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:

☐ Foster Care  ☐ Runaway  ☐ ACS Preventive Services
☐ Homeless  ☐ Offender/Justice Involved  ☐ HRA – Business Link
☐ Homeless (In Shelter)

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

☐ C.C.M.S - Community Counseling & Mediation  ☐ St. Nicks Alliance Corp.
☐ Center for Alternative Sentencing and Employment Services  ☐ The Children’s Aid Society
☐ Henry Street Settlement, Inc.  ☐ United Activities Unlimited, Inc.
☐ La Guardia Community College- Research Foundation  ☐ Wildcat Service Corporation
☐ 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  Last Name: ____________________________  Provider Signature: ____________________________
Date  Rec’d: ____________________________
Participant Enrollment Survey (PES) 2020
Younger Youth

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)

2. Last Name

3. First Name

4. MI

5. Birth Date (MM/DD/YYYY)

6. Gender (Check one)
   - Male
   - Female

7. Citizenship Status (Check one)
   - U.S. Citizen
   - Permanent Resident Alien
   - Other

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:

10. Street Address (Number and Street)


12. Zip Code

13. Do you live in a NYCHA Housing Development? 
   - No
   - Yes

14. Borough (Check One) 
   - Bronx
   - Brooklyn
   - Manhattan
   - Queens
   - Staten Island

15. Applicant’s Ethnicity (Select One) 
   - Hispanic or Latino
   - Not Hispanic or Latino

16. Applicant Race (Select One) 
   - Black or African American
   - American Indian or Alaskan Native
   - White or Caucasian
   - Other

17. Other than English, what language are you most comfortable speaking? (Check all that apply)
   - Albanian
   - Arabic
   - Bengali
   - Chinese (incl. Cantonese & Mandarin)
   - French
   - Fulani
   - German
   - Greek
   - Gujarati
   - Hebrew
   - Hindi
   - Hungarian
   - Haitian Creole
   - Korean
   - Kru, Ibo or Yoruba
   - Mande
   - Italian
   - Polish
   - Portuguese
   - Romanian
   - Russian
   - Spanish
   - Tagalog
   - Turkish
   - Urdu
   - Vietnamese
   - Yiddish
   - Other (Describe): __________________________

18. Applicant’s Home Phone #

19. Applicant’s Cell Phone #

20. Applicant’s Email

21. Name of Parent or Legal Guardian (Last Name)

22. First Name

23. Emergency Contact Phone #

Educational Status

24. Education – Student Type
   - Currently Attending School
   - Not in-school

25. Current Educational Status
   - J.H.S
   - 6th
   - 7th
   - 8th
   - H.S.
   - 9th
   - 10th
   - 11th
   - 12th
   - College
   - Freshman
   - Sophomore
   - Junior
   - Senior

26. Please indicate the school system you attend
   - DOE
   - CUNY
   - Other
   - a. What school did/do you attend?
   - b. Indicate last grade completed.

   - Grade 0 - 8
   - High School Graduate/ HSE
   - Grade 9-11
   - 12+ Some Post-Secondary
   - 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
      - Single Parent Female
      - Single Parent Male
      - Two Parent Male
      - Two Parent Home
      - Other

   b. Is applicant or applicant’s family currently receiving public assistance?
      - Yes
      - No (Skip to #31)

30. Type of Public Assistance (Check all that apply)
   - Family Assistance (formerly known as AFDC)
   - S.S.I.
   - Supplemental Nutrition Assistance Program (SNAP)
   - Safety Net/Home Relief
   - Other

31. Is the applicant any of the following (Check all that apply)
   - Disabled
   - Foster Care
   - Homeless/Runaway
   - Parent
   - Offender/Justice Involved
   - Served in the Military
   - Does Not Apply

Review NY State Eligibility Status on Next Page.
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)

Participant Initials  Parent/Guardian Initials

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.

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

<table>
<thead>
<tr>
<th>SCHOOL(S) ATTENDED</th>
<th>FROM</th>
<th>TO</th>
<th>REASON FOR LEAVING</th>
<th>COMMENTS (Note if Alternative School)</th>
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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.)
   ☐ Creative Arts  ☐ Mechanical  ☐ Financial  ☐ Science
   ☐ Industrial  ☐ Human Services  ☐ Medical  ☐ Business Administration
   ☐ Food Services  ☐ Protective Services  ☐ Athletics  ☐ Law
   ☐ Retail  ☐ Technology  ☐ Education  ☐ Skilled Trades
   ☐ 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
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.

<table>
<thead>
<tr>
<th>Participant Initials</th>
<th>Parent/Guardian Initials</th>
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</thead>
</table>

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.

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<tr>
<th>Participant Initials</th>
<th>Parent/Guardian Initials</th>
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</table>

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.

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<tr>
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<th>Parent/Guardian Initials</th>
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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.
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.*
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

<table>
<thead>
<tr>
<th>Provider</th>
<th>Boro of Office</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
<th>Phone</th>
<th>Ext</th>
<th>Cell Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.C.M.S. aka Community Counseling &amp; Mediation</td>
<td>Bk</td>
<td>Naphtali</td>
<td>Aiken</td>
<td>Program Director</td>
<td>718-230-5100</td>
<td>122</td>
<td>917-304-6333</td>
<td><a href="mailto:naphtaliaiken@yahoo.com">naphtaliaiken@yahoo.com</a></td>
</tr>
<tr>
<td>Center for Alternative Sentencing Employment Services, Inc.</td>
<td>Bk</td>
<td>Filkoski</td>
<td>Aleks</td>
<td>Supervisor – Youth Employment Services</td>
<td>212-553-6627</td>
<td></td>
<td>646-335-2508</td>
<td><a href="mailto:afilkoski@cases.org">afilkoski@cases.org</a></td>
</tr>
<tr>
<td>Henry Street Settlement</td>
<td>M</td>
<td>Johanna</td>
<td>Ramirez</td>
<td>Program Director</td>
<td>212-254-3100</td>
<td>3221</td>
<td>917-941-9813</td>
<td><a href="mailto:JRamirez@henrystreet.org">JRamirez@henrystreet.org</a></td>
</tr>
<tr>
<td>Research Foundation of CUNY on behalf of La Guardia Community College</td>
<td>Q</td>
<td>Renee</td>
<td>Cheatham</td>
<td>Director</td>
<td>718-482-5347</td>
<td></td>
<td>347-409-2443</td>
<td><a href="mailto:rcheatham@lagcc.cuny.edu">rcheatham@lagcc.cuny.edu</a></td>
</tr>
<tr>
<td>Samuel Field YM &amp; YWHA, INC. aka Central Queens Y</td>
<td>Q</td>
<td>Samantha</td>
<td>Jean-Charles</td>
<td>Special Initiatives Program Director</td>
<td>718-704-7609</td>
<td></td>
<td></td>
<td><a href="mailto:sjeancharles@commonpointqueens.org">sjeancharles@commonpointqueens.org</a></td>
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<tr>
<td>St. Nicks Alliance Corp.</td>
<td>Bk</td>
<td>Folasade</td>
<td>Maddux</td>
<td>Youth Employment Director</td>
<td>718-599-9224</td>
<td>36</td>
<td>646-420-1113</td>
<td><a href="mailto:fmaddux@stnicksalliance.org">fmaddux@stnicksalliance.org</a></td>
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<tr>
<td>The Children’s Aid Society</td>
<td>Bx</td>
<td>Sandino</td>
<td>Sanchez</td>
<td>Director</td>
<td>917-286-1535</td>
<td></td>
<td>718-710-0669</td>
<td>sandinos@childrensai dsociety.org</td>
</tr>
<tr>
<td>United Activities Unlimited Inc</td>
<td>SI</td>
<td>Tatiana</td>
<td>Arguello</td>
<td>Director of Workforce Development</td>
<td>718-689-4899</td>
<td></td>
<td>718-689-4899</td>
<td>targuello@unitedactiviti es.org</td>
</tr>
<tr>
<td>United Activities Unlimited Inc</td>
<td>SI</td>
<td>Bert</td>
<td>Benjamin</td>
<td>Program Director</td>
<td>646-373-0122</td>
<td></td>
<td>718-689-4899</td>
<td>bbenjamin@unitedactivi ties.org</td>
</tr>
<tr>
<td>Wildcat Service Corporation</td>
<td>Bk</td>
<td>Aron</td>
<td>Myers</td>
<td>Director of Youth &amp; Young Adult Programs</td>
<td>212-727-4291</td>
<td>914-803-6826</td>
<td><a href="mailto:amyers@fedcap.org">amyers@fedcap.org</a></td>
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