



200 North Second Street  
Fulton, New York 13069  
(315) 591-9000  
ocwny@oswegocounty.com  
(315) 591-9047 fax or (315) 591-9009 fax

# **SUMMER JOB OPPORTUNITIES!**

## **July - August 2021**

**Do you want a summer job?**

**Are you age 14 – 24?**

**(Eligibility restrictions apply)**

### **Eligibility Guidelines**

**\*To be eligible you must be a resident of Oswego County  
AND**

**meet one or more of the following criteria:**

- **Low Household Income – See chart on reverse**
  - **TANF (Public Assistance)**
  - **SNAP (Food Stamps)**
    - **Medicaid**
    - **HEAP**
  - **Foster Care**
  - **SSI**

**IMPORTANT NOTE: Applicants 21-24 years of age must meet at least one of the above criteria **AND** be pregnant, parenting or a relative caring for a minor child in the household).**

**To qualify you must attend a work readiness & payroll enrollment workshop.**

#### **4 WAYS TO APPLY:**

- 1.) **Download application from [WWW.OCWNY.ORG](http://WWW.OCWNY.ORG) & email completed application to [OCWNY@oswegocounty.com](mailto:OCWNY@oswegocounty.com)**
- 2.) **Print application from [WWW.OCWNY.ORG](http://WWW.OCWNY.ORG) & mail / drop off completed application to:  
200 North Second St. Fulton, NY 13069**
- 3.) **Pick up application from 200 North Second St. Fulton, NY 13069. Complete & return to above address.**
- 4.) **Contact us at (315)591-9076 to request an application be mailed to you. Complete & return to above address.**

**Please contact Workforce New York at (315) 591-9076 for information.**

[www.ocwny.org](http://www.ocwny.org)

Oswego County Workforce New York is an equal opportunity employer/program.

Auxiliary aids are available upon request to individuals with disabilities.

TTY (315) 591-9247



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**200% of Federal Poverty Guidelines Chart**

**June 1, 2021 through May 31, 2022**

Family Size	Monthly Income	Annual Income
1	\$2,146	\$25,760
2	\$2,903	\$34,840
3	\$3,660	\$43,920
4	\$4,416	\$53,000
5	\$5,173	\$62,080
6	\$5,930	\$71,160
7	\$6,686	\$80,240
8	\$7,443	\$89,320

For family units with more than eight members, add \$756 monthly or \$9,080 annually for each additional family member.

Please note the above guidelines are applicable to the 48 contiguous states and the District of Columbia.

The 200% of Federal Poverty Guidelines do not go into effect for the Supplemental Nutrition Assistance Program (SNAP) on June 1<sup>st</sup>. Poverty guidelines for SNAP are updated each year on October 1<sup>st</sup>.

**June 1, 2020 through May 31, 2021**

Family Size	Monthly Income	Annual Income
1	\$2,126	\$25,520
2	\$2,873	\$34,480
3	\$3,620	\$43,440
4	\$4,366	\$52,400
5	\$5,113	\$61,360
6	\$5,860	\$70,320
7	\$6,606	\$79,280
8	\$7,353	\$88,240

For family units with more than eight members, add \$746 monthly or \$8,960 annually for each additional family member.

Please note the above guidelines are applicable to the 48 contiguous states and the District of Columbia. The 200% of Federal Poverty Guidelines do not go into effect for the Supplemental Nutrition Assistance Program (SNAP) on June 1st. Poverty guidelines for SNAP are updated each year on October 1st.

**SPECIAL NOTE FOR CASH PUBLIC ASSISTANCE RECIPIENTS:**  
 SUMMER YOUTH WAGES WILL GENERALLY NOT REDUCE A TANF CASH GRANT  
 UNLESS THE YOUTH IS THE HEAD OF THE HOUSEHOLD.



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**Thank you for your interest in the Oswego County Summer Youth Employment Program (SYEP)!  
There are a few steps to get started:**

- 1.) View the SYEP orientation located on our website [www.ocwny.org](http://www.ocwny.org) under “Young Adult Workers”. The orientation can also be viewed at 200 N. 2<sup>nd</sup> St. Fulton, NY Monday – Friday 8:30am – 4:30pm
- 2.) Complete this entire application packet – please fill it out as accurately & completely as possible.
- 3.) Be sure to sign “SYEP orientation attestation form” located on the last page of this application packet. This form lets us know that you viewed & understand the material presented to you in the SYEP orientation.
- 4.) Gather all required eligibility documents – **See checklist below.**
- 5.) Submit this entire completed packet AND submit your eligibility documents to us no later than June 18, 2021.  
**See below for how to send this information to us.**

After we receive your application packet AND eligibility documents, we will contact you by email or phone to set up an appointment for the eligibility & payroll orientation.

The following information is requested from you to determine eligibility for the Summer Youth Employment Program. Please send **COPIES** of the following information except for Work Cards. We must have your original Work Card.

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Signed Social Security Card
- \_\_\_\_\_ **Original** Work Card (for ages 14-17; **Not a Copy**)
- \_\_\_\_\_ Photo I.D. (if you are 18 years or older)
- \_\_\_\_\_ Proof of Address (inside Oswego County; ie: bill statement)
- \_\_\_\_\_ Pay Stubs, or other household income documents dated within the last 6 months
- \_\_\_\_\_ Individual Education Plan (IEP) / Letter from your school

**Requested Information can be sent to us in the following ways:**

- 1.) **Drop off:** Oswego County Workforce NY – 200 North Second Street Fulton, NY 13069
- 2.) **Mail:** 200 North Second Street Fulton, NY 13069
- 3.) **Email:** [OCWNY@Oswegocounty.com](mailto:OCWNY@Oswegocounty.com)

**Please contact us with any questions / concerns  
at (315) 591-9076 Or email [OCWNY@Oswegocounty.com](mailto:OCWNY@Oswegocounty.com)**

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Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_

We are asking all applicants to complete this form to determine eligibility for additional programs and services that we provide in our office. Please check all that apply to you.

- |   |   |
|---|---|
| <input type="checkbox"/> High school dropout                    | <input type="checkbox"/> Individual with a disability |
| <input type="checkbox"/> Pregnant                               | <input type="checkbox"/> Homeless                     |
| <input type="checkbox"/> Parenting                              | <input type="checkbox"/> Legal issues                 |
| <input type="checkbox"/> Currently in / aged out of foster care |   |

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2021 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION

***AUTHORIZATION FOR RELEASE OF INFORMATION AND PHOTOGRAPH***

I, \_\_\_\_\_, hereby give permission to Oswego County Workforce New York to release information and use my photograph for promotional and publicity purposes.

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Signature

Date

---

Signature of Parent/Guardian  
(If applicant is under 18 years of age)

Date

Revised 4/2021

**THIS IS A DOUBLE-SIDED FORM – PLEASE COMPLETE INFORMATION ON BACK**



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2021 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION

## Workforce Innovation and Opportunity Act Interagency Release of Information Form

**Participant Name:** \_\_\_\_\_

**Participant Address:** \_\_\_\_\_

I authorize only the Workforce Innovation and Opportunity Act (WIOA) partner agencies listed below to obtain, or release written documentation, and/or discuss any employment related information indicated below with each other to assist me in my employment and training efforts.

My permission to discuss information is only valid until \_\_\_\_\_ and cannot extend beyond one year from the date I sign this form, whichever is sooner. I can change my mind about this release, by telling the initiating agency identified below, in writing, that I do not want any further information to be given out or discussed.

Information to be obtained, released, and/or discussed by an agency must be for its program purposes, associated with a referral, and only to the extent the other agency demonstrates that the information requested is necessary for its program. No medical and/or disability information is to be provided under this release. I give my permission for the checked items listed below to be shared:

- My contact information.
- My work history/experience.
- My education/skills/abilities.
- My career/skill assessment results.
- My income level/benefit eligibility.
- My eligibility/enrollment and/or attendance in workforce system programs.
- The accommodations I need to access training or services or to find, obtain, or retain employment.

Revised 4/2021

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2021 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION

**WIOA agencies releasing/receiving/discussing this information:**

**Initiating Agency Name:** Oswego County Workforce New York  
**Agency Address:** 200 North 2<sup>nd</sup> St., Fulton, NY 13069  
**Telephone:** [315] 591-9000 **Email:** weaver@oswegocounty.com

**Agency Name:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I have read, understand and agree to all the information in this document.**

Participant or Authorized  
Representative/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
**WIOA Agencies:** The information being disclosed to you may be from records protected by state or federal confidentiality rules which prohibit you from making any further disclosure of this information unless said further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise legally permitted. It is understood and accepted that this Release Form is not sufficient to, and is not intended to allow for, providing informed consent for the release of confidential Unemployment Insurance (UI) data pursuant to New York State Labor Law §537(1)(d); medical information pursuant to the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); education information pursuant to the Family Educational Rights and Privacy Act (FERPA) (34 Code of Federal Regulations (CFR) Part 99);Mental Health Information (New York State Mental Hygiene Law Sections 19.17, 23.05 and 33.13; Alcohol/Drug Treatment (Public Health Services Act ) (42 CFR Part 2); or HIV related Information (New York State Public Health Law Article 27- F)

Revised 4/2021

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# 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.**

Summer 2021 Eligibility Determination

Applicant: \_\_\_\_\_

Today, \_\_\_\_ / \_\_\_\_ / \_\_\_\_, I am \_\_\_\_ years old.

I attend middle or high school? Yes    No    I am enrolled in college? Yes    No

I will graduate from high school in June 2021? Yes    No

<b>Office use only</b>			
Element	Applicant's data (Enter results)	TANF Qualifies?	Comments
Age			
Citizenship			
Selective Service			
TANF Family Size			
TANF Income			
Categorical Qualifier			
* Enter guideline for applicant's family size			

**Office use only**

Determinations:

IN school \_\_\_\_\_      OUT of school \_\_\_\_\_

School District: \_\_\_\_\_

Eligible for  
(Check all applicable categories):

TANF 200%      TANF FA      FFFS 200%      FFFS FA

Determined by: \_\_\_\_\_      Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_      Date: \_\_\_\_\_



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## SYEP orientation attestation form

I, \_\_\_\_\_ attest that I have viewed and understand the information provided to me in the 2021 YouTube Video (PowerPoint presentation).

Participant Signature

Date

School Status: ( ) In High School/Middle School ( ) Attending College ( ) Out of school

Name of School: \_\_\_\_\_

You will need to answer the following Questions (place a check mark on the appropriate line):

1. What is the hourly wage that will be paid this summer?

\_\_\_\_\_ \$11.10/hr

\_\_\_\_\_ \$12.50/hr

\_\_\_\_\_ \$11.80/hr

\_\_\_\_\_ \$15.00/hr

2. In the presentation, PPE is the abbreviation for?

\_\_\_\_\_ Personal Public Equipment

\_\_\_\_\_ Personal Protective Equipment

\_\_\_\_\_ Personal Private Equipment

\_\_\_\_\_ Personal Policy Equipment

3. A summer job is an opportunity to?

\_\_\_\_\_ Get good references

\_\_\_\_\_ Gain work experience

\_\_\_\_\_ Earn your own money

\_\_\_\_\_ All of the above

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