

ADDENDUM # 2

Date: March 21, 2018

RFP Number: LAB 18 006-SY

Program: State Summer Youth Employment Program

Subject: Revised Appendix C includes revised Income Guidelines and Timesheet.

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APPENDIX C

ELIGIBILITY TABLES, ACCEPTABLE DOCUMENTATION, AND REQUIRED FORMS

- I. INCOME GUIDELINES
- II. ACCEPTABLE DOCUMENTATION LIST
- III. SSYEP YOUTH APPLICATION
- IV. SSYEP YOUTH TIMESHEET (EXAMPLE AND BLANK)

Income Guidelines

The authorizing legislation for the program requires that preference for employment be given to youth who are members of households whose income does not exceed 200% of the household poverty. The following family size in relation to household income shall be used to determine eligibility.

Family Size	200% Level*
1	\$24,120.00
2	\$32,480.00
3	\$40,840.00
4	\$49,200.00
5	\$57,560.00
6	\$65,920.00
7	\$74,280.00
8	\$82,640.00
9	\$86,820.00
10	\$91,000.00

*This table is subject to change.

ACCEPTABLE DOCUMENTATION

Proof of:	Acceptable Documents:
Age	<ul style="list-style-type: none"> • Birth Certificate • Driver's license • State I.D. • Documentation from School Officials with Birth Date • Completed Delaware Department of Labor Child Labor Work Permit
Family Income (family size will be documented on youth's application)	<ul style="list-style-type: none"> • 2017 W-2 • 3 Most Recent Pay Stubs • Letter/Documentation from Division of Social Services of recipient of public assistance (SNAP, TANF, General Assistance, Refugee Cash Assistance, and/or Purchase of Care)
Citizenship/ Eligibility to Work	<ul style="list-style-type: none"> • Birth Certificate • U.S. Passport or U.S. Passport Card • Driver's License & Social Security Card (both) Note: SS card should not state "Not Valid for employment", valid for work only with INS authorization", valid for work only with DHS authorization" • Other documents listed and in accordance with the I-9 found at https://www.uscis.gov/i-9 and attached as Attachment G.

If documentation is not listed under Acceptable Documents referenced above then it cannot be used. Personal Income Tax Returns do not document income. If parent / guardian operate their own business, they must supply business license with entire current Business Tax Return.

Youth participants must be **14 to 20** years of age, with the exception of Work Leaders who may be up to 21. Working permits and parental/guardian consent forms will be required for youth **17** years of age **and younger**. Participants will receive the minimum hourly wage of \$8.25 per hour.

YOUTH APPLICATION FOR STATE SUMMER YOUTH EMPLOYMENT PROGRAM

Name: _____
Last First, M.I.

Birth Date: _____ Age: _____

Address: _____

City County State Zip Code

Phone: _____ Email: _____

1. I am a member of a Two-Parent Family: Yes _____ or No _____
2. # Of Family Members in Household: _____
3. Recipient of Public Assistance within the last 6 months? Yes _____ or No _____

Note: Proof of Assistance must document the above.

4. Total Family Income: \$ _____ (Do not need to complete if Yes for 3. Public Assistance above)

Note: Proof of Parental/Guardian income must document the above.

5. Last Grade Completed: _____
6. Do you plan to continue school after summer? Yes _____ No _____
7. Last School Attended: _____
8. Are you enrolled in a Career Pathways in your high school? Yes _____ No _____

a. If yes, which one? _____

9. Completed High School or GED? Yes _____ No _____

10. Have you attended any college or post-secondary training? Yes _____ No _____

a. If Yes, how many years did you complete?: _____

b. Are you currently attending? Yes _____ No _____

i. If Yes, where? _____

11. Do you have any career interests you would like to explore this summer? Yes _____ No _____

a. If yes, please explain in the space below:

Work History List all work including part-time and volunteer work. (You may add additional pages.)

Current or Most Recent Employer:

1)Name: _____

Address: _____

Job Title and Duties: _____

Work Hours per Week: _____ Hourly Wage: _____

Starting Date: _____ Ending Date: _____

Reason for Leaving: _____

Additional Employers:

2)Name: _____

Address: _____

Job Title and Duties: _____

Work Hours per Week: _____ Hourly Wage: _____

Starting Date: _____ Ending Date: _____

Reason for Leaving: _____

PLEASE READ CAREFULLY: Your application will not be accepted if this section is not completed:

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I further understand that I must provide documents to support claims made in this application.

I am also aware that I am subject to immediate termination from the State Summer Youth Employment Program if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I knowingly provided false information. I allow the release of this information for verification purposes, and understand that it will be used to determine eligibility.

I authorize the Delaware Department of Labor and Summer Youth Program to release and/or provide information to the Department of Education, regarding my work experience. This will include my name, date of birth, work experience location and duties, total hours worked, and resume.

I authorize the Delaware Department of Labor and Summer Youth Program to use information captured on this application and entered into the Delaware JobLink system (DJL) in order to analyze the State's Summer Youth Employment Program, unless the use of such information is otherwise prohibited by law or regulation.

NAME: _____ DATE: _____
Signature of Applicant

NAME: _____ DATE: _____
Signature of Parent or Guardian

NAME: _____ DATE: _____
Signature of Grantee-Agency/Organization Representative

STATE SUMMER YOUTH EMPLOYMENT PROGRAM

Agency: _____

Worksite: _____

Employee: _____

Week of: _____

Date	Day of week	MORNING		AFTERNOON		Total
		In	Out	In	Out	

I hereby certify that this time record accurately represents the number of hours worked by the above named State Summer Youth Employment Program participant.

Youth Signature

Supervisor Signature