

HERKIMER COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION

Working Solutions Career Center
320 N. Prospect St., Herkimer, NY 13350
315-867-1400

APPLICATION PACKET
For the
2026
SUMMER YOUTH EMPLOYMENT PROGRAM



"We are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities."

2026 Summer Youth Employment Program
Operated by the Herkimer County
Employment & Training Administration

IMPORTANT TO NOTE:

No one is guaranteed a summer job through this program.
Placements will be determined based on funding; all applicants will be notified of their status.

To be considered for the SYEP, please follow the application process below:

Step 1: Youth must fully complete the Job Seeker Youth Registration Form (attached) – include signatures.

Step 2: Youth and Family must fully complete the TANF Youth Services Application form (attached) – include signatures.

Step 3: Submit the Job Seeker Youth Registration Form AND the TANF Youth Services Application to the Herkimer Working Solutions Office by mail at 320 North Prospect St. Herkimer, NY 13350 or scan/email to nmyers@herkimercountyny.gov

Please submit forms no later than *Friday, May 15, 2026*

The following is a summary of the Summer Youth Employment Program:

The purpose of this program is to provide a wage subsidy or stipend to eligible participants between the ages of 14 – 20, along with providing a good start in learning how to become a self-sufficient member of society. The number of work hours per week would be part time, usually 16-20 hours per week.

All youth are paid through Herkimer County and monitored on a regular basis by the ETA staff. Youth will gain valuable employability skills needed to become successful in the world of work.

This program is evaluated on an ongoing basis throughout the summer to ensure a safe, productive, and meaningful work experience.

If you have any questions regarding the Summer Youth Employment Program, please contact **Nicole Myers**, Employment & Training Director at **(315) 867-1400**.

Job Seeker Youth Registration Form

1. LastName _____ FirstName _____ M.I. _____
2. Street Address _____
City: _____ State: _____ Zip: _____
Mailing Address (if different from above): _____
City: _____ State: _____ Zip: _____
3. Social Security Number _____ - _____ - _____
4. Ethnic Background _____ (White, Black/African American, Hispanic/Latino, Alaskan/American Indian, Asian, Hawaiian/Pacific Islander)
5. Phone Number _____ - _____ - _____
6. Parent/Guardian Phone Number _____ - _____ - _____
7. Are you a US Citizen? _____ yes _____ no Gender: _____ Male _____ Female
8. Birthdate _____ / _____ / _____ Age _____
9. Education: Are you currently in school? _____ yes _____ no
 - a. If so, current grade level/School Name _____ / _____
 - b. Will you be attending Summer School? _____ yes _____ no

If not in school, highest grade completed _____
Diploma/Degree _____
9. Are you employed? _____ yes _____ no If yes, where? _____
10. What type of work are you interested in (lawn care, child care, healthcare, library work)?

 - a. How far can you commute? _____ 5 _____ 10 miles
 - b. Do you have a working card (required if under 18)? _____ yes _____ no
11. Have you been convicted of a crime? _____ yes _____ no
12. Are you a person with a disability? _____ yes _____ no
13. Are you currently in Foster Care? _____ yes _____ no
14. Are you currently working with the PINS or Probation Dept? _____ yes _____ no
15. Do you give your permission to have any photos taken during the SYEP used for publicity purposes? _____ yes _____ no

Applicant Signature/Date: _____ / _____
Parent/Guardian Signature (if under 18): _____

TANF Eligibility Guidelines -2026

The following is the Income of Family Members criteria that determine eligibility for the TANF Summer Youth Employment Program. If the youth applicant receives any of the following benefits or meets the 2026 family income levels, they may qualify for TANF Youth Services:

1. Family Assistance/Safety Net
2. Medicaid
3. Food Stamps(SNAP)
4. HEAP
5. SSI
6. 200% of Poverty Income levels – gross income of household family members (as depicted by the chart below)

*Please note: Receipt of free or reduced lunch is NO LONGER an eligibility criteria item

200% of Poverty Income Guidelines for 2026

Family Size	Annual Income	Monthly Income	Bi-Weekly Income	Weekly Income
1	\$31,920	\$2,660	\$ 1,227.69	\$ 613.85
2	43,280	3,606.66	1,664.62	832.31
3	54,640	4,553.33	2,101.54	1,050.77
4	66,000	5,500	2,538.46	1,269.23
5	77,360	6,446.66	2,975.38	1,487.69
6	88,720	7,393.33	3,412.30	1,706.15
7	100,080	8,340	3,849.23	1,924.62
8	111,440	9,286.66	4,286.15	2,143.08

For each additional family member, add the following:

\$11,360	\$ 946.66	\$ 436.93	\$ 218.46
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TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____
(Street) (Apartment Number)

(City) (State) (Zip Code)

Social Security Number: _____ Date of Birth: _____
(Month, Day, Year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes.** If yes, **go to** Section Three.
- No.** If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes**, check which program(s) and then **go to** Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- No**, complete Item B, on page 2.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

SECTION FOUR Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____

Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.