



Workforce Solutions - Ramsey County
YouthLEAD Program
APPLICATION



Workforce Solutions operates youth programs for **Ramsey County** youth ages 14 – 21. These programs provide year-round individualized youth development, training and employment services to economically disadvantaged youth. Youth need to fall into one of the following categories in order to be eligible for the program:

- | | | | |
|--|-----------------------------------|-----------------------------|-----------------------------|
| <i>Youth with a disability</i> | <i>Limited English</i> | <i>Chemically dependent</i> | <i>Parent/pregnant</i> |
| <i>Foster child</i> | <i>Offender/diversion program</i> | <i>Homeless/runaway</i> | <i>High school dropout</i> |
| <i>Basic skills deficient</i> | <i>Potential dropout</i> | <i>Low income family</i> | <i>Behind grade for age</i> |
| <i>Son/daughter of drug/alcohol abuser</i> | | | |

Contact one of the following agencies to determine if you are eligible for the YouthLEAD program and to see if there are current openings:

Workforce Solutions Minnesota Workforce Center 2098 11 th Avenue E North St. Paul, MN 55109 Phone: 651-770-4468	Workforce Solutions St. Paul Workforce Center 540 Fairview Avenue St. Paul, MN 55104 Phone: 651-770-4468	HIRED St. Paul Workforce Center 540 Fairview Avenue St. Paul, MN 55104 Phone: 651-642-0756	YWCA - o h 375 Selby Avenue St. Paul, MN 55102 Phone: 651-222-3741
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Wells
579 Wells Street
St. Paul, MN 55101
Phone: 651-793-3903

University
709 University Avenue
St. Paul, MN 55104
Phone: 651-227-8471

ong American Partnership (HAP)
1075 Arcade Street
St. Paul, MN 55106
Phone: 651-495-1542

- Your Parent/Legal Guardian must also sign and date the application if you are under age 18.
- YouthLEAD programs are required to **verify the age** of all participants. The following are examples of acceptable forms of age verification:
 - Birth Certificate
 - Minnesota Identification Card
 - Official School Record that has your name and birth date on it
 - Driver’s License
 - Alien Registration Card or I-94 Card (both sides)
- If you are not a U.S. Citizen the program will require a copy of your **Alien Registration Card or I-94 Card**. (both sides)
- If you are enrolled into the program you will be asked to provide **verification of your social security number**. If you do not have your Social Security Card you can also download an application from the Social Security Administration website at www.ssa.gov and take it plus verification of identity to your local social security office to get a duplicate card sent to you. (A paystub or W-2 would also be acceptable verification of the number for our purposes.)
- Read the Minnesota Data Practices Act handout and keep this form for your records.



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MINNESOTA DATA PRACTICES ACT

YOUR RIGHT TO PRIVACY

As an applicant for or participant in the YouthLEAD program, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

AUTHORITY TO COLLECT DATA

Workforce Solutions, as a recipient of federal and state funds, operates programs in Ramsey County to help eligible individuals in getting jobs or training for jobs. As part of its responsibilities as a recipient of these funds, Workforce Solutions and its vendors, HIRED, Lifetrack Resources, YWCA, AIFC, and HAP, are authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

PURPOSES AND USES OF DATA COLLECTED

The information asked for will be used by the program's staff to determine your eligibility for participation and to help you find a suitable job. The information will be entered into a record keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Employment & Economic Development, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only, and will not disclose any personal identifying information about you.

EFFECTS OF NON-DISCLOSURE

You may be asked to provide data that you are not required to give in order to qualify for job training services. Failure to complete these items will not adversely affect your eligibility. However, you are encouraged to complete all of the items in order to allow for a more complete assessment by staff.

Intentional misrepresentation of information about income or employment will result in termination from enrollment in any YouthLEAD program with Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP.

WAGE DETAIL FILES

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program.

After you leave the program, we will keep your file until state and federal laws let us destroy it.

SAVE THIS PAGE FOR YOUR RECORDS



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Section #1: PERSONAL INFORMATION

Name: _____ **Date:** _____
(Last) (First) (Middle)

Street Address: _____ **Apt #:** _____

City: _____ **County:** Ramsey **State:** _____ **Zip:** _____
Must be Ramsey County resident.

Home Phone: ____ ____ **Cell Phone:** ____ ____ **Message #:** ____ ____

Email address: _____ **Sex:** Male Female

Birth Date: ____ ____ **Current Age:** ____ **Social Security #:** ____ ____

How did you hear about our program? _____

Section #2: EDUCATIONAL STATUS

Educational Status:

I am in the _____ grade at _____ school.

I am a high school graduate (or received my GED) and plan to attend college or technical school.

I am a high school graduate (or received my GED) and plan to look for a job.

I did not complete high school and am not in school now. The last grade I completed was _____.

I am currently attending college. Name of college: _____ . Year _____

I will be attending Summer School. Are you missing any credits? Yes No If so, how many? _____

IEP: Have you ever had an IEP (Individual Education Plan) through your school? Yes No

Education	Name of School	Dates Attended	Last Grade Completed	Major
Junior High School				
Senior High School				
Post Secondary				

Section #3: EMPLOYMENT STATUS

Are you currently working? Yes No Part time Full time Temp

My last day of work was: _____ Are you eligible for or receiving unemployment insurance? Yes No

Number of weeks unemployed in last 6 months: _____



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Section #4: EMPLOYMENT HISTORY List your last four employers, starting with the most recent job.

<i>To-From Dates:</i>	<i>Name and Address of Employer</i>	<i>Wage & hrs/wk</i>	<i>Job Title</i>	<i>Supervisors Name</i>	<i>Reason for Leaving</i>

Section #5:

Ethnicity: ____ A person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture in origin, regardless of race

Race: *(check all that apply)*

American Indian/ Alaskan Native
 Pacific Islander/ Hawaiian Native

Asian
 White

African American/ Black
 Other _____

Citizenship Status: *(check one only)*

U.S. Citizen
 Registered Resident Alien I-94 # _____
 Non Citizen with work permit
 Refugee
 Other: Explain _____

Selective Service Registration: *If you are a male citizen, permanent resident alien, or refugee born on or after January 1, 1960, and are 18 years old or older, you are required to register with the Selective Service.*

I am currently registered with Selective Service. Selective service # _____
 I am required to register with Selective Service, but have not done so.
 I am not required to register with Selective Service.

Veteran Status:

I am a veteran. Active duty start date: _____ Active duty end date: _____
 I am not a veteran.

Section #6: FAMILY STATUS

Family Size: _____ *Include all relatives who are/or would be included on family tax return (include yourself).*

Living with:

Both Parents
 Mother
 Father
 On my own
 Foster Care
 Group Home
 Relative: _____
 Other: _____



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Section #7: MYP/ WIA PROGRAM ELIGIBILITY

Please check YES or NO to ALL of the categories. Documentation may be required.

- | | | | |
|-----|---|-----|---|
| Yes | No -- I have a PHYSICAL DISABILITY | Yes | No -- I am a PARENT OR PREGNANT (# of children _____) |
| Yes | No -- I have a MENTAL DISABILITY | Yes | No -- I am a FOSTER CHILD or live in a GROUP HOME |
| Yes | No -- I have a LEARNING DISABILITY | Yes | No -- I am an OFFENDER or in a DIVERSION program |
| Yes | No -- I have an EMOTIONAL DISABILITY | Yes | No -- I am HOMELESS or a RUNAWAY YOUTH |
| Yes | No -- I have an BEHAVIORAL DISABILITY | Yes | No -- I am a HIGH SCHOOL DROPOUT |
| Yes | No -- I am BEHIND 1 or more GRADES | Yes | No -- I am behind in READING and/or MATH SKILLS |
| Yes | No -- I have limited ENGLISH abilities | Yes | No -- I receive PUBLIC ASSISTANCE |
| Yes | No -- I am CHEMICALLY DEPENDENT | Yes | No -- I am a son/daughter of DRUG/ALCOHOL ABUSERS |
| Yes | No -- I am a POTENTIAL DROPOUT (<i>must fit at least one of the following</i>): | | |
| | poor school attendance | | 1 grade level below performance level for my age |
| | experienced homelessness | | parenting or pregnant |
| | dropped out and returned to school | | enrolled in a public alternative school |
| | assessed as chemically dependent | | juvenile offender/diversion program |
| | youth with a disability | | limited English abilities |
| | recognized by school staff to be experiencing academic or personal difficulties | | |

If you have checked yes to one or more of these categories you may be asked to have the attached Verification Form completed to verify YouthLEAD eligibility.

Section #8: FAMILY INCOME

Financial Assistance:

My family **DOES** receive the following types of assistance (add Maxis # where ** appear):

- | | | |
|---------------------------|----------------------------------|------------------------|
| MFIP/TANF Grant** | Child Support | Unemployment Insurance |
| General Assistance (GA)** | Food Stamps** | Free School Lunch |
| Social Security | Pension | Veterans Disability |
| Refugee Assistance** | Supplemental Security Income SSI | |

My family **DOES NOT** receive any financial assistance.

Family Income:

Please indicate the entire family income and sources for the last 6 months prior to date of this application.

This section must be completed unless youth can document that he/she provides more than 50% of his/her own support. Sources of income include: gross wages and tips, social security (indicate type), pensions, alimony, child support and other periodic income such as rental income and regularly paid insurance premiums.

<u>Name of family member</u>	<u>Relationship to you</u>	<u>Type of Income</u>	<u>Received in Past 6 months</u>
1. _____	Self (applicant)	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Total Amount: _____



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CERTIFICATION STATEMENT

I hereby give permission for this applicant to participate in YouthLEAD programs operated by Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP. I certify that the information that I have provided on this application is true to the best of my knowledge. I also understand that this information is subject to review for verification purposes, and that it will be used to determine my eligibility for the YouthLEAD Program. I further understand that the income information will be kept confidential and is subject to audit by program officials.

I understand that I am subject to immediate termination from the YouthLEAD Program if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury and forfeit any money earned but not yet received if, I have intentionally falsified information on this application. I also understand that false information regarding household size, age, and income may be subject to immediate termination and prosecution.

I understand that **completing this application does not guarantee** that I will be enrolled in the YouthLEAD program.

I have read and understand the **Minnesota Data Practices Act** explanation provided with this application.

SIGNATURE OF YOUTH APPLICANT Date

I give my consent for my daughter/son/ward to participate in the YouthLEAD program operated by Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP.

SIGNATURE OF PARENT/ LEGAL GUARDIAN Date

YouthLEAD staff signature Date

RECERTIFICATION

SIGNATURE OF YOUTH APPLICANT Date

I give my consent for my daughter/son/ward to participate in the YouthLEAD program operated by Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP.

SIGNATURE OF PARENT/ LEGAL GUARDIAN Date

YouthLEAD Staff Signature Date



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THIS SECTION IS TO BE COMPLETED BY SCHOOL or AGENCY OFFICIAL

*Please check the categories that apply to this student/applicant that you can verify according to your records.
 For verification purposes, a parent/legal guardian cannot complete this form.*

Name of Youth Applicant: _____ Date of Birth: _____

Social Security#: _____ Do your records verify this applicant's date of birth? Yes No

Reading grade level: _____ Test name: _____ Test date: _____

Math grade level: _____ Test name: _____ Test date: _____

PLEASE INITIAL ALL THAT APPLY TO THIS STUDENT

- | | |
|---|--|
| <input type="checkbox"/> Physical Disability (type) _____ | <input type="checkbox"/> Pregnant or Parenting |
| <input type="checkbox"/> Mental Disability (type) _____ | <input type="checkbox"/> Foster Child |
| <input type="checkbox"/> Learning Disability (type) _____ | <input type="checkbox"/> Homeless or Runaway Youth |
| <input type="checkbox"/> Emotional Disability (type) _____ | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Assessed as Chemically Dependent | <input type="checkbox"/> Child of Drug/Alcohol Abusers |
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> High School Dropout |
| <input type="checkbox"/> Youth Offender / Diversion Program | <input type="checkbox"/> Potential Dropout |
| <input type="checkbox"/> Receives Public Assistance | <input type="checkbox"/> Lives in a Group Home |
| <input type="checkbox"/> Education attainment is below one or more grade levels appropriate to age. | |
| <input type="checkbox"/> Pregnant/Parenting youth | |

If youth has a disability, please comment on how it is a barrier to employment: _____

I _____ certify that the above information is based on School/Agency Records
 (PRINT NAME)
 and is true to the best of my knowledge.

_____	_____	_____
School/ Agency Staff Signature	Title	Date
_____	_____	
Agency	Phone	