



City of Milford, Connecticut

- Founded 1639 -

150 Gulf Street - Milford, CT 06460-3317
Tel 203-783-3243 FAX 203-783-3692

Employment and
Training Administration

TO: All participants interested in the Summer Youth Program

FROM: City of Milford Employment and Training

DATE: April 1, 2024

RE: Eligibility Guidelines

The City of Milford Employment and Training Office is now accepting applications in anticipation of funding for the Summer Youth Work Experience Program. Eligibility guidelines apply and are as follows:

- * Applicants must be in school youth between the ages of 14 and 21 years old.
- * Applicants must meet income criteria including but not limited to; receiving public assistance, **food stamps**, unemployment compensation, **free or reduced lunch OR**
- * Be in special education classes, use a resource room; or have a disability (as documented by the Board of Education or personal physician).

Due to limited funding, there is the possibility of more applicants than slots available. Therefore, all eligible candidates may be put into a lottery to determine selection for participation.

The program will **tentatively** run for 6 weeks for 20 hours per week. Participants are paid minimum wage, which will be \$15.69 per hour.

Applications and applicable forms are available online at ci.milford.ct.us under Milford Employment and Training.

Completed applications are due on June 07, 2024 and can be mailed or delivered to a drop box at Milford Employment & Training Administration at 150 Gulf Street, Milford, CT 06460.

2024 CT SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION INSTRUCTIONS

Name of Applicant _____

Dear Youth, Parents and Legal Guardians:

Please read the entire application carefully before submitting. The 2024 CT Summer Youth Employment Program is intended to provide early work experiences, career exploration, leadership development, mentoring (in person or virtual) for young people ages 14-24 that may not otherwise have this opportunity. There are limited opportunities available in the summer program. Please note that completing this application does not guarantee a placement

THIS APPLICATION MUST BE SIGNED BY APPLICANT AND A PARENT IF YOU ARE UNDER THE AGE OF 18.

Please print clearly in ink. Answer each question carefully and do not leave any blank spaces as incomplete applications will not be accepted.

You will need to provide the following information with this application:

- 1) **Copy of Birth Certificate, or other proof of age**
- 2) **Copy of Social Security Card** - If you do not have a Social Security card, you must bring your birth certificate plus proof of identity to the local Social Security Administration office and apply for a card. This process can take upwards of two weeks to complete. Please plan accordingly.
- 3) **Documentation of all income in your household (anyone that lives with you in the household)**
 - A. Public Assistance ~ a copy of the most recent budget sheet or letter verifying benefits received from the Department of Social Services
 - B. Unemployment Compensation ~ a copy of the Unemployment Compensation Benefits grant letter (not form UC-58AB)
 - C. Social Security ~ a copy of the most recent SSD or SSI grant letter or monthly check
 - D. Employment ~ copy of the last four (4) paystubs for you or any family member employed within the last six (6) months.
- 4) **Documentation of a disability (if applicable)**
- 5) **If you are a male 18 or older proof that you have registered for Selective Service**
(If applicant is required to register go to sss.gov and do so. Print confirmation).
- 6) **Family Information section (p. 3—household composition) must be completed entirely.**
- 7) **SOME of the positions to be filled require COVID vaccinations. Examples may include childcare assistant, hospital workers, nurses aides, etc. If you are interested in one of these positions, please include a copy of your COVID vaccination card along with your completed application.**

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Street Address _____ Apartment/Floor #: _____

City _____ State CT Zip _____ SS# _____ - _____ - _____

Home Phone#: _____ - _____ - _____ Cell Phone : _____ - _____ - _____

E-mail Address: _____

School _____ Grade _____

Date of Birth ____/____/____ Age _____

Gender: (Please circle) Male Female Transgender/DK/Ref./Other

Are you head of household? (Please circle): Yes No

Race: (please circle) Black Native American White Asian/Pacific Islander Other Don't Know/Refused

Ethnicity: (please circle) Hispanic/Latino Non-Hispanic/Latino Other Don't Know/Refused

Disability (please circle) Yes No If yes please describe: _____

Citizenship Status: Are you a U.S. Citizen? (please circle) Yes No

Have you Registered for Selective Service? (please circle) Yes No Not Applicable

**If Male and 18 or above go to sss.gov for registration and print for confirmation. Provide with application.*

Education Status (please circle) Student, High School or Less Student, Post HS Dropout HS Graduate

Eligible for free or reduced school meals program (please circle) Yes No (If yes, provide proof)

Eligible for TANF (please circle) Yes No (If yes, provide proof)

Family receives SNAP (Formerly Food Stamps) (please circle) Yes No (If yes, provide proof)

Foster Child or Ward of the State (please circle) Yes No

DCF Case Manager _____ Phone # _____

DADS Case Manager _____ Phone # _____

CSSD Case Manager _____ Phone # _____

BARRIERS TO EMPLOYMENT (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Offender | <input type="checkbox"/> Homeless | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Runaway youth | <input type="checkbox"/> Basic literacy Skills Deficient | <input type="checkbox"/> Limited English |
| <input type="checkbox"/> Pregnant or parenting | <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Other Barrier |
| <input type="checkbox"/> Substance Abuse History | | |

Do you require any special assistance or accommodation in order to perform the duties of the worksite? (please circle) Yes No
If Yes, please describe _____

Are you attending summer school? (please circle) Yes No If yes please list hours: _____

FAMILY INFORMATION

*Various funding sources have different guidelines. Please complete this section.

HOUSEHOLD COMPOSITION

*Please list everyone that lives in your household

[illegible]

Make sure to sign the back page (Parent/Guardian if required and student/applicant).

SIGNATURE PAGE

Registrant Attestation and Release

I certify that the statements made by me on this application are voluntary, true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatements of facts, I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, Federal or State regulations. I understand and authorize the release of the information to the Workforce Alliance's Summer Youth Employment and Training Program, the authorized entity and partner agencies for regulatory and internal processes associated with determining employment eligibility and payroll procedures.

Code of Conduct Statement

If selected to the program, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at my worksite, I agree to: 1.) Report to work on time; 2.) Refrain from the use of profanity or foul language; 3.) Refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; 4.) Wear appropriate clothing (*i.e., no excessive jewelry, revealing clothing, do-rags/ bandanas and/or any other clothing deemed unacceptable by my worksite supervisor*); 5.) Refrain from the use, purchase or possession of any drugs or alcohol; 6.) Refrain from theft or possession of any stolen property; 7.) Refrain from any discriminatory behavior towards another individual based on race/ethnicity, economics, disability, religion or sexual preference.

Civil Rights Law

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your Registration. By providing this information, you will assist in assuring that this program is administered in a non-discriminatory manner. This program or activity is an equal opportunity employer/program and auxiliary aids and services are available upon request.

Student (Registrant) Signature - Date

Parent/Guardian Signature - Date

City of Milford
Employment and Training
150 Gulf Street
Milford, CT 06460
Phone: (203) 783-3243
Fax: (203) 783-3238

To: Summer Youth Employment Program

Re: Documentation for **Free or Reduced Lunch** and residency

According to our school records, _____,
Student Name

School ID Number: _____

Who resides at _____
Complete Address: Street, City, State and Zip

Is currently a student in our school system eligible to receive free or reduced lunch under the National School Lunch Act for the current school year.

Sincerely,

Signature of School Official

Title

Date

Addendum A: Sharing Information with Other Programs

Dear
Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced-price School Meals/Milk Application may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. Note: Submitting this form will not change whether your children get free or reduced-price meals or free milk.

NO, I do not want
information from my
Free and Reduced-
price School
Meals/Milk
Application shared
with any of these
programs.

YES, I do want school officials to share information from my Free and Reduced-price School Meals/Milk Application with the programs checked below. Check all that apply.

High School PSAT/SAT/ACT/Advanced Placement

C] Milford Public Schools Summer Program

High School Summer Youth Program

If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

Please Print

Child's name:

School:

Child's name:

School:

Parent/guardian name:

Address:

City:

State:

Zip:

Signature of parent/guardian:

Date:

For more information, please call Milford Food Services at 203-783-3490. Return this form to Milford Public Schools, Food Services Department, 70 West River Street, Milford, CT 06460.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Student Name: _____ Date of Birth: _____

Address: _____

School: _____

Please be advised that the student listed has been identified as an individual who requires additional assistance to complete an educational program, or to secure and hold employment including an individual with a disability.

The Primary Disability of this student as identified on the PPT Cover Page document published by the student's school district in accordance with the CT State Department of Education, Bureau of Special Education document titled 'IEP Manual and Forms', January 2006 is indicated as follows:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Speech or Language Impaired | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> OHI - ADD/ADHD |
| <input type="checkbox"/> Developmental Delay (ages 3-5 only) | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visual Impairment | |

Verified by: Printed Name

Signature

Title

School District

Date

WASPED FORM

Delivering Employment Solutions

Serving the communities and businesses of Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Portland, Wallingford, West Haven, Westbrook, and Woodbridge. A CTWorks Partner.