**APPENDIX C**

**ELIGIBILITY TABLES, ACCEPTABLE DOCUMENTATION, AND REQUIRED FORMS**

1. INCOME GUIDELINES
2. ACCEPTABLE DOCUMENTATION LIST
3. SSYEP YOUTH APPLICATION
4. SSYEP YOUTH TIMESHEET (EXAMPLE AND BLANK)

**ELIGIBILITY TABLES and REQUIRED FORMS**

**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.

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| Family Size |  |  | 200% Level\* |
| 1 |  |  | $23,340.00 |
| 2 |  |  | $31,460.00 |
| 3 |  |  | $39,580.00 |
| 4 |  |  | $47,700.00 |
| 5 |  |  | $55,820.00 |
| 6 |  |  | $63,940.00 |
| 7 |  |  | $72,060.00 |
| 8 |  |  | $80,180.00 |
| 9 |  |  | $88,300.00 |
| 10 |  |  | $96,420.00 |

\*This table is subject to change.

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**ACCEPTABLE DOCUMENTATION**

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| **Proof of:** | **Acceptable Documents:** |
| Age | * 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) | * 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 | * 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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.***

1. **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.***

1. **Last Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_**
2. **Do you plan to continue school after summer? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**
3. **Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Are you enrolled in a Career Pathways in your high school? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**
   1. **If yes, which one?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Completed High School or GED? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**
6. **Have you attended any college or post-secondary training? Yes\_\_\_\_\_ No\_\_\_\_\_**
   1. **If Yes, how many years did you complete?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   2. **Are you currently attending? Yes\_\_\_\_\_ No\_\_\_\_\_** 
      1. **If Yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Do you have any career interests you would like to explore this summer? Yes\_\_\_\_\_ No\_\_\_\_\_**
   1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**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

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| Agency Name: Little Smiles Community Center  Worksite: Rainbow Lane | | | | | | | | |  | |
|  |  | |  | |  | | | |  | |
| Employee Name: Jackie Jones | | | | | | | | |  | |
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| Week of: \_\_\_6/19/2016 to 6/25/2016\_\_ | | | | |  | | | |  | |
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|  |  | | **EXAMPLE** | |  | | | |  | |
| **Date** | **Start** | | **End** | | **Lunch Reduction** | | | | **Total Work Hours** | |
| 6-20-2016 | 8:00 AM | | 3:00PM | | 30 MIN | | | | 6.5 | |
| 6-21-2016 | 8:00 AM | | 3:15PM | | 30 MIN | | | | 6.75 | |
| 6-22-2016 | 8:00 AM | | 3:30PM | | 30 MIN | | | | 7.0 | |
| 6-23-2016 | 8:00 AM | | 3:45PM | | 30 MIN | | | | 7.25 | |
| 6-24-2016 | 8:00 AM | | 4:00PM | | 30MIN | | | | 7.5 | |
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| I hereby certify that this time record accurately represents the number of hours worked by | | | | | | | | | | |
| the above named State Summer Youth Employment Program Participant. PLEASE NOTE: Signatures obtained prior to the weekend date are considered disallowed costs. | | | | | | | | | | |
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| Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Worksite:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |
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| Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |
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| **Date** | | **Start** | | **End** | | **Lunch Reduction** | | | | **Total Work Hours** |
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| the above named State Summer Youth Employment Program Participant. PLEASE NOTE: Signatures obtained prior to the weekend date are considered disallowed costs. | | | | | | | | | | |
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|  | | Supervisor Signature | | | | Date | | | |  |