



3. EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name _____

Phone _____ Relationship to Youth _____

4. DEMOGRAPHIC INFORMATION

Date of Birth ____/____/____ **Youth must be at least 14 years old and no older than 24 years old by 7/1/2024.*
MM/DD/YYYY

Social Security Number *** - ** - ____ Gender Male Female Other
(Last 4 digits Only)

What is your race? Please check **all** that apply.

- Black Asian American Indian or Alaska Native
- White Some other race Native Hawaiian or Other Pacific Islander

Are you Hispanic or Latino? Yes No

5. PROGRAM HISTORY

Have you ever participated in the CYEP?

Yes No When _____ Where: _____

Are you currently employed? _____ If yes, where?

6. CAREER INFORMATION

WORK EXPERIENCE, SKILLS, INTERESTS OR PERSONAL ATTRIBUTES THAT YOU HAVE:

ADDITIONAL INFORMATION: ARE YOU CURRENTLY ENROLLED IN ANY OF THE FOLLOWING?

- DEPARTMENT OF CHILDREN AND FAMILIES
- LEVEL UP/BUREAU OF REHABILITATION SERVICES/AGING AND DISABILITY SERVICES



- CURRENT 504 OR IEP
- JUVENILE JUSTICE
- YOUTH MANUFACTURING PIPELINE INITIATIVE
- JET/OUT OF SCHOOL YOUTH PROGRAM OR COOL DIRECTIONS/IN SCHOOL YOUTH PROGRAM
- OTHER VOCATIONAL PROGRAMMING: _____

REFERENCES:

Please list people who have closely observed your work as an employee or student.

Name	Position	Address	Telephone

7. PROGRAM QUALIFICATION (TO BE COMPLETED WITH A PARENT/GUARDIAN)

**** Only complete this section if you do not qualify for free or reduced lunch and school does not meet 40% of CEP ****

Check here if you receive SNAP (food stamps) and/or TANF. Attach proof to this application.

Family income	\$ _____	185% Federal Poverty Level ¹	
		Family size	Income
Family size (number of family members)	_____	1	\$27,861
		2	\$37,814
		3	\$47,767
		4	\$57,720
		5	\$67,673
EWIB Partners may verify your eligibility during the application process or during the program. This includes requesting documentation such as pay stubs to verify that the above information is correct.		6	\$77,626
		7	\$87,579
		8	\$97,532

¹ This chart represents the maximum income levels for a family to qualify and or participate in the minimum level subsidized school meal program. For a family size over 8 add \$9,953 per family member.

OR Complete below if applicable:

DCF eligibility: Include name and contact information of DCF case worker below.

Level Up eligibility: Include name of Level Up Counselor below.

Juvenile Justice eligibility: Include name and contact information of Probation Officer below.



PLEASE READ CAREFULLY BEFORE SIGNING

I understand and authorize the release of this information to the Eastern CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), for regulatory and internal processes associated with employment, payroll, and funding. I certify that all of the information in this application is true and correct to the best of my ability and that all income is reported. I understand that the Eastern CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), may verify any information contained in this application. I understand that this application must be submitted with the required forms and copies of supporting documentation.

CHECKLIST: The following documents are required for your application to be complete.

Copies of the following documents must be attached to this application:

- Social Security Card (signed copy)
- United States Birth Certificate or Permanent Resident Card, if born outside the United States (copy)
- Unofficial school transcript -- if attending high school
- Proof of Eligibility (part 7 of application)
- Photo Identification (if you are 18 years of age or older)
- Applicant and Parental signatures required on pages 4, 5, 6 and 7

Applicant's Signature

Date

Parent/Legal Guardian's Signature

(Required, if applicant is under 18 years old)

Date

**Please contact one of the staff listed below when you have completed your application.
DO NOT e-mail your application and documents**

Danielson Office: Kat Lorange, EASTCONN, 562 Westcott Road, Danielson, CT 06239, 860-949-6510
klorange@eastconn.org

Serves the following towns: Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Woodstock

New London Office: Cindy Alvarez, New London Youth Affairs, 111 Union St, New London, CT 06320, 860-442-4994 jalvarez@newlondonct.org

Serves the following towns: East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Salem, Stonington, Waterford

Norwich office: Jessica Heikila, Norwich Youth, Family and Recreation Services, 75 Mohegan Road, Norwich, CT 06360 860-823-3782 Ext. 3482, jheikila@sy.eastconn.org

Serves the following towns: Bozrah, Colchester, Franklin, Griswold, Lisbon, Montville, Norwich, Preston, Sprague, Voluntown

Willimantic Office: Kelsie Rivera, EASTCONN, 1320 Tyler Square, Willimantic, CT 06226, 860-428-3789
krivera@eastconn.org

Serves the following towns: Ashford, Chaplin, Columbia, Coventry, Lebanon, Mansfield, Willington and Windham



Statement / Photo Release

Eastern CT Workforce Investment Board

108 New Park Avenue
Franklin, CT 06254

I hereby give my consent to the Eastern CT Workforce Investment Board (EWIB) a non-profit organization, and its cooperating agencies (EASTCONN, Norwich Human Services and New London Youth Affairs), its legal representatives, successors and assigns, employees and any person acting with its permission, upon its authority or on its behalf, to use my name, voice, verbal statements, and portrait or picture (motion or still) for advertising purposes, for purposes of trade, public information, or for any lawful purpose whatsoever.

Printed Name

Applicant's Signature

Address, city, state, zip

Date

Parental Consent required if youth under 18 years old

Parental Consent:

I hereby certify that I am the parent and/or guardian of _____ a minor under the age of eighteen years and I hereby consent that any statements and/or photographs which have been, or are about to be made of my above named minor by the EWIB and its cooperating agencies (EASTCONN, Norwich Human Services, and New London Youth Affairs), may be used by the EWIB and its cooperating agencies (EASTCONN, Norwich Human Services, and New London Youth Affairs), for the purposes set forth in original release hereinabove, signed by the minor, with the same force and effect as if executed by me.

Parent or Guardian Signature

Address

Date



SCHOOL RECORD

2024-2025 (July 1, 2024-June 30, 2025)

CT YOUTH EMPLOYMENT AND TRAINING PROGRAM REQUEST FOR RELEASE OF RECORDS

To be completed by student and parent/guardian:

I hereby give permission for _____ to release copies
Applicant's current school

of the school records of _____ to the
Applicant's name

CT Youth Employment Program (CYEP) for the purpose of his/her employment application. Such records include, but are not limited to, verification of enrollment in-school, proof of free/reduce lunch eligibility and proof of residency/address. I understand that all records provided to the CYEP will be maintained on a confidential basis.

Applicant's Signature

Date

Parent/Guardian Signature
(Required, if applicant is under 18 years old)

Date



MEDICAL RELEASE FORM

2024-2025 CT YOUTH EMPLOYMENT AND TRAINING PROGRAM

This form will cover all 2024-2025 (July 1, 2024-June 30, 2025) CYEP activities.

Name: _____

Date of Birth: _____

Home Address: _____

Parent/Guardian Name: _____

Parent/Guardian Work Telephone Number: _____ Home/Cell Number: _____

Emergency Contact: _____ Telephone Number: _____

Family Physician: _____ Telephone Number: _____

Insurance Company: _____ Policy Number: _____

I give permission for _____ to participate in all CYEP activities and field trips. I understand that the CYEP staff may, if necessary for my child's health, have him/her hospitalized or use outside medical aid in case of an emergency. This treatment would be at the parent/guardian's own expense.

List any allergies and specify degree and severity:

Please describe any work restrictions or health concerns that may hinder work activity:

Please list any medications that will accompany your child to the site or during any CYEP activity. (Youth must be able to administer medication to him/herself).

<u>Name of Medication</u>	<u>Dosage</u>	<u>How Often</u>

Applicant's Signature

Date

Parent's/Guardian Signature

Date

(Required, if applicant is under 18 years old)