



# The Fulton, Montgomery and Schoharie Counties Workforce Solutions Center

## 2025 Summer Youth Documentation Checklist

The following documentation is required to complete a file.

Please bring to your initial meeting.

1. **Birth Certificate**- if you are a single parent, bring children's birth certificates as well.
2. **Photo Identification** (driver's license, learners permit, identification card, school ID)
3. **Social Security Card-Signed**. If you are a single parent- please bring your children's social security cards
4. **Residency Documentation** (must state current address, report card, bank statement, etc.) **Must be dated within the last 30 days.**
5. **Copy of the most recent report card; Copy of High School Diploma (if graduated)**
6. **If you are employed- copies of paystubs for the last 26 weeks**
7. **If receiving DSS assistance**, a letter stating you are approved or are on someone's case for SNAP, etc.
8. If you do not work, and do not receive DSS assistance, we will use the **whole household income for the last 26 weeks.**
9. **Work Card**-If you are between the ages of 14 and 17, you will need your **work card** before you can begin working. You can get this at your school.

Once you have all your documents please let us know so that we can set up an appointment with you.

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Fulton/Montgomery/Schoharie Counties  
Workforce Solutions System  
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*Creating Workforce Solutions*

**Fulton**  
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Fax (518) 773-8202

**Montgomery**  
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Amsterdam, NY 12010  
(518) 842-3676  
Fax (518) 842-9823

**Schoharie**  
795 E. Main Street, Suite 4  
Cobleskill, NY 12043  
(518) 842-3676  
Fax (518) 234-4256

## 2025 Summer Youth Employment Program

The Summer Youth Employment Program is a unique opportunity to gain six-weeks of meaningful, on-the-job training during the summer; youth selected for the program will be assigned to a worksite to work for 20-30 hours per week earning \$15.50 per hour through Fulton, Montgomery & Schoharie Counties Workforce Career Centers.

- You must be a Fulton, Montgomery or Schoharie County resident
- You must be 14-20 years of age

**Please note:**

Priority is given to youth whose family is receiving TANF (public assistance), SNAP (food stamps), or whose total household income does not exceed 200% of the poverty line (see guidelines on page 2). Please do not let this discourage you from applying.

**RETURN YOUR COMPLETED APPLICATION TO THE CLOSEST LOCATION:**

FMS Workforce Career Center  
Attn: Summer Youth Employment Program  
2620 Riverfront Center, Amsterdam NY 12010  
795 East Main Street, Suite 4, Cobleskill NY 12043  
43-47 North Main Street, Gloversville NY 1078

**Faxed or –Emailed applications will not be accepted due to the need for original signatures. We will except applications by mail or in person only.**

*FMS Workforce Career Center is **not responsible** for applications submitted to a third-party; please follow the instructions above.*

**Due to the volume of applications, we cannot pull documentation / information from previous years; please provide everything listed below.**

**Application Checklist:**

**You must include the following in order to participate in the Summer Youth Employment Program**

<input type="checkbox"/> Application	<input type="checkbox"/> Copy of Social Security Card
<input type="checkbox"/> Proof of Residency Documentation	<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> DSS Verification	<input type="checkbox"/> Copy of Photo ID (18+ or not in school)
<input type="checkbox"/> Proof of Household Income (see pg. 2)	<input type="checkbox"/> Original Working Papers (ages 14-17)
<input type="checkbox"/> Copy of last report card/High School diploma	<i>Ages 14/15: BLUE</i>
	<i>Ages 16/17: GREEN</i>



1. **COMPLETE** application in pen and attach all the required documents.
2. **REVIEW** application for completeness and accuracy; fill in all blanks.
3. **SUBMIT** completed application and required documentation.

**Completion of an application does not guarantee you a summer position. Positions are contingent on funds from grant and the State and Federal Government. You must be determined to be eligible for the program under the guidelines provided by these funders.**

## **SUMMER YOUTH EMPLOYMENT PROGRAM TIMELINE**

### **KEEP THIS PAGE FOR YOUR INFORMATION!**

**\*\*If you ARE selected to participate in the program:**

1. Interview Call  
You will receive a call in June with your interview date & time.
2. Interview
  - ✓ Attend your interview.
  - ✓ Be prepared to discuss what kind of work you would like to do this summer, any prior work/volunteer experience you have, the transportation you will have to/from work, and whether or not you think you will need to attend summer school.
  - ✓ You must dress professionally for all appointments and interactions during the program, including your interview, orientation, and at your worksite.
3. Orientation  
There is a mandatory orientation you will need to attend in early July. Date will be determined at a later time.
4. Employment  
Dates of employment are July 7, 2025-August 16, 2025.  
**\*\*Possibility of program extension\*\***

### **Proof of Income Guidelines**

<b>200% of Federal Poverty Guidelines</b> 2025 guidelines from <a href="https://aspe.hhs.gov">https://aspe.hhs.gov</a>	
Family Size	Annual Income
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
For family units with 8+ family members, add \$11,000 annually for each additional family member.	

<b>Examples of Acceptable Proof of Income</b> If you have questions regarding income, please call our office to clarify.	
INCOME	PROOF
Wages/Salary	Six most recent paystubs
TA/SNAP	Award Letter/Budget
SSI/SSD	Award Letter
Alimony	Check stubs or court order
Child Support	Check stubs or court order
Rent (as a landlord)	Rent receipts
DSS Childcare Provider	Authorization with rates
Self-Employment	Tax return

### **Where Can I Get My...?**

Social Security Card	US Social Security Administration *currently online/phone services*
Birth Certificate	<a href="https://www.health.ny.gov/vital_records/">https://www.health.ny.gov/vital_records/</a>
Photo ID	Department of Motor Vehicles *currently online/phone services*
Working papers	Your school (if homeschooled, contact your school district)
Selective Service Letter	<a href="https://www.sss.gov/home/registration">https://www.sss.gov/home/registration</a>



## FMS Workforce Career Centers

2620 Riverfront Center, Amsterdam NY 12010  
795 East Main Street, Suite 4, Cobleskill NY 12043  
43-47 North Main Street, Gloversville NY 1078  
(518) 842-3676

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### DSS Verification

To: Fulton, Montgomery & Schoharie Counties Workforce Career Center

From: Department of Social Services

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

### RE: Applicant on Assistance or Food Stamps

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

Last four of SSN: \_\_\_\_\_

Case#: \_\_\_\_\_

DOB: \_\_\_\_\_

Date case became active: \_\_\_\_\_

Child's name: \_\_\_\_\_

Number of children in family: \_\_\_\_\_

Last four of SSN: \_\_\_\_\_

Number of adults in family: \_\_\_\_\_

DOB: \_\_\_\_\_

US Citizen?      Yes      No

**\*\*To be filled out by DSS\*\*** TYPE OF

**ASSISTANCE** (Please circle any that apply for the last six months)

SNAP \$      Cash Welfare \$      Safety Net \$      TANF \$      Medicaid \$

Verified by: \_\_\_\_\_

Comments: \_\_\_\_\_

### Application Consent

*I hereby authorize the Fulton, Montgomery & Schoharie Counties Departments of Social Services to release to the Fulton, Montgomery & Schoharie Counties Workforce Career Centers any information that may pertain to my eligibility under TANF*

Check originating office below:

☐ Amsterdam office

☐ Cobleskill office

☐ Gloversville office

Witness: \_\_\_\_\_

Applicant (Parent) signature: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Print name: \_\_\_\_\_

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

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

# TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

## SECTION ONE

### A. Information About the Youth Applicant

1. Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street) (Apartment Number)

(City)

(State)

(Zip Code)

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

Date of Birth: \_\_\_\_\_

(Month, Day, Year)

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

## SECTION TWO Citizen / Non-Citizen Status

### A. Are you a United States citizen?

☐ Yes. If yes, go to Section Three.

☐ No. If no, complete Item B.

**B.** If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: \_\_\_\_\_

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

Date of Entry into United States: \_\_\_\_\_

## SECTION THREE Income of Family Members

### A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

☐ Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

☐ No, complete Item B, on page 2.

**B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.**

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

**SECTION FOUR Applicant Notification and Signature**

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

**By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

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

Relationship to Applicant: \_\_\_\_\_

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.