

# YOUTH AND YOUNG ADULT OPPORTUNITY HUB APPLICATION

## CHECKLIST. . .

1. After completion of your application, the HUB Team will carefully review your application for completion of all sections, determine your eligibility for HUB services, identify any immediate supportive service needs, and provide a brief overview of HUB services. You can expect this to take up to 45 minutes.

### Completion of Application

2. If you are still interested in being a part of the program, you must schedule to return for orientation and a follow-up one-on-one meeting with a Youth Navigator. You will be given a list of documents needed to participate in HUB services that you must bring with you upon your return for orientation and your one-on-one meeting.

### Scheduling of Orientation

Scheduling of one-on-one meeting with a Youth Navigator

3. The HUB Team will convene to review your application and assign a Youth Navigator for your follow up 1:1 meeting.

4. Orientation will run one-hour long. During orientation you will be given an in-depth overview of HUB services and what you can expect from your participation, what we expect from you, a brief Career Interest Assessment, and your Participant Handbook.

Proof of Eligibility Documentation returned.

Notification of *Community Agreement, Consent, and Waivers*.

5. The preliminary class date is scheduled to begin during week three after your initial one-on-one meeting with an assigned Youth Navigator. Several mandatory meetings, such as orientation, may occur prior to this date. Students are required to attend all pre-program meetings/orientation sessions in order to be fully admitted into the program.

Attend Orientation(s)

Attend one-on-one meeting with Youth Navigator

Attend first day of class

**2016-2017  
Youth and Young Adult  
Opportunity HUB  
Application**

<b>Referral Source:</b> ___ CTE ___ REC ___ E3 ___ JJ ___ Career Link ___ Other
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**SECTION 1: ABOUT ME**  
 Please print neatly using black/blue ink. Use check marks (✓) to indicate your responses to questions with boxes. All areas are required so that we may determine your eligibility for certain programs. Write N/A ('Not Applicable') for any areas that do not apply to your situation.

<b>First Name:</b> _____	<b>Last Name:</b> _____	<b>MI:</b> _____
<i>The HUB sometimes sends updates and appointments through email.</i>		
<b>Email Address:</b> _____		
<b>Social Security #:</b> _____ - _____ - _____	<b>Age:</b> _____	<b>Date of Birth:</b> ____/____/____
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Race/Ethnicity:</b> <input type="checkbox"/> African-American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Caucasian	
<b>Home Address:</b> _____	<b>Apt./ Floor:</b> _____	<b>Philadelphia, PA</b> 19_____
		<b>Phone Number:</b> _____ - _____ (____) _____ - _____
<b>Emergency Contact Name:</b> _____	<b>Emergency Contact Phone #:</b> _____ (____) _____ - _____	<b>Emergency Contact's Relationship to You:</b> _____
<b>(Males age 18 or older ONLY)</b> Are you registered with Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>(Under 18 years old ONLY)</b> Do you have a work permit? <input type="checkbox"/> YES: Work Permit #: _____ <input type="checkbox"/> NO	

**SECTION 2: SCHOOL INFORMATION**

Are you currently:  In School (complete section 2.a)  Out of School (complete section 2.b)

<b>SEC. 2.A IN-SCHOOL YOUTH</b> Student ID#: _____ Current School Name: _____ Current Grade? <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> 2 Year College Student <input type="checkbox"/> 4 Year College Student <input type="checkbox"/> Trade School Student Are you behind one or more grade levels? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SEC. 2.B OUT-OF-SCHOOL YOUTH</b> <b>STATUS:</b> <input type="checkbox"/> Dropped out <input type="checkbox"/> Have high school diploma <input type="checkbox"/> Have GED Please indicate your highest grade completed: <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> Last School Attended: _____ Why did you leave school: _____ Are you in college : _____
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**SECTION 3: BACKGROUND AND SUPPORTIVE SERVICE NEEDS**

Are you currently employed?  YES  No (Provide last day worked): \_\_\_\_/\_\_\_\_/\_\_\_\_  Never Worked Before  
 I have gone on a job interview  I have an updated resume  I have completed an online application

Are you pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any children? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or have you been a foster child? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a runaway? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you homeless/living in a shelter? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been in placement or convicted of a criminal offense? <input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have a disability?  YES  NO *If yes, please attach any special accommodations you may need in the workplace.*

If you or your family receive any of the following, please check the appropriate boxes below

<input type="checkbox"/> TANF: Case #: _____	<input type="checkbox"/> General Assistance: Case #: _____
<input type="checkbox"/> SSI: what type? <input type="checkbox"/> Disability <input type="checkbox"/> Blind <input type="checkbox"/> Aged	<input type="checkbox"/> Food Stamps: Case #: _____

What are your goals for today?  
 \_\_\_ Return to school \_\_\_ To earn my GED \_\_\_ To satisfy my family \_\_\_ To find employment

SUPPORTIVE SERVICES (Additional resources may be available to you, so please answer honestly.)

Childrens Health Insurance     Seeking new residence     Mental health services     Health concerns     Other  
 Parenting Skills     Drug & alcohol treatment     Criminal history     Immigrant Services

How did you hear about us?

**REQUIRED** - Please indicate family size and annual gross income using the chart below. First, identify family size, then use a  to indicate the income range for your family.

Family Size	Income Range	Family Size	Income Range	Family Size	Income Range	
1	<input type="checkbox"/> \$0 - \$10,629	3	<input type="checkbox"/> \$0 - \$23,909	5	<input type="checkbox"/> \$0 - \$34,833	If your family size is greater than 6, fill in your responses below:  Number in family: _____  Annual Income: \$ _____
	<input type="checkbox"/> \$10,630 - \$27,918		<input type="checkbox"/> \$23,910 - \$47,376		<input type="checkbox"/> \$34,834 - \$66,834	
	<input type="checkbox"/> More than \$27,918		<input type="checkbox"/> More than \$47,376		<input type="checkbox"/> More than \$66,834	
2	<input type="checkbox"/> \$0 - \$17,421	4	<input type="checkbox"/> \$0 - \$29,514	6	<input type="checkbox"/> \$0 - \$40,733	
	<input type="checkbox"/> \$17,422 - \$37,647		<input type="checkbox"/> \$29,515 - \$57,105		<input type="checkbox"/> \$40,734 - \$76,563	
	<input type="checkbox"/> More than \$37,647		<input type="checkbox"/> More than \$57,105		<input type="checkbox"/> More than \$76,563	

**SECTION 4: MY INTERESTS**  
Think about these career pathways and select three industries below that interest you. *Please note: Placement in your area of interest is not guaranteed*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Agriculture and Environmental Services     | <input type="checkbox"/> Automotive Technology             | <input type="checkbox"/> Healthcare, Life Sciences and Social Assistance | <input type="checkbox"/> Professional and Technical Services |
| <input type="checkbox"/> Architecture, Construction and Engineering | <input type="checkbox"/> Communications and Media          | <input type="checkbox"/> Hospitality                                     | <input type="checkbox"/> Real Estate                         |
| <input type="checkbox"/> Arts, Entertainment and Recreation         | <input type="checkbox"/> Community Development and Support | <input type="checkbox"/> Information Technology                          | <input type="checkbox"/> Retail Trade                        |
|   | <input type="checkbox"/> Educational Services              | <input type="checkbox"/> Manufacturing                                   | <input type="checkbox"/> Transportation and Logistics        |
|   | <input type="checkbox"/> Finance and Insurance             | <input type="checkbox"/> Municipal Services                              | <input type="checkbox"/> Utilities                           |

I do hereby authorize The Youth and Young Adult Opportunity HUB and its agents and partners to make inquiries regarding my qualifications for work and my job readiness. I also grant permission to verify income information where necessary to document my eligibility for services. I authorize the release of personal, financial, or academic information to the hub by organizations including, but not limited to, schools, employers, youth-serving organizations, and government agencies, (including the Department of Labor), for the purpose of determining income and programmatic eligibility and by PYN to its agents and partners in the course of attempting to secure placement for me. I am aware that the information I have provided is subject to review and verification (including wage records and employment information), and that I may have to provide documents to support the information provided. I am also aware that I will be removed from my placement immediately if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I certify that the information provided is true, to the best of my knowledge, and I allow the release of this information for verification purposes, understanding that it will be used to determine eligibility.

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT/GUARDIAN MUST SIGN !!!**

As a parent/guardian, I hereby grant permission for the above youth to participate in the hub-affiliated program and any related activities. I also grant permission for the collection and release of information as specified above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Read Carefully and Sign Below !!**

**Philadelphia Works, Career Link West, The Youth and Young Adult Opportunity HUB and their agents, partners, and affiliates do not discriminate, on the basis of race, color, religion, religious creed, sex, sexual orientation, gender identity, national origin, ancestry, marital status, age or non-job related disability as required by federal, state, and local law.**

Here is some information about YOUR **CIVIL RIGHTS UNDER FEDERAL LAW**. The Youth and Young Adult Opportunity HUB is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and, for beneficiaries only, citizenship, or participation in federally funded programs, as amended in admission or access to, opportunity or treatment, in, or employment in the administration of or in connection with any federally funded activity. If you think that you have been subjected to discrimination under a federally funded program or activity, you may file a complaint within **180 days** from the date of the alleged violation with the Department of Labor and Industry's (L&I) Office of Affirmative Action (OAA), or you may file a complaint directly with the Director, Civil Rights Center (CRC), **U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-4123, Washington, DC 20210**. If you elect to file your complaint with the Office of Affirmative Action, you must wait until the Office of Affirmative Action issues a decision or until 60 days have passed, whichever is sooner, before filing with the CRC (see above address). If the OAA has not provided you with a written decision within 60 days of filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with CRC within 30 days of the expiration of the 60 day period. If you are dissatisfied with the OAA's resolution of your complaint, you may file a complaint with CRC. Such a complaint should be filed within 30 days of the date you receive notice of the OAA's proposed resolution. If you have any questions, regarding YOUR CIVIL RIGHTS, or to file a discrimination complaint, please contact: **Department of Labor and Industry, Office of Equal Opportunity – Room 514, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120**. Or call **717-787-1182**, or **1-800-622-5422**, or **TDD 1-800-654-5984**. Also, a complaint can be filed by phone or in person at the local office; **U.S. Equal Employment Opportunity Commission, 801 Market Street, Suite 1300, Philadelphia, PA 19107-3127**. For general inquiries or to begin the process of filing a complaint of discrimination, call **1-800-669-4000**. *All complaints will be handled confidentially.*

I hereby certify that I have received, read and understand my rights under the law and acknowledge this with my signature.

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE OF REVIEWER:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**FOR OFFICE USE ONLY** - I have reviewed the provided information above supplied by the youth and have found it to be a reasonable representation of the individual's status at the time of the interview.