

2017 Summer Youth Employment Initiative Introduction Letter

The 2017 Clermont County Summer Youth Employment Initiative Mission Statement

The Summer Youth Employment Initiative offers an opportunity for youth in low-income families to develop a work history, have a job reference, learn soft skills necessary to be successful in today's workforce and earn a pay check.

1. What is it?

This is a summer employment initiative for youth from age 14 through high school living in low-income families. A low income family may be a family receiving Ohio Works First Cash Assistance, Food Assistance or Medicaid or has family income of less than 200% Federal Poverty Level. (see chart below). Eligible youth in foster care may participate. The definition of a family for this program must include a minor child in the household.

Household Size	Monthly Income Limit		Household Size	Monthly Income Limit
1	\$2010		5	\$4797
2	\$2707		6	\$5494
3	\$3404		7	\$6180
4	\$4100		8	\$6887

2. Who May Participate?

- Youth ages 14 – 15 years old – *Must have the enclosed Work Permit completed to participate.*
- Youth ages 16 – 17 years old – *Will be asked to have Parent Consent Form completed at orientation.*
- Youth aged 18 – Must be attending high school and live in a low-income family as described above.
- Youth in Foster Care that meets the eligibility requirements

3. How Do Youth Express Interest?

The family must submit an Application (CCJFS 1008) and a Pre-Employment Questionnaire (CCJFS 1009) to have eligibility for this program determined by Job and Family Services. **Youth will receive an approval or denial letter.**

Parents of minor children must sign the application (CCJFS 1008) which serves as a release of information to share a child's information with Easter Seals Tristate, OhioMeansJobs Clermont County, employers and allow each child to register online with OhioMeansJobs to create a profile and resume, complete assessments and other activities.

To request an application packet be mailed to you, **call (513) 732-7111.**

4. Who will be our Partner Agency?


Clermont County Job and Family Services is partnering again with Easter Seals TriState, our Clermont County Youth Services Vendor to administer this summer youth program. This partnership ensures good customer service and support for both the employers and the youth.

Once eligibility for participation is determined, youth will be referred to Easter Seals TriState for further screening to determine and enroll the youth in the appropriate employment program (Ohio Youth Works, Comprehensive Case Management and Employment Program and/or WIOA youth services). **Eligibility to participate does not guarantee all youth will get an opportunity for employment. We reserve the right to make all decisions related to placement and employment opportunities. Note: Employment opportunities for youth ages 14 and 15 are limited because of protections and restrictions mandated by child labor laws.**

5. How do I Return the Application?

By Mail: Clermont County Job and Family Services – Attn: Judy Eschmann
2400 Clermont Center Drive Batavia, Ohio 45103

By Fax: (513) 732-8030

 **Make sure the phone number provided on your application is a good working number.**

This packet includes the following information.

- CCJFS 1007 – 2017 Summer Youth Employment Initiative Introduction Letter
- CCJFS 1008 – 2017 Summer Youth Employment Initiative Application
- CCJFS 1009 – 2017 Summer Youth Employment Initiative Pre-Employment Questionnaire
- Work Permit – To be completed for 14 and 15 year old youth

PRC Request for Summer Youth Employment Initiative 2017

Instructions: Please complete Sections I, II, III and IV. Section IV is on the back side of this form. Incomplete applications will not be considered for this program.

Section I: Complete the Demographic Information Below

Parent, Guardian or Adult Youth Name	Youth Name	
Social Security Number	Youth Social Security Number	Youth Age
Present Address	Present Phone Number	

Section II: List All Household Members:

Name	Date of Birth	Relationship to you	Does this person receive OWF, Food Assistance, or Medicaid)
(YOUTH NAME)		SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

(List any additional household members on the back of this form.)

Section III: Complete and answer all questions about income.

Does anyone in the household have an outstanding OWF overpayment? Yes No

Check the box to indicate your family income in the last 30 days and list each individual with income, type of income and monthly amount. Attach proof of income for each income type. (Note: If your family receives Ohio Works First cash assistance or food assistance, you will not need to verify income.)

Check the Box to Indicate Your Family Income in Last 30 Days?	List the Individuals with Income	List the Type of Income (Examples: Social Security, SSI, Child Support)	List the Monthly Amount of Income
<input type="checkbox"/> \$0 - 2010			
<input type="checkbox"/> \$2011 - 2707			
<input type="checkbox"/> \$2708 - 3404			
<input type="checkbox"/> \$3405 - 4100			
<input type="checkbox"/> \$4101 - 4797			
<input type="checkbox"/> \$4798 - 5494			
<input type="checkbox"/> \$5495 - 6190			
<input type="checkbox"/> \$6191 - 6887			

If you are not registered to vote where you live now, would you like to apply to register to vote here?

YES, I want to register to vote.

NO, I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Section IV: Read and Sign the Application.

By my signature below, I agree that the above information is true and complete to the best of my knowledge. I also give consent for my information (or the information of my participating minor child) to be shared with OhioMeansJobs Clermont County, Easter Seals TriState and any participating employers for any purpose related to the Summer Youth Employment Initiative (SYEI), and if found ineligible for SYEI, I give consent to share my information with Easter Seals TriState to determine if there are other programs in which I can participate. I give permission for my minor child to register online with OhioMeansJobs which includes activities such as creating a profile, completing assessments and creating a resume.

Parent / Guardian Signature	Date
Youth Signature	Date

FOR CCJFS USE ONLY		FOR CCJFS USE ONLY		FOR CCJFS USE ONLY	
<input type="checkbox"/> Eligible	<input type="checkbox"/> Approval Letter Given	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Denial Letter Sent/Given		
<input type="checkbox"/> Eligibility determined by receipt of OWF, FA, or Medicaid verified through CRISE, OBWP, BIC or another ODJFS reporting source.					
<input type="checkbox"/> Eligibility verified by pay information, collateral contact, or other means as documented in this PRC application packet.					
<input type="checkbox"/> 14-15 minor child in needy family in school		<input type="checkbox"/> 16 -17 minor child in needy family in school			
<input type="checkbox"/> 18 – attending secondary school and not graduating this school year and meeting the needy family requirement					
<input type="checkbox"/> Foster Care Youth					
Signature of CCJFS Worker				Date	

Complete this questionnaire and return it with your 2017 Summer Youth Employment Initiative application. This information will assist us with matching your skills and interests with an appropriate employment opportunity. Failure to provide or complete this information may prevent an employment opportunity.

PRE-EMPLOYMENT QUESTIONNAIRE

Youth Name: _____			
First	Middle	Last	
Address: _____			
Street	City	ZIP code	
Phone: (____) _____		<input type="checkbox"/> Landline	<input type="checkbox"/> Cell phone

Education Information: (check all that apply): HS graduate/GED attending HS _____
 Did not complete HS Name of School

Do you have any vocational training: NO YES (Type of Training): _____

Transportation Information:

Do you have a valid Ohio driver's license? NO YES
 How will you get to your summer employment worksite? Drive Self Parents Other

How many miles are you able to travel to a worksite?

<input type="checkbox"/> 1 to 5 miles	<input type="checkbox"/> 6-10 miles	<input type="checkbox"/> 11-15 miles	<input type="checkbox"/> more than 15 miles
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Employment Information:

Are you currently employed? NO YES If yes, Employer Name: _____
 Have you had prior employment? NO YES If yes, Employer Name: _____

Pre-Employment Requirements: Some employers require applicants to complete pre-employment activities like back ground checks and drug screening. Are you willing to complete these requirements if requested by a potential employer?
 NO YES

What type of work you are interested in? Please rank them according to your interest (1 is highest interest and 8 least interested)...

<input type="checkbox"/> Restaurant work (food preparation, cleaning/kitchen tasks, customer service)	<input type="checkbox"/> Custodial Work (general office cleaning, maintenance)
<input type="checkbox"/> Office work (customer service, computers, typing, filing, copying, administration, finance)	<input type="checkbox"/> Child Care, Education, Recreation (babysitting, tutoring, summer camps)
<input type="checkbox"/> Outside Work (gardening, lawn care, farming, landscaping)	<input type="checkbox"/> General Labor (Painting, Loading and unloading merchandise, general repairs, carpentry, construction)
List what other interests you have:	<input type="checkbox"/> Manufacturing Jobs (Operates machinery, Assembly line work)

When can you start a job? _____ Do you have other obligations that may limit your availability to work certain hours? NO YES If yes, please explain: _____

This information is true and complete to the best of my knowledge. I give permission for Clermont County Job and Family Services to share this information with OhioMeansJobs Clermont County, Easter Seals TriState and any participating employers.

 Youth Signature Date

 Parent / Guardian Signature Date

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full: Sex: Male Female Grade Level:

Proof of Age (Type of document): Age: Date of Birth: Physician's certificate: Submitted with this application Valid physician's certificate on file

Address of Student /Applicant:

School District: Building:

Parent or Guardian: Parent or Guardian Telephone Number:

Address of Parent or Guardian:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR NAMED ABOVE WILL WORK WITH MY APPROVAL.

Signature of Parent or Guardian

Date Signed

THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL PERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN ANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE.

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

PLEDGE OF EMPLOYER

Name of Firm: Telephone Number at Minor's Work Location:

Address of Student /Applicant's Place of Employment, Job Site, or Work Location:

Specific Nature of Employment:

Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW? YES NO

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

Signature of person authorized to sign for employer

Date signed

Telephone number

Address of employer if different from minor's place of employment

E-Mail address
(Optional- if employer wants notification in case of revocation)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Male Female

Date of Birth:

Height:

Weight:

Color of Hair:

Color of Eyes:

 ft. in. lbs.

Distinguishing Characteristics, if any:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

PHYSICIAN'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON;

IS IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

X

Physician's Signature

Date Signed

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.

Limited Certificate: YES NO

If Marked YES;
Employment should be Limited to Work Specified Below: