

CARVER COUNTY IN SCHOOL YOUTH APPLICATION (updated 3.8.2021)

Please Print—Fill out ALL SECTIONS COMPLETELY.

Social Security Number		Name (Last, First, MI)		Email address		
Street Address		Apt. #	City		Zip Code	
Home Phone	Cell Phone		Date of Birth		Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Ethnic Group: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White						

ARE YOU WORKING W/VOCATIONAL REHABILITATION SERVICES? *If so, please provide your worker's name and contact info. (phone and/or email) below:*

Name: _____
Phone: _____
Email: _____

CHECK THE FOLLOWING THAT APPLY:

- Enrolled in our program last year
- United States Citizen
- Registered with Selective Service

EDUCATION & TRAINING HISTORY

Current Education Status – Please Check one of the following:

- High school dropout, list **last school name and last date attended** _____
- Middle School / High School student **Name of School** _____
- Attending an Alternative education program **Name of School** _____
- High school or GED graduate –**Name of School + graduation date** _____
(submit copy of diploma or GED w/application)

Please list the highest grade completed if in school: _____

EMPLOYMENT HISTORY

Please list the jobs you've had, starting with your current or most recent job:

Employer: _____ City/State: _____ Job Title: _____

Dates of Employment: _____ to _____ Hourly Wage: _____ Hours per Week: _____

Reason for Leaving: _____

Employer: _____ City/State: _____ Job Title: _____

Dates of Employment: _____ to _____ Hourly Wage: _____ Hours per Week: _____

Reason for Leaving: _____

YOUTH APPLICATION – PAGE 2

These are questions we need to ask in order to determine if you might be eligible for the youth program. Everything you tell us will be kept private except when we are required by law to share the information.

PLEASE CHECK ALL THAT APPLY:

- Limited English-Speaking Proficiency:** Primary language is not English which may make it difficult to find a job or to keep one
- Teen Parent / Pregnant Teen:** Responsible for support of one or more children
- Single Head of a Household**
- Youth Offender (or adult if under age 24)**
- Foster Child**
- Chemically Dependent:** Past abuse of alcohol or drugs or child of chemically dependent parents
- Drug/Alcohol Treatment:** Ever been treated for drug/alcohol abuse
- You or your family receive:**
 - Supplemental Social Security – SSI, SSDI**
 - MFIP**
 - Food Stamps in the last 6 months**
 - General Assistance**
 - Refugee Assistance**
- Disabilities:** Mental, physical, emotional or learning which may be a barrier to employment
- Homeless or a run-away youth**
- School Drop-out**
- Has High School Diploma or GED**
- Veteran**

I certify that everything in this application is accurate and true to the best of my knowledge

Applicant Signature

Date

Parent / Guardian Signature (Required if youth is under 18)

Date

YOUTH INCOME VERIFICATION

(this page MUST be completed for eligibility determination!!)

These are questions we need to ask in order to determine if you might be eligible for the youth program. Everything you tell us will be kept private except when we are required by law to share the information.

Social Security Number _____ Youth Name _____

Including yourself, name the members of your family living in your household: **Family: One or more persons living in a single residence who are related to each other by blood, marriage or adoption.**

Number of People Living in Your Household _____

What was your approximate income in the last 6 months _____ X 2 = Annual Income _____

I certify that the information I have given is true to the best of my knowledge. I am also aware that some of the information I provided may need to be verified.

Youth Signature: _____ Date: _____

FAMILY INCOME VERIFICATION

These are questions we need to ask in order to determine if your child might be eligible for the youth program. Everything you tell us will be kept private except when we are required by law to share the information.

Including yourself, name the members of your family living in your household: **Family: One or more persons living in a single residence who are related to each other by blood, marriage or adoption.**

Number of People Living in Your Household _____

Name	Age	Relationship	Name	Age	Relationship
1.			5.		
2.			6.		
3.			7.		
4.			8.		

What was the actual income of all family members in the last 6 months? List source of income

Gross Wages: _____

Net self-employment income: _____

Capitol gains/losses: _____

Interest/Other Income: _____

TOTAL: _____ x 2 = **Annual Income:** _____

I certify that the information I have given is true to the best of my knowledge. I am also aware that some of the information I provided may need to be verified.

Parent Signature: _____ Date: _____

SUMMER YOUTH OPPORTUNITIES

If participating in Youth Build through SW Metro Co-op, there may be opportunities for academic credits that will assist youth in enhancing or improving academic skills. Check all that will apply to you and complete the paperwork listed below each area to ensure proper placement. *Carver County does not place youth at any site, youth must interview and be selected for employment by site supervisor!*

WORK OPPORTUNITIES

- (jobs listed are examples, may or may not be available, h/w and schedules will vary depending on work-site)

Check all the jobs you would be interested in applying for

- | | | |
|--|--|---|
| <input type="checkbox"/> Clerical/Office Aide | <input type="checkbox"/> Custodial Aide | <input type="checkbox"/> Library Aide |
| <input type="checkbox"/> Nursing Home Activities | <input type="checkbox"/> Outdoor Laborer | <input type="checkbox"/> Park Maintenance |
| <input type="checkbox"/> Child Care Aide | <input type="checkbox"/> Computer – data entry | <input type="checkbox"/> Other: _____ |

- Farm Work Experience – (Gale Woods Farm in Minnetrista)**

- Introduction to the world of work program
- Program tasks involving farm management, gardening, building and ground maintenance
- Introduction of procedures of working, such as following instructions, conflict resolution, communicating with co-workers or supervisors, completion of a time sheet, and problem solving

POSSIBLE ACADEMIC CREDIT OPPORTUNITIES

Note: The enrollee's credits are to be based on the number of hours the youth participates, completion of educational materials and skills learned from the work experience. **The number of credits may vary because they are dependent on the youth's school district policies. Credits are only available in certain subjects.**

- I am interested in participating in YouthBuild – 16 – 21 year olds (dates TBD) (8:30am – 3:30pm)**

- **Preference** – 17 & older needing credits to graduate
- **Youth should be interested in construction work!**
- Maximum credits given – 4 credits in an academic or elective area
- Site is in Chaska at the SW Metro Educational Cooperative

NOTE: If you do need credits – You must complete the following paperwork

- Carver County Summer Youth Application form
- Youth Eligibility Form (last 2 pages of application, to be filled out by school official)
- SW Metro Educational Cooperative short credit form (to be filled out by school official)
- Youth Build Referral form (to be filled out by school official)

Transportation: Transportation to worksite(s) is **NOT** provided. Check how you will get to the worksite.

- own car
- Ride from other
- Bike
- Walk
- Other: _____

YOUR PRIVACY RIGHTS

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This Act protects your privacy, but also lets us give information about you to others if a law requires it, and we tell you before we do it. This sheet tells why and when we will ask for and give information about you. It applies to all future contacts you have with this agency. Those contacts may be in person, by mail, or on the telephone.

WHY DO WE ASK FOR INFORMATION?

We may ask you for information so we can:

- Tell you from other persons by the same or similar name
- Decide if you can get money or services from us, and what or how much you can get
- Help you get medical, mental health, financial, employment & training or social services
- Collect money from the state or federal government for help we give you
- Decide if you can pay for any help you get
- Make reports, do research, audit and evaluate our programs
- Investigate reports of people who may lie about the help they need
- Decide about out-of-home care and in-home care for you or your children
- Collect money from other agencies, like insurance companies, if they should pay for your care
- Decide if you or your family needs protective services
- Comply with licensing requirements

DO YOU HAVE TO ANSWER THE QUESTIONS WE ASK?

Generally the law does not say you have to give us this information. Federal laws require that you give us your Social Security number if you want financial help or child support enforcement.

WHAT WILL HAPPEN IF YOU DO NOT ANSWER THE QUESTIONS WE ASK?

We need information about you to tell if you can get help from any program. Without some information, we may not be able to help you. It may be that we can help you but the help may be late or not enough. Giving us wrong information on purpose may result in investigating and charging you with fraud.

WHO MAY WE SHARE THE INFORMATION WITH?

We may give information about you to the following agencies, if they need it for investigations or to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share with these people sometimes. If you have questions about when we give these people information, ask your worker.

- Minnesota Department of Human Services and Carver County Community Social Services
- Other welfare offices, including child support enforcement office
- Mental health centers
- State hospitals or nursing homes
- Ombudsman for mental health and mental retardation
- Insurance company to check benefits you or your children may get
- Hospital if you, a friend, or relative has an emergency and someone needs to be contacted
- The Internal Revenue Service
- County Welfare Boards
- Minnesota Department of Public Safety
- Collection Agencies, if you do not pay fees you owe to us for services
- Potential or actual employer if you are involved in an employment and training program
- Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services, or the county social service agency
- U. S. Department of Health and Human Services
- U.S. Department of Labor and Minnesota Department of Labor and Industry

- U.S. Department of Agriculture
- Social Security Administration
- Minnesota Department of Jobs and Training
- Minnesota Department of Revenue, if you owe child support or a debt to medical assistance or to check income
- Credit bureaus
- Minnesota Department of Veteran Affairs
- Minnesota Department of Human Rights
- Others who may pay for your care
- County attorney, attorney general or other law enforcement officials, if your case is referred for investigation or prosecution
- Community food shelves or surplus food programs
- State and federal auditors
- Guardian
- Minnesota Historical Society
- Creditors, to tell them your wages cannot be garnished while you get financial help
- School District and other institutions of higher learning
- Local and state health departments
- American Indian tribe, if your children are Indian and in need of out-of-home placement or you are in need of employment or training
- Employees or volunteers of this agency who need the information to do their jobs
- Child or adult protection teams
- Multidisciplinary teams
- Your day care provider if you are receiving assistance under the child Care Fund

YOU HAVE THE RIGHT TO COPIES OF INFORMATION WE HAVE ABOUT YOU

- You may ask if we have any information about you
- If we have information about you, you may ask for copies. You may have to pay for the copies
- You may give other people permission to see and have copies of private data about you
- If the information is unclear, you may ask to have it explained to you

HOW DO YOU APPEAL IF YOU THINK INFORMATION IS NOT ACCURATE OR COMPLETE

- Your objection must be in writing and be sent to the head of this agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask your worker
- If you disagree with our answer to your objection, you can appeal to the Department of Administration. Ask your worker how to do this

NOTE: You cannot appeal to the Department of Administration about benefits denied to you. These are program appeals and must be made to the county human services agency.

WHAT PRIVACY RIGHTS DO CHILDREN HAVE?

If you are under 18, your parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data maybe shared with your parents if they ask for it.

If you have any questions about the information on this form, ask your worker.

Client Signature	Date
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DEPARTMENT OF LABOR AND INDUSTRY

AGE CERTIFICATE
(only fill out if under age 18)

Date _____

I hereby certify that _____ of _____
(Name of Minor) (Address)

Sex _____ Age _____ was born on _____ at _____
(Date) (Place of Birth)

the above-named minor is to be employed as _____ by Carver County Workforce Service Center
(Occupation)

602 E 4th Street, Chaska, MN 55318, GOVERNMENT
(Address) (Industry)

The evidence of age attached is: (Check)

- Birth certificate
- Baptismal certificate
- Other documentary evidence such as Passport (specify) _____
- School record

(Signature of Minor)

(Signature of Issuing Officer)

(Name of Parent or Guardian)

(Title of Issuing Officer)

“A SEPARATE EMPLOYMENT CERTIFICATE IS REQUIRED FOR MINORS UNDER 16 TO WORK ON REGULAR SCHOOL DAYS DURING SCHOOL HOURS.”

(Address and Town of Issuing Officer)

NOTE TO EMPLOYER: This certificate does not authorize employment contrary to the provisions of the Fair Labor Standards, the Walsh-Healy Public Contracts Acts, or Minnesota laws.

Carver County Community Social Services INFORMED CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby authorize
(Name of Individual)

Carver County Workforce Service Center to disclose to and/or exchange with _____
(Person or Organization making disclosure)

State of Minnesota / Media & Southwest Metro Cooperative the following information:
(Person or Organization to which disclosure is to be made)

- | | |
|--|---|
| <input type="checkbox"/> Admission notes | <input type="checkbox"/> Psycho/social assessment |
| <input type="checkbox"/> History and physical exam | <input type="checkbox"/> Vocational assessment |
| <input type="checkbox"/> Medication records | <input type="checkbox"/> Employment verification |
| <input type="checkbox"/> Treatment plans | <input type="checkbox"/> School records and reports |
| <input type="checkbox"/> Mental status exam | <input type="checkbox"/> Psychological testing |
| <input type="checkbox"/> Physician's orders | <input type="checkbox"/> Progress reports and notes |
| <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Employability development plan |
| <input type="checkbox"/> Family assessment | <input type="checkbox"/> Personnel records |

Other: End of Summer Youth Report & Photos; Newspaper Articles

for the purpose of Summer Youth Program Correspondence & follow- up procedures

I understand that my records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time and that in any event this consent expires automatically as described below. I understand that information maintained by the organization named above is limited to staff whose work assignments reasonably require access to such information within the purposes specified in the services provided.

I further understand that unless specified otherwise below, this Informed Consent will continue in effect during my participation or within one year, whichever is less, within the program for which disclosure of the above-described data is made.

If a specific expiration date other than the above, so state _____.

Executed this _____ day of _____, 20_____.

Signature of Client

If Client is minor or incompetent,
Signature of parent or guardian.

YOUTH ELIGIBILITY VERIFICATION (only fill out if IN SCHOOL YOUTH)

APPLICANT: _____ AGE: _____ DATE: _____

Take to your teacher or counselor to complete and RETURN **(NOT to be completed by student or parent)**

I, _____, permit information in my case file to be released to the Carver County Employment Counselor to determine my eligibility. I have been informed as to what information will be released, the purpose and use of the information and who will receive this information. I am aware that I have the right to refuse to release information.

APPLICANT SIGNATURE / DATE

Teachers/Counselors/Professional Staff:

MUST COMPLETE AND SIGN – Please check the appropriate barrier(s) listed for this youth. **The program requires reading and math grade levels of each applicant also; so please complete the information, sign & return to the student.**

- Teen Parent / Pregnant Teen:** responsible for support of one or more children
- Actual Dropout:** 16+ years old, not attending any school, no diploma or GED
- Potential dropout** (check one or more below that applies)
 - Poor attendance record
 - 2 Grade levels or more below students of the same age
 - 1 or more years behind in obtaining credits for graduation
 - Formally dropped out and returned to high school
 - Enrolled in a public alternative school or program
- Receiving assistance at school:** Compensatory Ed program, reading, math, etc.
- Free or Reduced lunch participant** (circle one)
- Chemically Dependent** or child of Chemically dependent parent(s)
- Disabilities: Check all that apply:**
 - Physical
 - Emotional or Behavioral
 - Receive Benefit Services?
 - Current non-504 IEP?
 - Previous non-504 IEP
 - Does not have an IEP?
 - Mental
 - Learning (EBD, LD, ADD, ADHD, MMH, etc.)
 - Receive Financial Services?
 - Current 504 IEP
 - Previous 504 IEP
- Youth Offender:** arrested, probation or diversion program
- Foster Child**
- Homeless youth or runaway youth**
- Youth with limited English proficiency**
- Youth or youth's family receives:**
 - Supplemental Social Security – SSI,SSDI
 - If you receive SSI, do you have a ticket to work?
 - MFIP
 - Food Stamps in the last 6 months
 - General Assistance
 - Refugee Assistance

Please explain how the Summer Youth Program will benefit this particular youth, any barriers to employment/special needs this youth may present, as well as any supportive services (i.e. linkages to community services, work attire costs, etc.) that would assist the youth.

ADDITIONAL INFORMATION REQUESTED ON BACK

STUDENT ACADEMIC SKILLS: *Please use Grade Level Format: i.e., 4.2, 10.6, etc. (**Reading / Math grade levels are mandatory, so if not completed, the youth's application will not be considered complete!**)*

Reading Grade Level: _____ Date Tested: _____

Math Grade Level: _____ Date Tested: _____

Tests utilized: _____

- Passed the Basic Grad Standards Test** **8th grade** **10th grade**
Date(s) Passed _____
- Student needs credits**
Classes student has failed and is in need of obtaining _____

COMMENTS: _____

SCHOOL OR AGENCY OFFICIAL'S SIGNATURE

TITLE

Printed Name

Date

Phone

Email Address

SCHOOL OR AGENCY OFFICIAL MUST SIGN