

**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 – 2022 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: \_\_\_\_\_