

## Summer Youth Employment & Learning Program

### Income Self-Attestation Form

#### Applicant Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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.

#### A. Free or reduced lunch

**Check here if applicant is eligible for free or reduced lunch for 2021-2022 school year. If applicant is not eligible for free or reduced lunch, complete Section B. (Check one)**

- Applicant is eligible for free lunch  
 Applicant is eligible for reduced price lunch

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

#### B. 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)*

#### C. 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 & Learning Program.

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date