



PRC TANF Application 2014 Summer Youth Employment Program Cover Sheet

What is PRC-TANF-SYEP?

These funds allow the Hamilton County Department of Job and Family Services (HCJFS) to establish a 2014 TANF Summer Youth Employment Program. The HCJFS PRC/TANF 2014 Summer Youth Employment Program (SYEP) offers the opportunity to provide youth with employment experiences that will be beneficial to them by teaching responsibility, organizational skills, time management, and good work habits through job experience. The HCJFS SYEP is designed to be the first step towards financial stability and economic independence for eligible Hamilton County youth.

What is the wage subsidy?

These are the wages paid to the employer for the eligible youth participating in the My Life Summer Employment Program for Youth. They are capped at \$9.00 per hour for this program and performance bonuses or lump sum payments are not allowed.

“My Life” Summer Youth Employment Program Eligibility

The Hamilton County My Life Summer Youth Employment Program shall only serve persons/families that are within the 200% poverty level income bracket. For example, **a family of (4) monthly income limit is \$3,975.00 (chart pg.4)** This program will operate from **May 1, 2014 to October 31, 2014**. Eligible Youth are:

- Youth ages 14-17, as long as the youth is a minor child in a needy family and is in school youth may be 18 if they are a full-time student in a secondary school (or in the equivalent level of vocational or technical training).
- Youth ages 18-24, as long as they are in a needy family that also has a minor child; or
- Youth ages 18-24 that have a minor child and are considered needy
- Foster Care: Youth in a foster care setting age 14 to 17 years of age or 18 years of age if they are a full-time student in a secondary school may be served under the TANF Summer Youth Employment Program. **(This guidance is only applicable to the TANF Summer Employment Program for Youth and no other TANF or PRC program).**

How to APPLY

Read the instructions (pg. 2) & complete the PRC Application for My Life Summer Youth Employment Program (pg. 3).

How to RETURN your application

- Once your application is signed by BOTH Parent and Youth it can be returned via:

FAX: (513) 946-2350

Mail: OhioMeansJobs Cincinnati-Hamilton County

Attention: SYEP-Staff
1916 Central Parkway
Cincinnati, Ohio 45214

Questions?

- Email us at: syepjobs@jfs.hamilton-co.org
- For faster processing time, please provide us with an email address.
- If approved for the program, you will receive confirmation of your approval from HCJFS Worker.
- A Community Provider from **ResCare LLC & Community Action Agency** will contact you with instructions on what to do next.

Instructions for completing Application for TANF Summer Employment Program for Youth 2014

1. **A Parent or Guardian must complete this application** if the person who will participate in the TANF Summer Employment Program for Youth is a minor child. A minor child is an individual who:
 - Has not attained 18 years of age; or has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent of vocational or technical training).
2. All household members must be listed on the application
3. Monthly income must be listed and verification provided for Applicant and Applicant's family members.
4. All questions must be answered (do not leave blank spaces).
5. Print all written responses.

Section I – Complete the Demographic Information

Parent or Guardian Name: Include first and last name

Youth Name: Include first and last name of the youth applying for the summer program

Present address: Include full address

Present Phone: Home landline or cell number

Alternate Phone Number: Second phone number if available or a message phone number

Email Address: Parents or Adult (18yrs) applicant email address to receive SYEP related communication

Section II – List All Household members

1. **Name:**
 - List name of youth who is applying for the summer program first
 - List parent or guardian's name second
 - List all other household members below on their own line
2. **Relationship to Youth:**
 - List relationship of each household member to the youth
 - "Self" is written in the relationship field for the youth applying for the summer program
3. **Source of Monthly Income:**
 - List earned and unearned income received by each household member
4. **Monthly Amount of income:**
 - Monthly amount of gross income

Section III – Read and Answer All Questions

- Check yes or no for each response. If "yes" response is made for any question, use the box provided to write the name of the person and the condition or explanation.
- For example, if yes was answered to the question about pregnancy, write the name of the household member who is pregnant and the due date.

Section IV – Read and Sign the Application

- This allows HCJFS to share information about you with the providers **ResCare LLC. & CAA** for any purpose relating to the program. The application signature will serve as a release of information.
- **The parent or guardian and the youth must sign and date the application**

For HCJFS Use Only:

- WFD-Eligibility Worker will complete this section to indicate if Application approval or denial.

Note to Providers: If applicable, please review the application with Youth to ensure all questions have an answer, before submitting it to HCJFS. Incomplete applications will be denied.

**Prevention, Retention, and Contingency (PRC)
Application for TANF Summer Employment Program for Youth 2014**

Read instructions BEFORE COMPLETING this application. **Incomplete applications will not be considered for this program.**

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM.

Section I: Complete the Demographic Information Below

Parent or Guardian Name		Youth Name		
Social Security Number	Youth Social Security Number		Youth Age	Present Phone Number
Present Address		E-mail		Alternate Phone Number

Section II: List All Household Members:

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 OWF, Food Assistance, or Medicaid?
		Self			<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

(List any additional household members on the back of this form.)

Section III: Read and Answer All Questions.

- Are all members of your household cooperating in securing child support? Yes No
- Are all members of your household a citizen or lawful resident alien? Yes No
- Is any member of your household pregnant? Yes No
- Are all minors (under the age of 18) in the household currently enrolled in school? Yes No
- Are all unmarried minor parents in the household living in an adult supervised setting? Yes No
- Is any member of your household a fugitive felon, parole, or probation violator? Yes No
- Does any member of your household have an outstanding TANF (OWF) overpayment due to fraud? Yes No
- Has any member of your household been found guilty of fraudulently misrepresenting their residence to obtain benefits in two or more states (within the last ten years)? Yes No

If one or more questions **3 through 8 above are answered yes**, indicate here which person(s) and condition(s):

Section IV: Read and Sign the Application.

Parent / Guardian Signature	Date
Youth Signature	Date

FOR HCJFS USE ONLY	FOR HCJFS USE ONLY	FOR HCJFS USE ONLY
<input type="checkbox"/> Eligible	<input type="checkbox"/> Approval Letter Mailed _____	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Denial Letter Mailed _____
<input type="checkbox"/> Eligibility determined by receipt of OWF, FA, or Medicaid verified through CRISE, BIC or another reporting source.		
<input type="checkbox"/> Age 14-17 minor child in needy family in school <input type="checkbox"/> 18-24 in needy family with minor child <input type="checkbox"/> 18-24 with child and considered needy		
Signature of HCJFS Worker		Date

Questions?

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syepjobs@jfs.hamilton-co.org

FAX:
(513)946-2350

Mail:
OhioMeansJobs Cincinnati-Hamilton County
1916 Central Parkway
Cincinnati, Ohio 45214

Monthly Federal Poverty Guidelines

Effective January 22, 2014

The Monthly Federal Poverty Guideline amount is used to determine income eligibility for the Hamilton County PRC Program. The total gross countable income of all members of the assistance group must be equal to or less than the need.

Dated information: Obsolete upon Federal revision.

Assistance Group Size	200% of Monthly Federal Poverty Guidelines
1	1945
2	2622
3	3298
4	3975
5	4652
6	5328
7	6005
8	6682
9	7359
10	8036
11	8712
12	9389
13	10,065
14	10,742
15	11,419
16	12,095
17	12,772
18	13,449
19	14,125
20	14,802
21	15,479
22	16,155
23	16,832
24*	17,509

*** For each additional person, add (4,060) to the Annual FPG.**

Cash Asst. Policy 1/14

FPG2014chart1.xls