**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.

1. **Free or reduced lunch**

**Check here if applicant is eligible for free or reduced lunch for 2019-2020 school year. If applicant is not eligible for free or reduced lunch, complete Section B.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Applicant is eligible for | **[ ]  free** | **[ ]  reduced** |  |  |
|  |  | *(Check one)* |  |  |
|  | at |  | . |
|  | *School Name* |  |
|  |  |  |
|  | 1. **If you are Not eligible for free or reduced lunch, check all that apply below.**
 |
| [ ]  | 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. If yes, did applicant have income of $11,553 or more in the past 26 weeks? Yes No |
| [ ]  | None of the above *(If checked off, must complete SYELP Family Income Statement)* |

1. **Signature(s)**

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 Parent/Guardian Signature Date

(if applicant is under 18) (if applicant is under 18)