

# TANF SYEP 2020 ELIGIBILITY FORM

Summer Youth Employment Program			
<b>Participant's Name:</b>		<b>SSN:</b>	
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  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

AIHH                    AIID                    AIIM                    ARDT                    IQCH

**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

**Documentation Criteria:** Check all that apply

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

2020 Federal Poverty Level 200%			
Persons In Family/Household	Poverty Guideline	Persons In Family/Household	Poverty Guideline
<b>1</b>	<b>\$25,520</b>	<b>5</b>	<b>\$61,360</b>
<b>2</b>	<b>\$34,480</b>	<b>6</b>	<b>\$70,320</b>
<b>3</b>	<b>\$43,440</b>	<b>7</b>	<b>\$79,280</b>
<b>4</b>	<b>\$52,400</b>	<b>8</b>	<b>\$88,240</b>

**Note: For families/households with more than 8 persons, add \$8,960 for each additional person**

### PRIVACY ACT STATEMENT

\_\_\_\_\_ **I understand** that I am required by law to provide my social security number(s) (SSN) or proof that I have applied for a social security number, 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:** \_\_\_\_\_

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711