth Certificate **OR**
- Benefit Card **OR**
- NYS Driver/Non-Driver's License **OR**
- Alien Registration Card **OR**
- Valid U.S. Passport

3. Proof of Social Security Number

- Social Security Card (**ONLY**)

4. Proof of Address (Dated within the last 6 months)

- Home Utility Bill **OR**
- Current Lease, Mortgage, Deed **OR**
- Current Cable Bill (Must have Phone Service Listed) **OR**
- Official Mail from a Federal, State or City Agency

5. SYEP Application

- A signed SYEP application is required for all youth. Youth under the age of 18 are required to have the signature of a parent or guardian.

6. Proof of Family Income (Dated within the last 6 months)

If Supported by Public Assistance

- Current EBT Card (with parent/guardian name) **AND** a recent store receipt **OR**
- Current Benefit Budget/SNAP Letter **OR**
- Official letter from Social Services (Must include applicant's name, Benefit # and date)

OR

If Not Supported by Public Assistance

- Two (2) consecutive pay stubs dated within the last six months (Must include payee name, and gross income) **OR**
- 2019 W-2 form and one (1) pay stub dated within the last six months **OR**
- Current Pension Award letter **OR**
- Current SSA Award letter **OR**
- Unemployment Benefit Document dated within the last six months **OR**
- If self-employed, 2019 Tax Return including Schedule "C" or "E" (if receiving rental income)

7. Please provide ONLY if applicable

- Proof of **Disability**: Official documentation as applicable certifying disability from a physician, ACS, HRA, School, Social Service agency or authorized entity.

Please note: all references to the word current mean documents dated within the last six (6) months or where applicable, documents which are still valid and have not expired. The status of your application can be found at www.nyc.gov/dycd.

AGENCY LETTERHEAD

Date: _____

Applicant Name: _____

Applicant DOB: _____

Applicant Address: _____

SAMPLE

This letter certifies that _____ (Applicant Name, DOB) is applying to the 2020 Summer Youth Employment Program (SYEP). The applicant is _____ (please insert relevant agency language i.e. in the care and custody of Agency Name).

This letter will serve as verification of the applicant's eligibility for the Special Initiative service option of SYEP.

Please note if this box is checked, the applicant is verified as having no income and therefore has entered \$1 on their application.

If you have any questions, please feel free to contact me at the information below.

Sincerely,

Case Worker/Responsible for Submission Name
[Title]
[Phone Number]
[Email Address]

Agency Point Person
[Title]
[Phone Number]
[Email Address]

Summer Youth Employment Program 2020 Emerging Leaders Providers

Provider	Boro of Office	First Name	Last Name	Title	Phone	Ext	Cell Phone Number	Email Address
C.C.M.S. aka Community Counseling & Mediation	<i>Bk</i>	Naphtali	Aiken	Program Director	718-230-5100	122	917-304-6333	naphtaliaiken@yahoo.com
Center for Alternative Sentencing Employment Services, Inc.	<i>Bk</i>	Filkoski	Aleks	Supervisor – Youth Employment Services	212-553-6627		646-335-2508	afilkoski@cases.org
Henry Street Settlement	<i>M</i>	Johanna	Ramirez	Program Director	212-254-3100	3221	917-941-9813	JRamirez@henrystreet.org
Research Foundation of CUNY on behalf of La Guardia Community College	<i>Q</i>	Renee	Cheatham	Director	718-482-5347		347-409-2443	rcheatham@lagcc.cuny.edu
Samuel Field YM & YWHA, INC. aka Central Queens Y	<i>Q</i>	Samantha	Jean-Charles	Special Initiatives Program Director	718-704-7609			sjeancharles@commonpointqueens.org
St. Nicks Alliance Corp.	<i>Bk</i>	Folasade	Maddux	Youth Employment Director	718-599-9224	36	646-420-1113	fmaddux@stnicksalliance.org
The Children's Aid Society	<i>Bx</i>	Sandino	Sanchez	Director	917-286-1535		718-710-0669	sandinos@childrensaidsociety.org
United Activities Unlimited Inc	<i>SI</i>	Tatiana	Arguello	Director of Workforce Development	718-689-4899		718-689-4899	targuello@unitedactivities.org
United Activities Unlimited Inc	<i>SI</i>	Bert	Benjamin	Program Director	646-373-0122		718-689-4899	bbenjamin@unitedactivities.org

Wildcat Service Corporation	Bk	Aron	Myers	Director of Youth & Young Adult Programs	212-727-4291		914-803-6826	amyers@fedcap.org
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