



Hire L.A.'s Youth 2020-2021 Youth Employment Program

OFFICE USE ONLY	
Council District	Supervisor District
Planning Commission Area	
Social Security Number	

ELIGIBILITY & CONTACT INFORMATION

Registration Date	Agency	Last Name	First Name	Middle Initial
Street Address (Residence) Apt. #		City		Zip Code
Telephone (Residence) () -		Telephone (Cell) () -		Telephone (Alternate) () -
E-mail Address			Birth Date (mm/dd/yyyy)	Age
			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are You A Resident of the City of Los Angeles <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest Grade Completed by June 2020 <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th School Name _____ <input type="checkbox"/> High School Graduate <input type="checkbox"/> Did not Complete HS <input type="checkbox"/> 2-yr. College <input type="checkbox"/> 4-year University		
Employment History <input type="checkbox"/> Never Employed Before <input type="checkbox"/> Previously Employed by SYEP <input type="checkbox"/> Previously Employed in Private Industry		Banking Status: Do you have a <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account How will you cash your check? <input type="checkbox"/> Bank <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Check Casher <input type="checkbox"/> Other _____		Eligibility (Agency will complete) Certification completed and Signed <input type="checkbox"/> Yes <input type="checkbox"/> No Meets Income Guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No

DEMOGRAPHIC INFORMATION

Race / Ethnicity (Select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible, Non-Citizen (A# _____) <input type="checkbox"/> Ineligible, Non-Citizen	
Selective Service Registrant (Military) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	Disabled <input type="checkbox"/> Yes, Barrier <input type="checkbox"/> Yes, No Barrier <input type="checkbox"/> No		Pregnant or Parenting Youth <input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No	Probation <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Receiving Food Stamps (CalFresh) <input type="checkbox"/> Yes <input type="checkbox"/> No
Family TANF (Or Self TANF) / CalWORKs <input type="checkbox"/> Yes <input type="checkbox"/> No	General Relief (GR) <input type="checkbox"/> Yes <input type="checkbox"/> No	Family SSI (Or Self SSI) (Supplemental Security Income) <input type="checkbox"/> Yes <input type="checkbox"/> No	Family RCA (Or Self RCA) (Refugee Cash Assistance) <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

Name of Emergency Contact Person	Relationship	Contact Phone Number () -
Medical Release: As parent/guardian I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury or illness. (Please initial here _____ after you have read this release.)		
Media/Photo/Video Release: As parent/guardian of above minor, I hereby give my permission to the use of any photographs and videos which may have been taken of him/her. (Please initial here _____ after you have read this release.)		
Participant Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I also agree to allow photos and videos that may have been taken of me to be published. I understand that falsification of any item is grounds for termination from the Hire L.A.'s Youth Program and may result in action to recover any monies paid to me while participating.		
Signature of Participant		Date
Signature of Parent, Guardian, or Responsible Adult (If Minor under 18 years old)		Date
Signature of Agency Reviewer		Date