

TANF SYEP 2023 ELIGIBILITY FORM

Summer Youth Employment Program			
Participant's Name:		SSN:	
If no SSN, was proof of SSN application provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the participant a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If no, is the participant a Qualified Non-Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEMOGRAPHIC INFORMATION			
Family Size:	Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			
City:	State:	ZIP Code:	
Phone Number:	Alternate Number:		

ELIGIBILITY CATEGORIES-ENROLLMENT BENCHMARKS

Purpose 1: Assist needy families so that children can be cared for in their homes or homes of relatives Yes No

Eligibility Criteria:

In a family receiving Temporary Cash Assistance
 Residing in the home of a parent
 Residing in the home of a caretaker

Documentation Criteria: Florida Screens Required

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Purpose 2: Reduce the dependency of needy parents by promoting job preparation, work, and marriage Yes No

Eligibility Criteria:

Participant's family income does not exceed 200% of the Federal Poverty Level (FPL)

Documentation Criteria: Check all that apply

Tax Returns Pay Stubs-Last 30 Days Employment Verification Form
 Unemployment Verification Other _____ Free & Reduced Lunch Verification

2023 Federal Poverty Level 200%			
Persons In Family/Household	Poverty Guideline	Persons In Family/Household	Poverty Guideline
1	\$29,160	5	\$70,280
2	\$39,440	6	\$80,560
3	\$49,720	7	\$90,840
4	\$60,000	8	\$101,120

Note: For families/households with more than 8 persons, add \$10,280 for each additional person.

PRIVACY ACT STATEMENT

_____ **I understand** that I am required by law to provide my SSN or proof that I have applied for a SSN, if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act, Section 1137. The SSN is used to administer the program and associate all services, correspondence and participation with the appropriate individual.

_____ **I understand** that if I do not have a SSN and I do not know how to apply for one, I can request help from the CareerSource Center or other program provider.

_____ **I understand** that my SSN will be used to associate all records to my identification, including program participation and the receipt of benefits/services.

Participant: (Signature) _____ **(if 18 or older) Date:** _____

Parent/Guardian: (Signature) _____ **Date:** _____

LWDB Staff: (Print) _____ **Phone Number:** _____

LWDB Staff: (Signature) _____ **Date:** _____