

**Texas Workforce Commission**

**Subsidized Summer Youth Employment  
Program**

**Implementation Guide**

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# **Subsidized Summer Youth Employment Program**

## **Part A – Eligibility and Low-Income Requirements**

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As detailed in WD Letter 16-10, Local Workforce Development Boards (Boards) must document the eligibility of youth participating in the Subsidized Summer Youth Employment Program (SSYEP), and served with American Recovery and Reinvestment Act (ARRA) of 2009/Temporary Assistance for Needy Families (TANF) Emergency Contingency Funds (ECF).

Part A of this guide provides:

- information on eligibility and low-income requirements; and
- procedures for documenting and verifying eligibility.

### **Eligibility Requirements**

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To be eligible to participate in SSYEP, a youth must meet the following eligibility requirements:

- Youth is 16 through 24 years of age.
- Youth is a U.S. citizen or a noncitizen authorized to work in the United States.
- Youth is defined as low income.
- Youth is not a foster youth.

### **Documenting and Verifying Eligibility**

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#### **Age**

Youth must be 16 through 24 years of age on the first day of subsidized employment, regardless of age at eligibility determination. If youth become 25 years of age before the first day of subsidized employment, they do not meet the age eligibility requirement.

#### **Authorized to Work in the United States**

Youth must be citizens or noncitizens authorized to work in the United States. They must:

- provide acceptable documentation verifying they are authorized to work in the United States; or
- complete the Citizenship/Eligible Noncitizen Status and Authorization to Work form, available in this guide in *Part C, Eligibility Documentation Forms*.

This form includes a list of acceptable documents for verifying a job seeker's authorization to work in the United States. Instructions for completing and maintaining the form also are available in Part C.

### **Low Income**

To participate in SSYEP, youth must:

- reside with family members; and
- be low income.

### *Family Member Qualification*

A youth is considered to reside with family members if the youth is:

- a member of, and resides in, a household with a parent, legal guardian, or adult relative\*, where the household consists of two or more persons related by blood, marriage, or decree of court, who are living in a single residence;
- a pregnant or parenting youth age 16–24;
- a noncustodial parent\*\* age 16–24; or
- married and living in a household with his or her spouse.

\*Adult relative includes:

- father or mother, including the “step” relationship;
- grandfather or grandmother, including “step” relationship, extended to the degree of “great-great-great”;
- brother or sister, including “step” relationship;
- uncle or aunt, extended to degree of “great-great”;
- niece or nephew, extended to degree of “great-great”; and
- first cousin, extended to degree of once removed.

\*\*A noncustodial parent is a parent who does not have physical and/or legal custody of his or her child by court order.

Boards may use self-attestation to document whether a youth is residing in a household with a parent, legal guardian, or adult relative.

### *Low-Income Qualification*

Applicants who meet any one of the following criteria qualify as low income:

- Household receives TANF benefits.
- Household receives Supplemental Nutrition Assistance Program (SNAP) benefits.
- Youth receives Children's Health Insurance Program (CHIP) benefits.
- Youth receives Medicaid benefits.
- Household receives subsidized child care through the Child Care and Development Fund (CCDF).
- Household is eligible for or receives subsidized public housing assistance.
- Household participates in the U.S. Department of Agriculture Food and Nutrition Services' Women, Infants, and Children (WIC) program.
- Youth receives free or reduced-cost school lunch.

- Youth is eligible for, or enrolled in, Workforce Investment Act (WIA) youth services.
- Youth whose family income is 200 percent of or below the U.S. Department of Health and Human Services' (HHS) Poverty Guidelines or the U.S. Department of Labor's (DOL) Lower Living Standard Income Level.

Boards may establish more restrictive standards for determining low-income status. For example, if the local school district does not assess family income to determine eligibility for free or reduced school lunch, the Board may choose not to allow receipt of free or reduced school lunch as a criterion for low-income qualification.

## **Documenting and Verifying Low Income**

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### **Household Receives TANF Benefits**

If using this criterion, the household must be determined eligible for, or already be receiving, TANF benefits. The youth must be named on the grant.

### **Household Receives SNAP Benefits**

If using this criterion, the household must be determined eligible for, or already be receiving, SNAP benefits. The youth must be named on the grant.

### **Youth Receives CHIP Benefits**

If using this criterion, the youth must be determined eligible for, or already be receiving, CHIP benefits.

### **Youth Receives Medicaid Benefits**

If using this criterion, the youth must be determined eligible for, or already be receiving, Medicaid benefits.

### **Household Receives Subsidized Child Care through CCDF**

If using this criterion, the household must be determined eligible for, or already be receiving, subsidized child care through CCDF.

### **Household Is Eligible for or Receives Subsidized Public Housing Assistance**

If using this criterion, the household must be determined eligible for, or already be receiving, subsidizing public housing assistance. If the household is eligible for subsidized public housing assistance, the eligibility must be current.

### **Household Participates in WIC**

If using this criterion, the household must be determined eligible for, or already be receiving, WIC services.

### **Youth Receives Free or Reduced-Cost School Lunch**

If using this criterion, the youth must have received free or reduced-cost school lunches during the 2009–2010 school year.

**Youth Is Eligible for, or Enrolled in, WIA Youth Services**

If using this criterion, the youth must be determined eligible for, or already be enrolled in, WIA youth services. Youth determined eligible for WIA youth services using the Five Percent Eligibility Exemption, and disabled youth considered a family of one for WIA income determination purposes, are included in this criterion. Youth receiving WIA youth follow-up services qualify for this criterion if the period of participation (POP) has not officially closed (90 days with no qualifying service). WIA eligibility expires when the POP [associated with the *WIA Program Detail* in The Workforce Information System of Texas (TWIST)] officially ends. The youth must be part of a family and not have applied for WIA youth services as a family of one, with the exception of disabled youth who are considered a family of one for income determination purposes.

**Youth Whose Family Income Is 200 Percent of or below HHS's Poverty Guidelines or DOL's Lower Living Standard Income Level**

If using this criterion, the youth must receive an income or be a member of a family receiving an income that, in relation to family size, is not in excess of the current combined 200 percent of HHS's Poverty Guidelines and DOL's Lower Living Standard Income Level, included in *Part D, Income Guidelines*.

*Family Size*

A youth's family includes all persons related by blood, marriage, or decree of court, who are living in a single residence.

To determine family size, use the Self-Certification of Family Status form, included in *Part C, Eligibility Documentation Forms*.

If a youth claims, for the purpose of defining his or her family, to be in a common-law marriage, Boards must ensure that written attestation affirming this fact is obtained from both parties. Texas Family Code §1.91 et seq. requires that individuals in an "informal" marriage (i.e., common-law marriage) be at least 18 years of age.

For purposes of family income determination, Boards must not consider a youth a family of one.

*Determining Income*

The income guidelines are based on 13 weeks of income. Income needs to be collected only for 13 weeks. To calculate the 13-week eligibility period:

1. Not counting the current month, count back three months from the application date.
2. Find the same week of the month and the same day of the week as the application date.
3. This is the beginning of the 13-week period. The end of the 13-week period is the day before the application date.

Boards must use this 13-week eligibility period to determine an annual income. To calculate the annual income:

- determine the income for the 13-week period; and
- multiply the 13-week period income by 4.

#### *Excluded Income*

For the purpose of determining income eligibility, the following are excluded from income:

- Unemployment insurance benefits
- Needs-based scholarship assistance
- Financial assistance under Title IV of the Higher Education Act—Pell Grants, Federal Supplemental Educational Opportunity Grants and Federal Work Study, PLUS, Stafford, and Perkins loans—which is debt and not income
- Child support payments
- Cash welfare payments (including TANF, Supplemental Security Income, Refugee Cash Assistance, General Assistance, emergency assistance, and general relief)
- One-time income received in lieu of TANF cash assistance
- Income earned while a veteran was on active military duty and certain other veterans' benefits (compensation for service-connected disability, compensation for service-connected death, vocational rehabilitation, and education assistance)
- Regular payments from Social Security, such as Old-Age and Survivors Insurance
- Lump sum payments received as assets in the sale of a house, where the assets are to be reinvested in the purchase of a new home
- Payments received as the result of an automobile accident insurance settlement that are being applied to the repair or replacement of an automobile
- Foster care payments
- Any withdrawal from an Individual Development Account for the purchase of a home, medical expenses, or educational expenses
- One-time cash payment, including tax refunds; loans, which are debt and not income; one-time insurance payments; gifts; and lump sum inheritances
- Noncash benefits such as employer-paid fringe benefits, food, or housing received in lieu of wages, Medicare, Medicaid, SNAP benefits, school meals, and housing assistance

*Note:* When a federal statute specifically provides that income or payments received under such statute must be excluded in determining eligibility for the level of benefits received under any other federal statute, such income or payments must be excluded in SSYEP eligibility determination (e.g., adoption subsidies).

Include any income that is not specifically excluded from income above.

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# **Subsidized Summer Youth Employment Program**

## **Part B – Eligibility Documentation Log**

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To assist Local Workforce Development Boards (Boards) in ensuring compliance with Subsidized Summer Youth Employment Program (SSYEP) requirements, the Texas Workforce Commission has developed a log that Boards must use to verify youth eligibility and to record documentation sources.

### **General Instructions**

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The procedures and documentation log included in this section have been developed to help Boards comply with SSYEP documentation and verification requirements. Determination of a youth's eligibility is based on the documentation collected to verify eligibility prior to enrollment in SSYEP. Hard or electronic copies of the documentation identified on the documentation log are required. Boards must ensure that all documentation is retained in the youth's file.

Boards are not required to use this documentation log form. Boards can create their own documentation log form; however, all required data elements must remain the same.

#### **Application Date**

Record the month, day, and year the application process was started.

#### **Eligibility Determination Date**

Record the month, day, and year the applicant was determined eligible.

#### **Name**

Record the job seeker's last name, first name, and middle initial.

#### **Sources of Documentation**

Only acceptable documents listed in the log (e.g., birth certificate, ID card, letter) can be used to determine eligibility.

Because the burden of proof and the responsibility for eligibility lies with the Boards, Boards must be aware that liability for ineligible participants increases each time an alternative source is used.

Boards must ensure that Texas Workforce Center staff:

- completes the documentation log;



- checks the box to the left of each document collected and used in verifying a youth's eligibility; and
- verifies eligibility before a youth participates in SSYEP.

**Texas Workforce Center Staff Signature and Date**

Sign and date where indicated.

**Reviewer's Signature and Date**

Sign and date where indicated.

# Subsidized Summer Youth Employment Program Documentation Log

Application Date: \_\_\_\_\_

Eligibility Determination Date: \_\_\_\_\_

Name: \_\_\_\_\_

Eligibility Requirements	Acceptable Documentation
Date of Birth/Age (16 to 24)	<input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214, Report of Transfer or Discharge Paper <input type="checkbox"/> Driver License <input type="checkbox"/> Federal, State, or Local Government ID <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> School Records/ID Card <input type="checkbox"/> Work Permit
Authorized to Work in the United States	<input type="checkbox"/> Citizenship/Alien Status Authorization to Work Form <input type="checkbox"/> Alien Registration Card Indicating Right to Work (INS Form I-151, I-94, I-6888A) <input type="checkbox"/> Baptismal Certificate (if place of birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214, Report of Transfer of Discharge (if place of birth is shown) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Records (if place of birth is shown) <input type="checkbox"/> Foreign Passport Stamped "Eligible to Work" <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Naturalization Certification <input type="checkbox"/> Public Assistance Records (if place of birth is shown) <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Social Security Card Stamped "Work Eligible" (noncitizens only) with Picture ID <input type="checkbox"/> Telephone Verification from Official Source
Youth Resides with Parent or Adult Relative/Caretaker	<input type="checkbox"/> Texas Workforce Center self-attestation form

## Subsidized Summer Youth Employment Program Documentation Log

Low-Income Requirements		Acceptable Documentation	
<input type="checkbox"/>	Household Receives Temporary Assistance for Needy Families (TANF) Benefits	<input type="checkbox"/> Copy of Authorization to Receive Cash <input type="checkbox"/> Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Record (Cash Grant Status)	<input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Refugee Assistance Records <input type="checkbox"/> TWIST Legacy Search (print screenshot of the TWIST <i>Intake Common Public Assistance</i> tab)
<input type="checkbox"/>	Household Receives SNAP Benefits	<input type="checkbox"/> Current SNAP Receipt <input type="checkbox"/> Letter from SNAP Disbursing Agency	<input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> TWIST Legacy Search (print screenshot of the TWIST <i>Intake Common Public Assistance</i> tab)
<input type="checkbox"/>	Youth Receives Children's Health Insurance Program (CHIP) Benefits	<input type="checkbox"/> Written Statement from the Texas Health and Human Services Commission (HHSC) <input type="checkbox"/> CHIP Member Identification Card	<input type="checkbox"/> Written Statement from Agency/Organization <input type="checkbox"/> Copy of Documentation from HHSC or Another Agency/Organization that Confirms Youth Is Eligible for or Receiving CHIP Benefits
<input type="checkbox"/>	Youth Receives Medicaid Benefits	<input type="checkbox"/> Written Statement from HHSC <input type="checkbox"/> Medicaid Member ID Card	<input type="checkbox"/> Written Statement from Agency/Organization <input type="checkbox"/> Copy of Documentation from HHSC or Another Agency/Organization that Confirms Youth Is Eligible for or Receiving Medicaid Benefits
<input type="checkbox"/>	Household Receives Subsidized Child Care through the Child Care and Development Fund (CCDF)	<input type="checkbox"/> Written Statement from Agency/Organization <input type="checkbox"/> Copy of Documentation from Agency/Organization that Confirms Household Is Eligible for or Receiving Subsidized Child Care through CCDF	<input type="checkbox"/> Written Statement from Child Care Provider <input type="checkbox"/> Copy of Documentation from Child Care Provider that Confirms Household Is Eligible for or Receiving Subsidized Child Care through CCDF
<input type="checkbox"/>	Household Is Eligible for or Receives Subsidized Public Housing Assistance	<input type="checkbox"/> Written Statement from Agency/Organization <input type="checkbox"/> Copy of Documentation from the Texas Department of Housing and Community Affairs (TDHCA) or Agency/Organization that Confirms Household Is Eligible for or Receiving Subsidized Public Housing Assistance	<input type="checkbox"/> Written Statement from TDHCA <input type="checkbox"/> Copy of Documentation from Landlord that Confirms Household Is Eligible for or Receiving Subsidized Public Housing Assistance

## Subsidized Summer Youth Employment Program Documentation Log

<input type="checkbox"/> Household Participates in the U.S. Department of Agriculture Food and Nutrition Services' Women, Infants, and Children (WIC) Program	<input type="checkbox"/> Written Statement from Texas Department of State Health Services (DSHS) <input type="checkbox"/> Copy of Documentation from DSHS that Confirms Household Is Eligible for or Receiving WIC benefits	<input type="checkbox"/> Written Statement from Local Clinic <input type="checkbox"/> Copy of Documentation from Local Clinic that Confirms Household is Eligible for or Receiving WIC Benefits
<input type="checkbox"/> Youth Receives Free or Reduced-Cost School Lunch	<input type="checkbox"/> Written Statement from School <input type="checkbox"/> Copy of Documentation from School that Confirms Youth Received or Is Receiving Free or Reduced-Cost School Lunch during the 2009–2010 School Year	<input type="checkbox"/> School Records
<input type="checkbox"/> Youth Is Eligible for, or Enrolled in, WIA Youth Services	<input type="checkbox"/> Printout of the TWIST Services Summary–All TWIST Services <input type="checkbox"/> TWIST System Inspection Form	<input type="checkbox"/> Printout of the TWIST Current Eligibility (Youth) <i>“Determined Potentially Eligible” must be indicated on the printout</i>
If youth do not receive any of the low-income benefits listed above, they can still be determined eligible if they have a family income that is 200 percent of or below the combined U.S. Health and Human Services' (HHS) Poverty Guidelines and the U.S. Department of Labor's (DOL) Lower Living Standard Income Level for the last 13 weeks.		
<input type="checkbox"/> Youth Whose Family Income Is 200 Percent of or below HHS's Poverty Guidelines or DOL's Lower Living Standard Income Level  Note: Family size must be determined and documentation must be provided for each applicable income source. The Self-Certification of Family Status form must be used.	<input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Award Letter from the U.S. Department of Veterans Affairs <input type="checkbox"/> Bank Statement (Direct Deposit) <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Pay Stubs	<input type="checkbox"/> Pension Statement <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Persons (Schedule C) <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Unemployment Insurance Documents and/or Printout <input type="checkbox"/> Self-Certification Form

# Subsidized Summer Youth Employment Program Documentation Log

Texas Workforce Center Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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# **Subsidized Summer Youth Employment Program**

## **Part C – Eligibility Documentation Forms**

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The Texas Workforce Commission has developed standardized forms to assist Local Workforce Development Boards (Boards) in collecting the information necessary to verify the Subsidized Summer Youth Employment Program (SSYEP) eligibility criteria. See *Part B, Eligibility Documentation Log*, for a list of acceptable documents. Boards may modify these forms to meet their specific needs; however, all required data elements must remain the same.

The following instructions and SSYEP forms are included in this part:

- Instructions for Completing the Telephone Verification/Document Inspection Form
- Telephone Verification/Document Inspection
- Instructions for Completing the Self-Certification Form
- Self-Certification
- TWIST System Inspection
- Employment/Income Verification
- Instructions for Completing the Self-Certification of Family Status Form
- Self-Certification of Family Status
- Instructions for Completing the Citizenship/Eligible Noncitizen Status and Authorization to Work Form
- Citizenship/Eligible Noncitizen Status and Authorization to Work

## **Instructions for Completing the Telephone Verification/ Document Inspection Form**

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If there is no other documentation to verify SSYEP eligibility, eligibility can be verified with governmental or social service agencies over the phone, or by document inspection. Boards must ensure that Texas Workforce Center staff records the obtained information on a standardized form, such as the Telephone Verification/Document Inspection form. See *Part B, Eligibility Documentation Log*, for eligibility criteria.

The form serves two purposes:

**Telephone Verification**—used to verify eligibility through governmental, private, or social service agencies.

Examples of agencies that may assist in verifying information by telephone are:

- local schools;
- U.S. Social Security Administration;
- U.S. Department of Veterans Affairs;
- medical and health facilities;
- vocational rehabilitation facilities;
- housing authorities; and
- other state or local agencies.

In some cases, the information an agency provides by telephone is sufficient to satisfy the multiple eligibility criteria.

Boards must ensure that telephone verification includes the name of the agency representative verifying eligibility.

**Document Inspection**—used when documents cannot be copied, or if program recruitment is being conducted in the field.

Information recorded must be adequate enough to allow a monitor or auditor to trace the information back to the agency providing the information, or to the document used.

## TELEPHONE VERIFICATION/DOCUMENT INSPECTION

### IDENTIFYING INFORMATION

Job Seeker's Name: \_\_\_\_\_  
First Last MI

SSN: [ ] - [ ] [ ] Date: [ ] [ ] [ ]

### ELIGIBILITY VERIFICATION BY TELEPHONE

NAME AND/OR NUMBER OF DOCUMENT:

ELIGIBILITY ITEM(S) TO BE VERIFIED: \_\_\_\_\_  
INFORMATION VERIFIED: \_\_\_\_\_  
AGENCY PROVIDING VERIFICATION: \_\_\_\_\_  
AGENT VERIFYING ELIGIBILITY ITEM: \_\_\_\_\_  
DATE AND TIME OF VERIFICATION: \_\_\_\_\_  
TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION: \_\_\_\_\_

### ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION

NAME AND/OR NUMBER OF DOCUMENT:

ELIGIBILITY ITEM(S) TO BE VERIFIED: \_\_\_\_\_  
INFORMATION VERIFIED: \_\_\_\_\_  
DOCUMENT TO BE INSPECTED: \_\_\_\_\_  
ORIGINAL SOURCE OF DOCUMENT: \_\_\_\_\_  
REASON FOR DOCUMENT INSPECTION: ☐ REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE  
☐ ON-SITE ELIGIBILITY, NO COPIER AVAILABLE  
☐ DOCUMENT CANNOT BE COPIED

### CERTIFICATION

I ATTEST THAT THE INFORMATION I RECORDED ON THIS DOCUMENT WAS OBTAINED THROUGH TELEPHONE CONTACT ON THE ABOVE DATE. AS INDICATED BY THE AGENT, ALL INFORMATION WAS OBTAINED FROM DATA PREVIOUSLY DETERMINED AND RECORDED IN THE JOB SEEKER'S RECORDS AT THE AGENCY PROVIDING THE ELIGIBILITY VERIFICATION.

OR

I ATTEST THAT THE DOCUMENT INSPECTION I PERFORMED VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO DETERMINE THE JOB SEEKER'S ELIGIBILITY FOR SSYEP SERVICES.

\_\_\_\_\_  
Texas Workforce Center Staff Signature      Print Name      / /  
Date

\_\_\_\_\_  
Manager/Reviewer Signature      Print Name      / /  
Date

05.10



## **Instructions for Completing the Self-Certification Form**

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Many of the documents necessary to verify SSYEP eligibility are readily available through various agencies and other sources. In some cases, such as eligibility to work, specific documentation is required.

Self-certification of income must only be used in cases where the individual in question received no income during the 13-week eligibility determination time frame. To use self-certification as documentation, the Self-Certification form must be completed as follows.

If a job seeker states that he or she cannot provide evidence that no income was received during the past 13 weeks and that he or she was unemployed for that period, enter this information in the blank spaces following the words “I hereby certify, under penalty of perjury, that the following information is true.”

For example, to verify a lack of income using self-certification, complete the Self-Certification form as follows:

“I have received no income from any source during the past 13 weeks. I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends.”

## SELF-CERTIFICATION

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION OF SSYEP-FUNDED SERVICES AND/OR PENALTIES, AS SPECIFIED BY LAW.

\_\_\_\_\_  
SIGNATURE OF PARENT and DATE

\_\_\_\_\_  
SIGNATURE OF YOUTH JOB SEEKER and DATE

\_\_\_\_\_  
JOB SEEKER'S ADDRESS

\_\_\_\_\_  
JOB SEEKER'S PHONE #

The above self-certification documents the following eligibility criteria:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION

I CERTIFY THAT THE INFORMATION RECORDED ON THIS FORM WAS PROVIDED BY THE INDIVIDUALS WHOSE SIGNATURES APPEAR ABOVE.

_____ Texas Workforce Center Staff Signature	_____ Print Name	_____/_____/_____ Date
_____ Manager/Reviewer Signature	_____ Print Name	_____/_____/_____ Date

05.10

## TWIST SYSTEM INSPECTION

### IDENTIFYING INFORMATION

Job Seeker's Name: \_\_\_\_\_  
First Last MI

SSN: [ ] - [ ] - [ ] Date: [ ] [ ] [ ] [ ] [ ] [ ]

ELIGIBILITY ITEM TO BE VERIFIED: **YOUTH ELIGIBLE FOR OR ENROLLED IN WIA YOUTH SERVICES**

TWIST ID# OF YOUTH: \_\_\_\_\_

DATE YOUTH DETERMINED ELIGIBLE FOR WIA YOUTH SERVICES: \_\_\_\_\_

DATE OF FIRST YOUTH SERVICE FUNDED WITH WIA YOUTH FUNDS: \_\_\_\_\_

DATE AND TIME OF VERIFICATION: \_\_\_\_\_

IF THE YOUTH HAS NOT BEGUN TO RECEIVE WIA YOUTH SERVICES, ONLY THE DATE THE YOUTH WAS DETERMINED ELIGIBLE FOR WIA YOUTH SERVICES IS REQUIRED.

### CERTIFICATION

I ATTEST THAT THE TWIST SYSTEM INSPECTION I PERFORMED VERIFIED THE ITEMS REQUIRED TO DETERMINE THE YOUTH JOB SEEKER'S ELIGIBILITY FOR THE SUBSIDIZED SUMMER YOUTH EMPLOYMENT PROGRAM.

\_\_\_\_\_  
Texas Workforce Center Staff Signature Print Name / /  
Date

\_\_\_\_\_  
Manager/Reviewer Signature Print Name / /  
Date

## EMPLOYMENT/INCOME VERIFICATION

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

This is your authorization to release the information concerning my employment as required below. To establish eligibility for the Subsidized Summer Youth Employment Program, verification of income actually received for the period \_\_\_\_\_ to \_\_\_\_\_ is needed. Please complete this form as soon as possible. It is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

### TO BE COMPLETED BY THE EMPLOYER\*

Employer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employed: \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

Income Determination Period for Program Eligibility: \_\_\_\_\_ to \_\_\_\_\_  
\*Begin Date \*End Date  
\*(Dates To Be Filled Out by Texas Workforce Center Staff)

Total Gross Wages/Salary: \$ \_\_\_\_\_  
[Includes all pay received (before deductions) inclusive of income determination period listed above] Signature of Employer Representative/Title/Date

### TO BE COMPLETED BY TEXAS WORKFORCE CENTER STAFF

**PLEASE RETURN TO:** Texas Workforce Center Name: \_\_\_\_\_

Attn: (Staff name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Texas Workforce Center staff may verify this information by telephone but must indicate who supplied the information and the date the telephone contact was made.

\_\_\_\_\_  
Texas Workforce Center Staff Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Reviewer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## **Instructions for Completing the Self-Certification of Family Status Form**

The Self-Certification of Family Status form must be used to establish family size for determining income.

The purpose of this form is to verify a youth's family status at time of application by documenting the size and makeup of the youth's family. This form is necessary only when eligibility is based on family income for the past 13 weeks.

Boards must ensure that Texas Workforce Center staff assists the youth with completing the form to ensure it is completed correctly. The youth then takes the form to be signed by a witness who can corroborate the information provided.

### **Family Member Name(s)/Relationship to Job Seeker**

- List the names of all family members living in the job seeker's residence.
- Indicate the relationship of each family member to the job seeker.

### **Names/Location/Reason**

List the names of any family members not currently residing in the job seeker's residence.

The youth must sign the form.

A corroborating witness must sign the form attesting to the accuracy of the given information. The corroborating witness may live in or out of the residence, and may or may not be related to the youth. The witness must have verifiable knowledge of the youth's family size.

## SELF-CERTIFICATION OF FAMILY STATUS

### IDENTIFYING INFORMATION

Job Seeker Name: \_\_\_\_\_  
Last First MI

SSN: [ - - ] Application Date: [ ] [ ] [ ]

To be completed by SSYEP job seeker with Texas Workforce Center Staff assistance:

Please provide information regarding the job seeker's family as requested below (see instructions).

FAMILY MEMBER NAME(S)	RELATIONSHIP TO JOB SEEKER

Please complete the following information for family members not currently residing in the job seeker's residence (see instructions).

NAME	LOCATION	REASON

I attest that to the best of my knowledge the information above is true and correct.

\_\_\_\_\_  
Signature of Job Seeker

\_\_\_\_\_  
Date

CORROBORATING WITNESS – I attest that to the best of my knowledge the information above is true and correct.

Name	Signature
Street Address	City, State Zip
Telephone Number	Relationship to Job Seeker

## **Instructions for Completing the Citizenship/Eligible Noncitizen Status and Authorization to Work Form**

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By completing the Citizenship/Eligible Noncitizen Status and Authorization to Work form and providing accompanying documentation, youth can prove that they have the right to work in the United States and are eligible to receive SSYEP services. Youth must complete the form by providing the appropriate documents for the box(es) that they have checked, choosing either:

- one item from List A; or
- one item each from List B and List C.

Additionally, youth must complete the personal identification information at the top of the form and review the form to determine if they have the appropriate documentation.

Boards must ensure that Texas Workforce Center staff makes copies of the appropriate documents and maintains them in the youth's case file along with the form.

## Citizenship/Eligible Noncitizen Status and Authorization to Work

Individuals participating in SSYEP must be authorized to work in the United States. Please complete the following form, choosing one item from **List A** or one item from **List B** and one item from **List C**.

Print Name: Last	First	MI	Maiden Name
/ /		- -	
Date of Birth (month/day/year)		Social Security Number	

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<b>OR</b>		
<input type="checkbox"/> U.S. passport or U.S. passport card  <input type="checkbox"/> Permanent resident card or alien registration receipt card (INS Form I-551)  <input type="checkbox"/> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  <input type="checkbox"/> Employment Authorization Document that contains a photograph (INS Form I-766)  <input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form  <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<input type="checkbox"/> Driver license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  <input type="checkbox"/> ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  <input type="checkbox"/> School ID card with a photograph  <input type="checkbox"/> Voter registration card  <input type="checkbox"/> U.S. Military card or draft record  <input type="checkbox"/> Military dependent's ID card  <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card  <input type="checkbox"/> Native American tribal document  <input type="checkbox"/> Driver license issued by a Canadian government authority  <b>For persons under age 18 who are unable to present a document listed above:</b>  <input type="checkbox"/> School record or report card  <input type="checkbox"/> Clinic, doctor, or hospital record  <input type="checkbox"/> Day care or nursery school record	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States  <input type="checkbox"/> Certification of Birth Abroad issued by the Department of State (Form FS-545)  <input type="checkbox"/> Certification of Report of Birth issued by the Department of State (Form DS-1350)  <input type="checkbox"/> Original or certified copy of a birth certificate issued by a state, county, municipal authority, or territory of the United States bearing an official seal  <input type="checkbox"/> Native American tribal document  <input type="checkbox"/> U.S. Citizen ID Card (INS Form I-197)  <input type="checkbox"/> ID Card for Use of Resident Citizen in the United States (INS Form I-179)  <input type="checkbox"/> Employment Authorization Document issued by the U.S. Department of Homeland Security

CERTIFICATION		
I certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.		
Job Seeker Signature		/ / Date
Texas Workforce Center Staff Signature	Print Name	/ / Date
Manager/Reviewer Signature	Print Name	/ / Date



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# **Subsidized Summer Youth Employment Program**

## **Part D – Income Guidelines**

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The *Combined 200 Percent DOL Lower Living Standard Income Level and HHS Poverty Income Guidelines* are included on the following page. Use this table when determining a youth job seeker's low-income status.

**COMBINED 200 PERCENT DOL LOWER LIVING STANDARD INCOME LEVEL AND HHS POVERTY INCOME GUIDELINES**

**City of Dallas, Balance of Dallas County, City of Fort Worth, Balance of Tarrant County (Dallas-Fort Worth MSA), and Collin County**

Family Income (annually)	Family Size										
	1	2	3	4	5	6	7	8	9	10	> 10
	\$22,574	\$36,991	\$50,774	\$62,666	\$73,963	\$86,491	\$99,020	\$111,549	\$124,077	\$136,606	Add \$12,529 for each person above 10

**City of Houston (Houston MSA)**

Family Income (annually)	Family Size										
	1	2	3	4	5	6	7	8	9	10	> 10
	\$21,660	\$35,131	\$48,217	\$59,517	\$70,243	\$82,146	\$94,049	\$105,951	\$117,854	\$129,757	Add \$11,903 for each person above 10

**South Plains LWDB, Middle Rio Grande LWDB, and Deep East Texas LWDB (Texas Non-Metro)**

Family Income (annually)	Family Size										
	1	2	3	4	5	6	7	8	9	10	> 10
	\$22,329	\$36,577	\$50,203	\$61,971	\$73,134	\$85,531	\$97,929	\$110,326	\$122,723	\$135,120	Add \$12,397 for each person above 10

**All Other Areas (Texas Metro)**

Family Income (annually)	Family Size										
	1	2	3	4	5	6	7	8	9	10	> 10
	\$23,154	\$37,937	\$52,071	\$64,286	\$75,874	\$88,737	\$101,600	\$114,463	\$127,326	\$140,189	Add \$12,863 for each person above 10

Note:  
 This table combines the 200% DOL Lower Living Standard Income Level and the HHS Poverty Income Guidelines and indicates the higher amounts needed for calculating low-income eligibility.  
 For a family larger than 10 persons, the “Add” amount indicated should be added to the 10-person family income for each additional member.