
Summer U LEAD Program Application

U LEAD is sponsoring a summer job program for Ramsey County Suburban youth ages 14 to 24. Youth must complete the summer application and complete work readiness training in April or May to be considered for a summer position with U LEAD. There are a limited number of spots available in each suburban school district area. Youth will be matched up with jobs at local businesses and work between 15-20 hours per week earning \$9.00 per hour.

To be eligible, youth must: 1) live in Suburban Ramsey County; 2) be between the ages of 14 to 24; 3) be low income and/or have a barrier to employment; 4) be eligible to work in the United States and have **proper identification, such as a picture ID with your birth date on it and have an original Social Security Card.**

- 1) Completely fill out U LEAD Summer Application
- 2) Send, scan or fax application to:
Talli Jordan
Workforce Solutions
2098 11th Avenue E, North St. Paul MN 55109
Talli.jordan@co.ramsey.mn.us
Fax number: 651-779-5240
- 3) **Check your email for important information about acceptance and training dates**

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- Your parent or guardian must sign and date the application if you are under age 18.
 - You must have proper identification as stated above to be eligible to attend the Work Readiness Training which will be held in April or May.
 - In order to be admitted into class, you must have your **original social security card and a picture ID with a birth date**. You can download an application from the Social Security Administration website at www.ssa.gov. The closest office to get a duplicate card is Minneapolis.
 - If you are not a US citizen, the program will require a copy of your Alien Registration card or I-94 Card.

If you have any questions please contact Talli Jordan at 651-770-4468

U LEAD Program

MINNESOTA DATA PRACTICES ACT

YOUR RIGHT TO PRIVACY

As an applicant for or participant in the U LEAD program, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

AUTHORITY TO COLLECT DATA

Workforce Solutions, as a recipient of federal and state funds, operates programs in Ramsey County to help eligible individuals in getting jobs or training for jobs. As part of its responsibilities as a recipient of these funds, Workforce Solutions and its vendors, HIRED, EAC/Lifetrack Resources, YWCA, GAP and HAP, are authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

PURPOSES AND USES OF DATA COLLECTED

The information asked for will be used by the program's staff to determine your eligibility for participation and to help you find a suitable job. The information will be entered into a record keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Employment & Economic Development, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only, and will not disclose any personal identifying information about you.

EFFECTS OF NON-DISCLOSURE

You may be asked to provide data that you are not required to give in order to qualify for job training services. Failure to complete these items will not adversely affect your eligibility, however, you are encouraged to complete all of the items in order to allow for a more complete assessment by staff.

Intentional misrepresentation of information about income or employment will result in termination from enrollment in any U LEAD program with Workforce Solutions, HIRED, EAC/Lifetrack Resources, YWCA, GAP and/or HAP.

WAGE DETAIL FILES

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program.

After you leave the program, we will keep your file until state and federal laws let us destroy it.

SAVE THIS PAGE FOR YOUR RECORDS

Summer U LEAD Program Application

SECTION #1: PERSONAL INFORMATION

Name: _____ **Date:** _____
(Last) (First) (Middle)

Street Address: _____ **Apt #:** _____

City: _____ **County:** Ramsey **State:** _____ **Zip:** _____
(Must live in a Ramsey County suburb)

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____ **Message #** (____) _____ - _____

Email address: _____ **Sex:** () Male () Female

Birth Date: ____/____/____ **Current Age:** _____ **Social Security #:** _____ - _____ - _____

How did you hear about our program? _____

SECTION 2: EDUCATIONAL STATUS

Educational Status:

- () I am in the _____ grade at _____ school.
- () I am a high school graduate (or received my GED) and plan to attend college or technical school.
- () I am a high school graduate (or received my GED) and plan to look for a job.
- () I did not complete high school and am not in school now. The last grade I completed was _____.
- () I am currently attending college. Name of college: _____. Year _____.
- () I will be attending Summer School. Are you missing any credits? () yes () no How many? _____.

IEP: Have you ever had an IEP (Individual Education Plan) through your school? () yes () no

Education	Name of School	Dates Attended	Last Grade Completed	Major
Junior High School				
Senior High School				
Post Secondary				

SECTION #3: EMPLOYMENT STATUS

Are you currently working? ____Yes ____No ____Part time ____Full time ____Temp

My last day of work was: _____ Are you eligible for or receiving unemployment insurance? ____Yes ____No

SECTION #4: EMPLOYMENT HISTORY - List you last four employers, stating with the most recent job.

Dates: To-from	Name and Address of Employer	Wage & hrs/wk	Job Title	Supervisors Name	Reason for Leaving

SECTION #5:

Ethnicity: ____ a person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture in origin, regardless of race

Race: (check all that apply)

- American Indian/ Alaskan Native Asian African American/ Black
 Pacific Islander/ Hawaiian Native White Other _____

Citizenship Status: (check one only)

- U.S. Citizen
 Registered Resident Alien I-94 # _____
 Non Citizen with work permit
 Refugee
 Other: Explain _____

Selective Service Registration: If you are a male citizen, permanent resident alien, or refugee born on or after January 1, 1960, and are 18 years old or older, you are required to register with the Selective Service.

- I am currently registered with Selective Service. Selective service # _____
 I am required to register with Selective Service, but have not done so.
 I am not required to register with Selective Service.

Veteran Status:

- I am a veteran. Active duty start date: _____ Active duty end date: _____
 I am not a veteran.

SECTION #6: FAMILY STATUS

Family Size: Include all relatives who are/or would be included on family tax return (include yourself):

Living with:

- Both Parents Foster Care
 Mother Group Home
 Father Relative: _____
 On my own other: _____

MY FAMILY SIZE IS: _____

SECTION #7: MYP/WIA PROGRAM ELIGIBILITY

Please check YES or NO to ALL of the categories. Documentation may be required.

- Yes No – I have a PHYSICAL DISABILITY Yes No – I am a PARENT OR PREGNANT (# of children ___)
- Yes No – I have a MENTAL DISABILITY Yes No – I am a FOSTER CHILD or live in a GROUP HOME
- Yes No – I have a LEARNING DISABILITY Yes No – I am an OFFENDER or in a DIVERSION program
- Yes No – I have an EMOTIONAL DISABILITY Yes No – I am HOMELESS or a RUNAWAY YOUTH
- Yes No – I have a BEHAVIORAL DISABILITY Yes No – I am a HIGH SCHOOL DROPOUT
- Yes No – I am BEHIND 1 or more GRADES Yes No – I am behind in READING and/or MATH SKILLS
- Yes No – I have limited ENGLISH abilities Yes No – I receive PUBLIC ASSISTANCE
- Yes No – I am CHEMICALLY DEPENDENT Yes No – I am a son/daughter of DRUG/ALCOHOL ABUSERS
- Yes No – I am a POTENTIAL DROPOUT (*must fit at least one of the following*):
 - _____ poor school attendance _____ 1 grade level below performance level for my age
 - _____ experienced homelessness _____ parenting or pregnant
 - _____ dropped out and returned to school _____ enrolled in a public alternative school
 - _____ assessed as chemically dependent _____ juvenile offender/diversion program
 - _____ youth with a disability _____ limited English abilities
 - _____ recognized by school staff to be experiencing academic or personal difficulties

If you have checked yes to one or more of these categories you may be asked to have the attached Verification Form completed to verify U LEAD eligibility.

SECTION #8: FAMILY INCOME

Financial Assistance:

My family **DOES** receive the following types of assistance (**please write in case number)

- MFIP/TANF Grant** _____ Child Support Unemployment Insurance
- General Assistance (GA) ** _____ Food Stamps _____ Free School Lunch
- Social Security Pension Veterans Disability
- Refugee Assistance** _____ Supplemental Security Income SSI

My family **DOES NOT** receive any financial assistance.

Family Income:

Please indicate the entire family income and sources for the last 6 months prior to date of this application.

This section must be completed unless youth can document that he/she provides more than 50% of his/her own support. Sources of income include: gross wages and tips, social security (indicate type), pensions, alimony, child support and other periodic income such as rental income and regularly paid insurance premiums.

<u>Name of family member</u>	<u>Relationship to you</u>	<u>Type of Income</u>	<u>Total Amount Received in Past 6 months</u>
1. _____	Self (applicant) _____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

SECTION #9: TRANSPORTATION

How will you get to work?

Bike ____ Ride ____ Walk ____ Other ____

Is there a business in your neighborhood that you would be interested in working at? If so, what business?

What are your career interests?

Automotive ____ Construction ____ Hospitality ____ Manufacturing ____ Healthcare ____
Business ____ Human Resources ____ Information Technology ____

CERTIFICATION STATEMENT

I hereby give permission for this applicant to participate in U LEAD programs operated by Workforce Solutions. I certify that the information that I have provided on this application is true to the best of my knowledge. I also understand that this information is subject to review for verification purposes, and that it will be used to determine my eligibility for the U LEAD Program. I further understand that the income information will be kept confidential and is subject to audit by program officials.

I understand that I am subject to immediate termination from the U LEAD Program if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury and forfeit any money earned but not yet received if, I have intentionally falsified information on this application. I also understand that false information regarding household size, age, and income may be subject to immediate termination and prosecution.

I understand that **completing this application does not guarantee** that I will be enrolled in the U LEAD program.

I have read and understand the **Minnesota Data Practices Act** explanation provided with this application.

SIGNATURE OF YOUTH APPLICANT

Date

I give my consent for my daughter/son/ward to participate in the U LEAD program operated by Workforce Solutions.

SIGNATURE OF PARENT/ LEGAL GUARDIAN

Date

U LEAD staff signature

Date

Verification Form

****TO BE COMPLETED BY SCHOOL or AGENCY OFFICIAL ****

Please check the categories that apply to this student/applicant that you can verify according to your records.

For verification purposes, a parent/legal guardian cannot complete this form.

Name of Youth Applicant: _____ Date of Birth: ____/____/____

Social Security#: _____ - _____ - _____ Do your records verify this applicant's date of birth? () yes () no

Please initial all that apply to this student

_____ Physical Disability (type) _____

_____ Pregnant or Parenting

_____ Mental Disability (type) _____

_____ Foster Child

_____ Learning Disability (type) _____

_____ Homeless or Runaway Youth

_____ Emotional Disability (type) _____

_____ Limited English Proficiency

_____ Assessed as Chemically Dependent

_____ Child of Drug/Alcohol Abusers

_____ Basic Skills Deficient

_____ High School Dropout

_____ Youth Offender / Diversion Program

_____ Potential Dropout

_____ Receives Public Assistance

_____ Lives in a Group Home

_____ Education attainment is below one or more grade levels appropriate to age.

If youth has a disability, please comment on how it is a barrier to employment: _____

I _____ certify that the above information is based on
(PRINT NAME)

School/Agency Records and is true to the best of my knowledge.

School/ Agency Staff Signature

Title

Date

Agency

Phone