

**Summer Youth Employment and Learning Program**

**Income Self-Attestation Form**

**Applicant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Per the Connecticut Department of Labor, the following are income criteria for the Connecticut Youth Employment Program, a primary source of funding for Capital Workforce Partners' Summer Youth Employment and Learning Program.

**Check all that apply.**

Applicant is eligible for  **free**  **reduced** lunch for the **2018–2019** school year  
(Check one)

at \_\_\_\_\_  
School Name

- Applicant currently receives SNAP (food stamps)
- Applicant currently receives Temporary Family Assistance (TFA – cash assistance)
- Applicant currently receives State Administered General Assistance (SAGA – cash or medical)
- Applicant is a youth with a disability
- Applicant is in foster care (Must be verified by DCF)
- Applicant is a member of a family with an open DCF case (Must be verified by DCF)
- Applicant is pregnant or is a custodial parent
- None of the above (Must complete SYELP Family Income Statement)

I authorize the release of this information to Capital Workforce Partners and its Partner Agencies affiliated with the Summer Youth Employment and Learning Program. This information will be used solely by Capital Workforce Partners and its contracted Partner Agencies to determine eligibility for the Summer Youth Employment and Learning Program.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name  
(if applicant is under 18)

\_\_\_\_\_  
Parent/Guardian Signature  
(if applicant is under 18)

\_\_\_\_\_  
Date