



2010 Summer Jobs Information

Workforce Solutions is offering summer jobs
for individuals (ages 16 thru 24).

**Only Workforce Solutions staff can determine
your eligibility for a summer job.**

Use the information in this packet to prepare
for your visit to Workforce Solutions.

This packet contains the following:

1. Eligibility Information and Documents to Bring
2. Applicant Information
3. Medical Release
4. Information Release



Who is Eligible for the Summer Jobs Project?

In general, an individual must be (1) of age 16 through 24 years old, (2) authorized to work in the United States, and (3) a member of a low income family.

Bring these Documents

Please bring the following documents when you apply for a summer job. These documents will help us determine if you are eligible. Workforce Solutions may ask for additional documents during the application process to help us determine if you are eligible for a summer job. You must:

1. Be 16 through 24 years of age. Bring proof of your identity and age: (No copies)
 - Government or School issued photo I.D. or School Report Card or Birth Certificate
2. Be a U.S. citizen or noncitizen authorized to work in the U.S.: (No copies)
 - Social Security Card or U.S. Birth Certificate or INS Authorization to Work in the United States
3. Be a member of a low income family or household. Household must include a parent or adult caretaker. A pregnant or parenting person age 16-24 will qualify as a family.

Bring proof of one of the following benefits or services. *Workforce Solutions staff can help you get proof of items marked with a star.* ☆

- Someone living in my household receives TANF. ☆
- Someone living in my household receives SNAP (Food Stamps). ☆
- I receive Children Health Insurance Program (CHIP).
- I receive Medicaid. ☆
- Someone living in my household receives Workforce Solutions child care financial aid. ☆
- Someone living in my household is eligible for or receives subsidized public housing assistance.
- Someone living in my household is participating in WIC.
- I receive free or reduced-cost lunch at my school.
- My parent receives Workforce Solutions financial aid of more than \$200. ☆
- My family's annual income is at or below the following levels:

Family Size	1	2	3	4	5	6
Income	\$23,154	\$37,937	\$52,071	\$64,286	\$75,874	\$88,737

For each additional family member add \$12,863. (Bring proof of income for last 13 weeks)



Applicant Information

(Please Print)

Applicant's Name

Last Name: _____ First: _____ Middle: _____

Social Security Number: (last 4 digits) _____

Address: _____ City: _____ State: _ Zip: _____

Home Phone: _____ Alternative Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____ Sex: Male Female Race\Ethnicity: ____ School attending: _____

_____ Current Grade _____

Parent/Guardian: (if applicant is under 18 years of age)

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



Medical Release

You will need to give us permission to seek medical attention for you (or your child - if applicant is 16 or 17 years of age) if you become ill or involved in an accident during participation hours.

The applicant is age 16 through 17. I, parent or legal guardian of _____ an applicant for Workforce Solutions Summer Jobs Project, do hereby agree that he/she may participate in the Summer Jobs Project and receive immediate medical attention in the event an accident or illness occurs during participation hours.

The applicant is age 18 through 24. I, _____, an applicant for Workforce Solutions Summer Jobs Project, do hereby agree that I may receive immediate medical attention in the event an accident or illness occurs during participation hours.

Should said event occur, I further hereby give authorization to Workforce Solutions or any of its representatives, to obtain any and all information, facts and particulars, which may be requested regarding the physical condition of, or the treatment rendered to the above named applicant/participant, and to permit Workforce Solutions or any person appointed by them to examine all x-rays or records regarding the physical condition or treatment.

I understand that Workforce Solutions is only responsible for valid Workers' Compensation claims and that such claims are applicable only if the injury is sustained on the job during scheduled work hours AND the worker has reported the accident.

If an accident occurs on the worksite, I further understand that the worker will be taken for treatment to a physician designated by Workforce Solutions or its representative or to the Emergency Room of the nearest hospital.

Signature of Parent/Legal Guardian or Applicant (if 18 years old or older)

____/____/____
Date

Emergency Contact Information (Please Print)

#1 Contact Name: _____	#2 Contact Name: _____
Relationship: _____	Relationship: _____
Home Phone: () _____ Business Phone: () _____	Home Phone: () _____ Business Phone: () _____
My Doctor's Name is: _____	Dr.'s Phone: () _____



Information Release

Applicant Name: _____ Social Security Number (last 4 digits): _____

If applicant is under 18 years of age: Parent/Guardian Name: _____

Relationship to applicant: _____

I hereby authorize the release of all required and pertinent information pertaining to

_____, to enable me or my family member to apply for and/or receive
Applicant
service offered by Workforce Solutions. The purpose and use of this information has been fully explained to me. This information may be released to Workforce Solutions. All released information is to be used strictly for purposes of eligibility determination and educational tracking purposes as defined by Workforce Solutions and will remain confidential.

Signature of Applicant

Date

Signature of Parent/Guardian
(for an applicant age 16 or 17)

Date



Frequently Asked Questions

1. Will my Summer Job wages affect my other benefits?

The wages you earn during your summer job are subsidized by the federal government. If you work a full summer you could earn \$2,175 to \$3,000. ($\$7.25 \text{ per hour} \times 30 \text{ hours} \times 10 \text{ weeks} = \$2,175$).

If you currently receive benefits from Health and Human Service (HHSC) or any other organization, you will need to contact the benefit organization to find out:

- How to report the wages you earn, and
- How your wages may be used to recalculate your income for benefits.

If you currently receive unemployment insurance (UI) benefits you must report any wages you earn including these subsidized summer job wages to the Texas Workforce Commission during the UI claim certification process.

2. How will I know if I'm eligible for a summer job?

Workforce Solutions staff will tell you when you meet with staff to complete your application.

3. When will I be offered a summer job?

Usually within three days after being certified eligible for a summer job by Workforce Solution staff. The Workforce Solutions staff person will tell you the name of the organization who will call you to offer a summer job.

4. Last summer I had a supervisor, but was also contacted by another person to check on my progress. What can I expect this summer?

We expect you to have a supervisor assigned to you on the job. You may also be contacted by someone from the organization who placed you in the summer job.

We also expect to each worksite to be reviewed at least once by Workforce Solutions to make sure you are getting the job experience you want and need. You may also be interviewed by other reviewers from the Texas Workforce Commission or the Department of Labor.