

In-School: _____
Out-of-School: _____

TANF YOUTH PROGRAM APPLICATION

Social Security Number _____ Application Date _____

Last Name First Name Middle Initial

Street Address City/Town State Zip Code

Home Phone Number Washington Greene County Date of Birth Male Female Gender

Youth E-Mail Youth Cell Phone Number Alternate Phone Number

Parent or Guardian Name/E-mail Address

Are you registered for Selective Service? (Males age 18 or older) YES NO Not Applicable

Citizenship:

____ US Citizen
____ Non-Citizen

Race (check all that apply):

____ White ____ American Indian
____ Black ____ Asian

Ethnic Group:

____ Hispanic or Latino
____ Not Hispanic or Not Latino

EDUCATION INFORMATION (Choose one of the following)

Currently in High School _____
Name of High School Highest Grade Completed

High School Graduate

High School Equivalency / GED

High School Dropout _____
Drop-out Date Highest Grade Completed

Post High School Attendee _____
Name of Post HS

Are you Disabled or Learning Disabled? (Including documented counseling, physical limitations)

YES – Disabled YES – Disabled, have an IEP/504 Plan NOT Disabled

Are you an English language learner? YES NO

Are you an offender on Adult or Juvenile probation? YES NO

Are you homeless? YES NO

Are you a runaway? YES NO

Are you in Foster Care or Aged out of Foster Care? YES NO

Are you a pregnant or parenting youth? YES NO

Is your family receiving benefits from the County Assistance Office? _____ YES _____ NO (If YES, complete the following):

Cash Public Assistance: YES _____ NO _____ Monthly Cash Assistance Amount : _____

Date Assistance Started: _____ Case Number: _____ Category: C – TANF D- General

Is your family receiving Food Stamps now or in the last 6 months? YES _____ NO _____

Are you or a family member receiving SSI: YES _____ NO _____ Who in the family is receiving SSI? _____

Are you receiving free or reduced lunch? _____ YES _____ NO

OTHER INCOME INFORMATION

Youth only - Are you currently employed? _____ YES _____ NO If Yes, where? _____

(Check all sources of FAMILY income that has been received in the last 6 months)

_____ Wages _____ Unemployment Compensation _____ Social Security Survivors

_____ Pension _____ Child Support _____ Social Security Disability

_____ Alimony _____ Self Employment

_____ Veterans Benefits _____ Other _____ (Specify)

FAMILY INFORMATION (List everyone living in your house related by blood or marriage – parents and dependent children)

FAMILY MEMBERS AND INCOME SOURCE

Name of Family Member	Relationship	Age	Employer/ Income Source	Last Six Months Income

I certify that the information is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records & unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

****APPLICANTS UNDER THE AGE OF 18 MUST HAVE A PARENT OR GUARDIAN SIGNATURE****

Signature of Applicant

Date

Signature of Parent / Guardian

Date