

In-School: \_\_\_\_\_  
Out-of-School: \_\_\_\_\_

**TANF YOUTH PROGRAM APPLICATION – effective 10-15-18**

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

**Information for the APPLICANT (YOUTH) ONLY**

Does the applicant (youth) receive benefits from the County Assistance Office?    YES \_\_\_\_\_                      NO \_\_\_\_\_

Does the applicant (youth) receive a monthly Cash amount?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

Does the applicant (youth) receive foodstamps (SNAP)?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

Is the applicant (youth) receiving SSI?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

Is the applicant (youth) currently working?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

If yes, where is he/she working? \_\_\_\_\_

If no, was the applicant (youth) working within the last 30 days?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

List the gross amounts of the paychecks that the applicant (youth) received **in the last 30 days** before the date of application.

<b>Pay Dates</b> in the last 30 days before application date	<b>Gross Amount of Check</b>

Is the applicant (youth) married?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

Does the applicant (youth) have any children?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

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 (Youth)                      Date

\_\_\_\_\_  
Signature of Parent / Guardian                      Date

Please mail completed application to:

Southwest Training Services Inc.  
90 West Chestnut Street Suite 150LL  
Washington, PA 15301