

**Appendix A** – Eligibility Table, Acceptable Documentation, and Standard Forms  
RFP Number: LAB 20101 – YOUTH\_EMPLOYMENT  
Program: Youth Employment Program  
Subject: Eligibility Table, Acceptable Documentation, and Standard Forms

**I. Income Guidelines 2020**

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. For families with more than 9 people, add \$8,960 for each additional person.

Family Size	200% Level*
1	\$25,520.00
2	\$34,480.00
3	\$43,440.00
4	\$52,400.00
5	\$61,360.00
6	\$70,320.00
7	\$79,280.00
8	\$88,240.00
9	\$97,200.00

\*This table is subject to change.

**Youth with a disability are considered a family of one.**

## II. Acceptable Documentation

Proof of:	Acceptable Documents:
Age	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Driver's license</li> <li>• State I.D.</li> <li>• Documentation from School Officials with Birth Date</li> <li>• Completed Delaware Department of Labor Child Labor Work Permit</li> </ul>
Family Income (family size will be documented on youth's application)	<ul style="list-style-type: none"> <li>• Most recent W-2</li> <li>• 3 Most Recent Pay Stubs</li> <li>• Letter/Documentation from Division of Social Services of recipient of public assistance (SNAP, TANF, General Assistance, and Refugee Cash Assistance)</li> </ul>
Citizenship/ Eligibility to Work	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• U.S. Passport or U.S. Passport Card</li> <li>• Driver's License &amp; 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"</li> <li>• Other documents listed and in accordance with the I-9 found at <a href="https://www.uscis.gov/i-9">https://www.uscis.gov/i-9</a> and attached as Attachment G.</li> </ul>
Disability (only applicable to those receiving funding identified in (II)(C)(2)(c))	<ul style="list-style-type: none"> <li>• Copy of 504 plan</li> <li>• Copy of IEP</li> <li>• Letter from School</li> <li>• Letter from Division of Vocational Rehabilitation</li> </ul>

**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 operates their own business, they must supply business license with entire current Business Tax Return.**

### III. Youth Application

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**.

#### YOUTH APPLICATION FOR YOUTH EMPLOYMENT PROGRAM

Name: \_\_\_\_\_  
Last First, M.I.

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City County State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. # Of Family Members in Household: \_\_\_\_\_

2. Recipient of Public Assistance within the last 6 months? Yes \_\_\_\_\_ or No \_\_\_\_\_

*Note: Proof of Assistance must document the above.*

3. 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.*

4. Last School Attended: \_\_\_\_\_

5. Are you enrolled in a Career Pathways in your high school? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, which one? \_\_\_\_\_

6. Does you receive SSI benefits or have an IEP or 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
(This will not impact any hiring decision)

7. Do you have any career interests you would like to explore this summer? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If yes, please explain in the space below:

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**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 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 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 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

IV. Sample Timesheet

YOUTH EMPLOYMENT PROGRAM

Agency: \_\_\_\_\_

Worksite: \_\_\_\_\_

Employee: \_\_\_\_\_

Week of: \_\_\_\_\_

		MORNING		AFTERNOON		
Date	Day of week	In	Out	In	Out	Total

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

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Supervisor Signature