

**Shelby County Department of Job and Family Services
TANF Youth Summer Employment Program
Document Checklist**

Please include ONE form of verification from each category and include the documents with your completed TANF Summer Youth Employment Program Application. If you are having difficulty obtaining any of the required verifications, please call 937.498.4981, select option 5 and then option 6. Before a determination of your eligibility for this program can be made, all verifications must be submitted.

BIRTHDATE

- Birth Certificate
- Baptismal certificate (date and place of birth must be indicated)
- Hospital record
- Passport
- Driver's License
- Public Assistance Record

SOCIAL SECURITY NUMBER

- Social Security Card
- Verification form from Social Security Office

CITIZENSHIP/ALIEN STATUS

- Birth Certificate
- Hospital Record
- Passport (if foreign passport, must be stamped eligible to work)
- Alien Registration Card
- Public Assistance Record

HOUSEHOLD INCOME (30 day budget period)

- Current pay stubs for all family members working
- Statement of gross wages from employer
- Statement from Social Security or SSI for current year
- Savings or bank statements (if no income and living off of savings)
- Proof of unemployment benefits
- Public assistance records
 - Acceptance/Award letter or Computer printout showing case number and amounts

VERIFICATION OF FAMILY SIZE

- Letter from a neighbor or someone that knows you that can verify who is living in the household
- Public Assistance Record

UNEMPLOYMENT COMPENSATION

- Unemployment Award Letter
- Printout from Unemployment Compensation Web Site
- Verification form showing claim information and amounts
- Public Assistance Record

PREGNANT/PARENTING

- Child's birth certificate
- Statement from Social Service Agency
- Medical card
- Public Assistance Record

Shelby County Department of Job and Family Services TANF Summer Youth Employment Program 2014

Section I: Complete the Information Below

Youth Name	Parent or Guardian Name
Youth Social Security Number	Social Security Number
Household Address, City and Zip Code	Two Phone Numbers where you can be reached:

Please check the category below that best fits your current situation:

Age 14-17 and in school or age 18 and a full time student in a secondary school.

Age 18-24 and in a family that also has a minor child.

Age 18-24 and has a minor child.

If there are no minor children in the home, is anyone in the household pregnant? Yes No

Is the applicant a U.S. Citizen? Yes No If not, is the applicant a qualified alien? Yes No

Is any member of the household a fugitive felon, parole or probation violator? Yes No

Does any member of the household have an outstanding OWF(cash assistance) overpayment due to fraud? Yes No

Would the applicant or a member of the household like to have voter registration form? Yes No

Is the applicant related to an employee of the Shelby County Department of Job and Family Services? Yes No

Section II: List All Household Members (List additional household members on the back of application)

Name	Date of Birth	Relationship to Youth	Source of Monthly Income (Employment, Child Support, SSI, OWF, etc.)	Monthly Amount of Income	Does this person receive Food Assistance, or Medicaid?
		Self			

Section III: Read and Sign the Application

By my signature below, I agree that the above information is true and complete to the best of my knowledge. I also give consent for my information to be shared with Goodwill Easter Seals Miami Valley for any purpose related to the 2014 TANF Summer Youth Employment Program.

Youth Signature	Date
Parent/Guardian Signature (if youth is a minor)	Date

FOR SCDJFS USE ONLY - Application for TANF Summer Youth Employment Program under PRC Funding		
Applicant does <input type="checkbox"/> does not <input type="checkbox"/> have a fraudulent OWF/PRC overpayment that has not been paid in full.		
Family Size: _____	Date Application Approved:	Date Denied:
Monthly Income: _____	Date Approval Notice Sent:	Date Notice Sent:
SCDJFS Staff Signature:	Date:	

SHELBY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Children Services
Employment & Family Services

Child Support Enforcement
Financial & Medical Services



227 S. Ohio Avenue
Sidney, Ohio 45365
Phone: 937-498-4981
Fax: 937-492-0947

RELEASE OF INFORMATION

"I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or material omission is grounds for dismissal. I authorize my former employers and references listed in this application to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I further authorize the Shelby County Department of Job and Family Services to obtain a criminal record check, if necessary, on me for the same purpose. I understand that if an offer of employment is made, it is contingent upon submitting documentation of my legal right to work in the United States.

Signature of Applicant: _____ Date: _____

Thomas L. Bey
Director

"Serving the adults, children & families of Shelby County"

Steve Pulfer
Assistant Director