

**Mahoning County Department of Job and Family Services
TANF SUMMER YOUTH EMPLOYMENT PROGRAM**

Name of Parent/Guardian _____ Case Number _____

Street Address _____ Date of Application _____

City, State, Zip _____ Phone Number _____

School _____

List all household members below:

NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	AGE	DOB
1.		Parent/Guardian		
2.		Youth		
3.				
4.				
5.				
6.				
7.				

DO YOU HAVE TRANSPORTATION? _____

DO YOU HAVE ANY ALLERGIES OR RESTRICTIONS TO WORKING OUTSIDE? _____

* Placement is based on eligibility and the needs of the Employer

YOUTH SIGNATURE _____ DATE _____

* By signing this application, I also give my consent to register the above-named youth in OhioMeansJobs

PARENT/GUARDIAN SIGNATURE _____ DATE _____

AGENCY USE ONLY

TANF GUIDELINE - COMPARE to 200% FPL: APPROVE: _____ DENY: _____

DENIAL REASON: _____

CASE MANAGER: _____ DATE: _____

Mahoning County Juvenile Court

TANF SUMMER YOUTH EMPLOYMENT PROGRAM – 2021 JJC Pre-Application

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM

Applicant Information

Name: _____ Soc. Sec. # _____

Birthdate: _____ Age: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Race: American Indian/Alaskan Native Asian/Pacific Islander Black (Not of Hispanic origin)
 White (Not of Hispanic origin) Hispanic Decline to Self-Identify

Parent/Guardian Information

Name: _____ Relationship: _____

Address (if different from applicant): _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Documents Required with Application

- Social Security Card
- Driver's license / State ID card or Report Card (for persons under 18 who do not have a State ID)

*****These documents are required for the youth applicant upon submission of application*****

Education

What school do you currently attend: _____?

If not attending school, last school attended: _____ Last grade completed: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address (if different from applicant): _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Documents that will be required prior to employment

- Direct Deposit checking or savings account
- Minor Work Permit issued by home school

Referred to the program by: _____

Applicant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____