

MINNEAPOLIS EMPLOYMENT AND TRAINING PROGRAM YOUTH APPLICATION

(To be signed by parent or guardian – Proof Of Age Required – Print In Ink – Press Hard)

YOUTH APPLICANT (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		SOCIAL SECURITY NUMBER:	
ADDRESS (NUMBER AND STREET):				APT. NUMBER:	CITY:		STATE: ZIP CODE:
PHONE NUMBER: ()		CITIZEN OF UNITED STATES: <input type="checkbox"/> YES <input type="checkbox"/> NO, I-94 Number _____			HAVE YOU REGISTERED FOR THE SELECTIVE SERVICE: <input type="checkbox"/> NO <input type="checkbox"/> YES, Registration Number _____		
DATE OF BIRTH: / /	AGE:	SEX:	WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME, IF OTHER THAN ENGLISH?				
SCHOOL NOW ATTENDING:					LAST GRADE COMPLETED :		SCHOOL ID #:
IF NOT A STUDENT, GIVE WHEN AND WHERE LAST ATTENDED: MONTH & YEAR NAME OF SCHOOL:							
CHECK IF YOUTH IS: <input type="checkbox"/> Now enrolled in special education classes. (IEP/SP. ED. Certified Needed At Intake) <input type="checkbox"/> Now a Group/Foster Home Resident <input type="checkbox"/> Considered Disabled (Medical Statement Needed At Intake) The Group Home is Named: _____							

FAMILY SIZE AND INCOME

To determine eligibility for Minneapolis Employment & Training Youth Programs, we must have information about the applicant's living arrangements and total family income.

If no income, explain financial circumstances:

List name of applicant AND all household members, related by blood, marriage, or decree of court who now live or were living with the applicant during the past twelve (12) months AND are included in one or more of the following categories: A. a husband, wife & dependent children B. a parent or guardian & dependent children or C. a husband & wife.	Put a check (✓) if the people listed are still living with applicant now.	List their relationship to the applicant (i.e. father, brother, mother, sister, etc.)	List Ages	List each family member's total wages from job(s) for last twelve (12) months before taxes.
Applicant's Name:	Self	Self		\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

(*For CDBG only: Income from children under 18 is not included in total) ***TOTAL ANNUAL INCOME** \$

Do you participate in the **FREE Lunch Program**..... Yes No

INCOME FOR LAST TWELVE (12) MONTHS OTHER THAN WAGES: INDICATE AMOUNTS OF THOSE THAT APPLY OTHER INCOME

Monthly Total Amount	Income in this column (plus the wages listed above) are used to determine whether you are eligible for METP youth programs.	Monthly Total Amount	Income in this column (plus the wages listed above) are used to determine whether you are eligible for METP youth programs.
\$	Pension (including Veterans)	\$	Alimony
\$	Self Employment Earnings	\$	Income from Rental Property

WIA & MYP EXCLUDED INCOME (*For CDBG only: this income is included)

\$	MFIP/TANF/ General Assistance*	\$	Child Support*
	Case Number: Mo. & Yr. started:		Case Number: Mo. & Yr. started:
\$	Supplemental Security Income (SSI)	\$	Foster Child Allowance
	Case Number: Mo. & Yr. started:		Case Number: Mo. & Yr. started:
\$	Food Stamps	\$	Refugee Assistance Act of 1980
	Case Number: Mo. & Yr. started:		Case Number: Mo. & Yr. started:
IMPORTANT NOTE: By signing below, you attest that you have read and understand the statements on the back of this application.		\$	ReEmployment Insurance (unemployment)*
			Case Number: Mo. & Yr. started:

SIGNATURE OF PARENT OR LEGAL GUARDIAN (SELF IF 18 YEARS OR OLDER)	DATE
ADDRESS	PHONE NUMBER
SIGNATURE OF YOUTH APPLICANT	DATE

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Statement for Youth Applicant

USE OF YOUR DATA

Please read. If you need help with or do not understand this form, please alert a staff person.

Purpose: The purpose of this statement is to tell you how we may use the information from your application and participation in this program. It also tells you with whom we may share this information and what will happen if you choose not to provide it. After you have read and understood this statement, please sign on the reverse side to show that you received this statement.

I. Program Information

- A. **Why we are asking for your information:** To help us decide whether you are eligible for the programs for which you are applying and what other services you may need to become self-sufficient.
- B. **How we plan to use the information:** We may use the information to prepare required reports, conduct audits, review eligibility, and to find out how the programs are helping you.
- C. **With whom may we share this information:** We will share this information with staff for the purposes of performing their official duties of eligibility determination and of monitoring. The staff will be from the Minnesota Department of Employment and Economic Development (DEED), from federal, state and local employment and training providers, and from state and local welfare agencies.
- D. **If you do not provide this information:** You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for our programs and may not be able to help you. Providing false information to us can lead to removal from the program

II. Wage Detail Files

A separate release form describes how DEED will be using your wage and employment information from its wage detail files to prepare required reports, conduct audits, review eligibility, and to find out how the programs are helping you.

III. Social Security Number

You do not have to provide us with a Social Security Number to be eligible for our programs. The Federal Privacy Act and the Freedom of Information Act dictate the use of the Social Security Number. We may use the number for computer matches, program reviews and improvements and audits. After you leave the program, the data will be kept until state and local laws, rules and regulations require that they be destroyed.

Parent Permission Statement

I hereby give permission for my son, daughter, or ward to participate in activities of the Minneapolis Employment and Training Program (METP) that may lead to employment and training opportunities. I understand that youth participants will be referred to various non-city agencies and/or private sector employers. Although public transportation may be provided to the participant to go to the location of the agencies and/or employers, I understand that the City of Minneapolis will not supervise the youth participant at those times. I voluntarily release the City of Minneapolis from any and all liability based on claimed negligence at times when the youth participant is not under the supervision of the City of Minneapolis. I further state that I have read this application and that it is accurate and complete to the best of my knowledge. I agree to provide, if requested, any documentation necessary to verify information on this form or I authorize the City of Minneapolis or its providers to verify information provided, if necessary. I also give my permission to the Minneapolis Public Schools to release benchmark tests and other information to METP as required for participation in Youth Employment Programs. WARNING: Section n1001 of Title 18 of U. S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U. S. as to matters within its jurisdiction.

AN EQUAL OPPORTUNITY EMPLOYER