

Weld Works 4 Youth

The Summer Youth Program will begin the first week of June and will end the last week of July. We will be conducting orientations for all eligible youth toward the end of May which will also include a general test. **Please sign highlighted area front and back.**

*Weld County Resident living outside of the Greeley area

*Youth must be 14 or 15 years old during the summer

*Youth must be receiving one or more of the following:

TANF, Medicaid, Food Stamps or be in Foster Care, DHS Prevention Services (or returned home/adopted in past 6 months)

*Photo ID (school or state issued) and a Social Security Card **must** be attached to the application in order to be eligible for Summer Youth

If you have any questions or need to return an application, please call (970) 373-6472 or (970) 400-6764.

Please Return Applications to:

315 N 11TH AVE, Building B
Greeley, CO 80631

2950 9TH ST
Fort Lupton, CO 80621

Lgalindo@weldgov.com

****Applications due by May 7th, 2021****

Weld Works 4 Youth

El programa del verano para jóvenes comenzará la primera semana de junio y terminará la última semana de julio. Hacia el fin de mayo, habrá una reunion para todos los jóvenes elegibles que también incluirá un examen general. **Por favor firme el area resaltada al frente y al dorso..**

*Residente del Condado de Weld, viviendo fuera de la area de Greeley

*Jóvenes deben tener entre 14 y 15 años de edad durante el verano

*Los jóvenes deben recibir uno o más de los siguientes:

TANF, Medicaid, Estampillas de Comida o estar en cuidado de crianza temporal, Servicios de Prevención del DHS (o regresó a casa / adoptado en los últimos 6 meses)

*Se **debe** adjuntar a la solicitud una identificación con foto y una tarjeta de Seguro Social para poder ser elegible para la Juventud de Verano

Para más información ó si necesita entregar su aplicación, llame a (970) 373-6472 or (970) 400-6764.

Por favor devuelva las solicitudes a:

315 N 11TH AVE, Building B
Greeley, CO 80631

2950 9TH ST
Fort Lupton, CO 80621

Lgalindo@weldgov.com

****Aplicaciones pendientes hasta el 7 de mayo de 2021****



~RELEASE OF INFORMATION~
FOR BACKGROUND CHECKS

APPLICANT MUST COMPLETE THE FOLLOWING:

TODAY'S DATE

SIGNATURE

PRINT YOUR FULL NAME

THE FOLLOWING INFORMATION IS REQUIRED BY LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES WHEN CHECKING RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

PLEASE PRINT ANY OTHER FIRST OR LAST NAMES YOU HAVE USED

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

NAME AS IT APPEARS ON DRIVER LICENSE

STATE ISSUING LICENSE

LICENSE NUMBER

SEX: MALE _____ FEMALE _____

RACE: ASIAN _____ BLACK _____ HISPANIC _____

WHITE _____ OTHER _____

WW4Y CASE MANAGER: _____

EMPLOYMENT SERVICES OF WELD COUNTY SUPPLEMENTAL APPLICATION FOR WW4Y YOUTH

SSN: _____

Name: _____

CITIZEN STATUS

- C** US Citizen **A** Reg Alien
 R Refugee **L** Other Legal
 O Other

LIMITED ENGLISH

- Yes No

(When native language is **NOT** English)

HIGHEST SCHOOL GRADE COMPLETED

FAMILY STATUS

- S** Parent in 1-parent family
 P Parent in 2-parent family
 F Family member but not a parent
 I Independent (not dependent on family)

FAMILY CURRENTLY RECEIVING ASSISTANCE OR HAS RECEIVED IN THE LAST SIX MONTHS

- TANF General Assistance SSI

- Food stamps Food Stamp Eligible

Number of Family Members in Household _____

EMPLOYMENT STATUS

- E** Employed (Worked in last 7 days)
 R Received Notice of Termination
 U Not Employed

HOMELESS

- Yes No

PREGNANT/PARENTING YOUTH

- Yes No

DISABLED (VOLUNTARY)

- Yes No

FOSTER YOUTH

- Yes No

OFFENDER

- Yes No

FOLLOW UP CONTACT:

NAME:	RELATION:	PHONE NUMBER: () -
-------	-----------	-----------------------------

ARE YOU FRIENDS OR FAMILY WITH ANYONE WHO WORKS FOR WELD COUNTY HUMAN SERVICES INCLUDING EMPLOYMENT SERVICES, CHILD WELFARE, OR SOCIAL SERVICES? YES NO

If YES, NAME:

RELATIONSHIP:

EEO/COMPLAINT STATEMENT

Employment Services of Weld County is committed to Equal Opportunity and does not discriminate in its administration of any agency program or activity. I have been given a copy of the Equal Opportunity Statement and have received a brief description of the complaints process. I understand that copies of the entire complaint process are available upon request.

I certify that the information provided on this application is true and accurate to the best of my knowledge. I realize the information is subject to review and verification and I may have to provide documents to support the information provided on this application. I also understand that I am subject to immediate termination from the program if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury if the information I have provided is false. I allow the release of this information for verification purposes and understand it will be used to determine my eligibility. I agree with the job codes assigned and I authorize the use of my Social Security Number for record keeping, payroll, and verification purposes. I am aware that I may be contacted by telephone or mail after leaving the programs and asked survey questions about my employment status and earnings upon leaving the program. I am aware that my answers to these questions will remain strictly confidential and will not affect any other benefits which I may be receiving. I have been informed of the appeals process I can follow if I disagree with WIOA service provider's decisions, based on information contained in this application.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

INTAKE SIGNATURE

DATE

YES, I UNDERSTAND THAT COPIES OF MY ID AND SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS APPLICATION

EMPLOYMENT SERVICES OF WELD COUNTY

WORK REGISTRATION FORM

NAME		SSN	DATE	
ADDRESS		CITY	STATE, ZIP	
DATE OF BIRTH	AGE	HOME PHONE	MESSAGE PHONE	
EDUCATION (HIGHEST GRADE COMPLETED)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE/ETHNIC GROUP <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HAWAIIAN NAT/PACIFIC <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN		HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL ADDRESS		CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CURRENTLY IN SCHOOL FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU RECEIVING FOOD STAMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU RECEIVING WELFARE BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF A CRIME THAT COULD BE A BARRIER TO EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		ECONOMICALLY DISADVANTAGED? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
CASE MANAGER COMMENTS: NAME OF SCHOOL: _____ CURRENT GRADE: _____				

Last Name

First Name

MI

Name of School

Social Security Number

Release of Liability and Authorization to Participate

The undersigned being the parent(s) or the legal guardian(s) of the above named child, in consideration of said child being offered services through one of the programs operated by Employment Services of Weld County, do hereby release Weld County, a political subdivision of the State of Colorado, from liability to the extent the law will allow for any injury or harm whatsoever that said child may sustain while participating in the above stated programs.

The undersigned further authorizes and grants said child permission to participate in the services and activities provided by the programs offered through Employment Services of Weld County.

Release of Information

I _____ hereby authorize former and current employers, public agencies, non-profit agencies, legal/judicial representatives or systems, financial institutions and educational facilities to supply information concerning me, as requested by Employment Services of Weld County, and to allow inspection and reproduction of records pertaining to me by a dully authorized representative of Employment Services of Weld County.

I also authorize Employment Services of Weld County to supply information to public agencies, non-profit agencies, legal/judicial representatives or systems, financial institutions and educational facilities, and allow inspection and reproduction of records pertaining to me by dully authorized representatives of those systems, financial institutions and educational facilities.

I hereby release all above mentioned parties from any and all liability for supplying such information and waive any and all rights I may have to non-disclosure of such records by governmental agencies pursuant to the Colorado Governmental Records Act, Sections 24-72-201, et. Seq., C.R.S.

Participant/Parent/Guardian Signatures

Signature of Participant

Date

Signature of Parent

Date

Social Security Number of Parent

Signature of Parent

Date

Social Security Number of Parent

Signature of Legal Guardian

Date

Social Security Number of Legal Guardian

Other Individuals in the home 18 years of age or older

Signature

Date

Social Security Number

Signature

Date

Social Security Number

If signed by person other than parent or legal guardian, state authority of signature:

Authority: _____



DEPARTMENT OF HUMAN SERVICES
EMPLOYMENT SERVICES OF WELD COUNTY
315B NORTH 11th AVENUE
PO Box 1805
GREELEY, CO 80632
(970) 353-3800
FAX (970) 346-7981

Participant Name (Print)

Release of Information and Likeness

I hereby give my permission to Employment Services of Weld County to use my likeness in photographs, motion film, video tape, and other visual imaging devices: to use any audio track, or written/verbal statements made by me or a minor represented by me for any legitimate purpose without limitation or reservations.

Participant Signature

Date

If Participant is under 18:

Parent Signature

Date