

# Scott County Youth Program

## Program Information for Out of School Youth / Young Adult

- Paid work experience
- Post-secondary training - tuition assistance
- Tuition assistance - short term
- Support services (transportation)
- One-to-one, individualized assistance from a Counselor
- Career exploration and job preparedness
- Referrals to GED or high school credit recovery programs



## Eligibility

1. Scott County resident, **and**
2. 16-24 years of age, **and**
3. One or more of the following:
  - School dropout
  - Homeless, or runaway
  - In foster care or aged out of foster care
  - Pregnant or parenting
  - Disability
  - Offender
  - High school student /graduate who is low income and is basic skills deficient or is an English Language Learner
  - Low income, requires additional assistance to complete an educational program, or to secure & hold employment
  - Receiving public assistance (MFIP, DWP, SNAP)



Funded by the Workforce Investment & Opportunity Act (WIOA) and  
Minnesota Youth Program (MYP)

For more information or to complete a program application, please contact CareerForce in  
Shakopee or visit the website at [www.scottcountymn.gov/youth](http://www.scottcountymn.gov/youth)



Scott County Employment & Training  
752 Canterbury Rd S  
Shakopee, MN 55379  
952-496-8310



We are an equal opportunity employer / program provider of the American Job Center. Auxiliary aids and services are available upon request to individuals with disabilities. Individuals with disabilities in need of an accommodation should contact 952-496-8310 at least 3 days prior to the event.

ET-055SY / Rev. 4.2.19

# Scott County Youth Program Application

Please answer every question, fill in every field, sign all forms and attach the documents listed on the next page. It is important that you give us correct and complete information. We will return all incomplete forms.				
Last Name		First Name		SSN
Address		City		State MN Zip Code
Email Address		Contact Phone Number	Alternate Phone Number County	
Attending School <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School		Not Attending School <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Grade <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			<input type="checkbox"/> Transition Program	
Graduation Date	Received Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No		Received GED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Post-Secondary Student	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Age
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not a U.S. Citizen, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Selective Service (draft) – 18+ years old & Male <input type="checkbox"/> Yes <input type="checkbox"/> No      Registration will be verified You may register at: <a href="http://www.sss.gov">www.sss.gov</a>				
Race/Ethnicity (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander				
<b>How many persons including yourself, related to you by blood, marriage or adoption have been living in your house for the last six months? _____ List below:</b>				
Name		Age	Relationship	
Name		Age	Relationship	
Name		Age	Relationship	
Name		Age	Relationship	
Name		Age	Relationship	
Name		Age	Relationship	
<b>Family Income (for the last six months)</b>		<b>Total Amount</b>		<b>Family Member Name</b>
Wages, Net Self-Employment Income				
Workers' Compensation				
Social Security Disability				
Social Security Retirement				
Social Security Survivors				
Pension				
Other Income (interest, dividends, alimony)				
<b>Do you or your family receive any of the following?</b>				
MN Family Investment Program (MFIP) Grant or Diversionary Work Program (DWP) Grant				<input type="checkbox"/> Yes <input type="checkbox"/> No
General Assistance				<input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee Assistance				<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Support (SNAP)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Free or Reduced School Lunch				<b>Need Verification from School</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, the applicant, receive SSI?				<b>Need Verification</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a parent who is enrolled in a Dislocated Worker Program?				<input type="checkbox"/> Yes <input type="checkbox"/> No



## Scott County Youth Program Application Page 3

Verification Checklist – The Following Verifications Must Be Submitted With This Application:			
<input type="checkbox"/>	Social Security Card Copy, <b>AND</b>	<input type="checkbox"/>	Birth Certificate Copy, <b>OR</b>
<input type="checkbox"/>	Picture ID, <b>AND</b>	<input type="checkbox"/>	Driver’s License or State ID Card Copy, <b>OR</b>
<input type="checkbox"/>	Proof of Residency, <b>AND</b>	<input type="checkbox"/>	Alien Registration/Naturalization Card Copy <b>AND</b>
<input type="checkbox"/>	Selective Service/Draft Card Copy, <b>AND</b>	<input type="checkbox"/>	Verification of Free or Reduced School Lunch
<input type="checkbox"/>	Youth Eligibility Verification form and the SouthWest Metro Credit Recovery form completed by my teacher or counselor.		

I certify that the information provided is true and accurate to the best of my knowledge.

I understand that disability disclosure is voluntary; the information will be kept confidential as provided by law; the information will be used in accordance with the law; and refusal to provide the information will not subject the individual to adverse treatment.

I understand that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I understand that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for providing false or incomplete information. I allow the release of this information for verification purposes in accordance with the attached Use of Data Statement. The application must be complete and verifications must be included in order to be considered for the program. I understand that this application does not guarantee program participation.

<b>Applicant Signature</b>	<b>Date</b>
<b>Parent/Emergency Contact Name</b>	<b>Emergency/Cell Phone Number</b>

If the applicant is under 18 years of age a parent signature is required

<b>Parent Name</b>	<b>Parent Cell Phone</b>
<b>Parent Signature</b>	<b>Date</b>
	<b>Parent Email</b>

## Youth Eligibility Verification

**Take to your teacher or counselor to complete and RETURN. (NOT to be completed by student or parent.)**

I permit information in my case file to be released to Scott County Employment and Training to determine my eligibility. I have been informed as to what information will be released, the purpose and use of the information and who will receive this information. This release form expires one year from the date of signature. I am aware that I have the right to refuse to release information.

\_\_\_\_\_  
Applicant Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Teachers/Counselors/Professional Staff:** (Please complete the below information, sign and return to student)

**THIS SECTION MUST BE COMPLETED BY A TEACHER OR SCHOOL COUNSELOR**

(Not to be completed by student or parent)

**STUDENT ACADEMIC SKILLS:**

Provide the applicant's reading and math grade level based on the most recent test (i.e. 4.2, 10.6, etc):

**Grade Level Reading:** \_\_\_\_\_ **Test Name and Date:** \_\_\_\_\_

**Grade Level Math:** \_\_\_\_\_ **Test Name and Date:** \_\_\_\_\_

**Basic Skills Deficient – behind two or more grade levels**

**APPLICANT ELIGIBILITY/RISK FACTORS:**

**Attending school** \_\_\_\_\_

**Actual dropout:** 16+ years old, not attending any school, no diploma or a GED.

**Out of school: not attending any school or training program**

15 consecutive days of unexcused absences

Withdrawn or expelled from school

**Potential dropout** (check one or more below that applies)

1 or more years behind in obtaining credits for graduation

Formally dropped out and returned to high school

**Youth with limited English proficiency**

**Receiving assistance at school:**

Compensatory Ed Program, reading, math, etc.

Counseling (examples: bullying, family issues, etc.).

**Free or reduced school lunch participant: Annual Family Income:** \$ \_\_\_\_\_ (Attach verification of free or reduced school lunch)

**Chemically dependent** or child of chemically dependent parent(s)

**Disabilities:** Mental, physical, emotional, behavioral, learning (EBD, LD, ADD, ADHD, MMH, etc.)

List: \_\_\_\_\_

**Individual Education Plan:** accommodations provided: \_\_\_\_\_

**Youth offender:** arrested, probation, or diversion program

If yes, list date(s) & charge(s): \_\_\_\_\_

**Teen parent/pregnant teen:** responsible for support of one or more children

**Foster child – “fostering out”**

**Homeless youth or runaway youth**

**Applicant or their family receives:**

Supplemental Social Security - SSI, SSDI

General Assistance

Food Support (SNAP) in the last 6 months

Refugee Assistance

MFIP/DWP

**Staff recommendation regarding job placement/worksite assignment and accommodations that are needed:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (teacher, counselor, probation, doctor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

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## PROGRAM OPPORTUNITIES

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
(please print)

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Here are the possible opportunities for youth who participate in the Scott County Youth Program. Please check all that interest you.

Please feel free to visit our website at: [www.scottcountymn.gov/youth](http://www.scottcountymn.gov/youth) for more information.

**Regular Work Experience**

Public sector sites in the Scott County communities such as: Libraries, County Offices, City Offices, and Non-Profit Agencies. A job coach will not be provided. Youth must be able to perform independently without assistance.

**YouthBuild Program (Summer Only)**

YouthBuild is a collaboration with Scott County, Carver County and SouthWest Metro Intermediate School District 288 to provide youth with construction skills, academic credit and wages. You will learn construction trades through classroom and hands-on experience. Credits available are 1 semester English, 1 semester construction math and 1 semester elective construction. Credits are based on attendance and completion of the class. Need to complete SouthWest Metro Student Registration form. Preference is given to students 17 and older needing credits to graduate.

Getting a full-time job with little or no training.

Enrolling in a training program to get a certificate or degree before seeking employment.  
What training are you interested in? \_\_\_\_\_

**Transportation** to worksite(s) is not provided. Please check how you would get to the worksite.

Do you have a driver's license?     Yes     No

How will you get to work or school?     Car     Bus     Bike     Walk     Other

### Follow-Up Agreement

You will be contacted following the closing of your case file. The information you provide will help us measure the effectiveness of our services. This information will be kept confidential. If we are unable to reach you by using your contact information, we will contact the individuals listed on your application who do not live with you but will always know how to contact you. I voluntarily agree to provide information requested in the follow-up surveys or interviews following the closing of my case file.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Verification of Financial Independence

(18-24 year old applicants who are financially independent need to complete this form)

## PERSONAL/FAMILY SITUATION

<input type="checkbox"/> Financially Independent	<input type="checkbox"/> Spouse Working
<input type="checkbox"/> Living in Parents Home	<input type="checkbox"/> Spouse Unemployed
<input type="checkbox"/> Single Head of Household with Dependent Children	<input type="checkbox"/> Other : _____

## INCOME FOR LAST 6 MONTHS

Self (attach check stubs):	\$ _____
Spouse (attach check stubs):	\$ _____
Other: _____	\$ _____
Total Gross Income (for the last 6 months):	\$ _____

I certify that the information provided is true to the best of my knowledge.

**Applicant:** \_\_\_\_\_  
Signature Date

I certify that the applicant, \_\_\_\_\_, has provided over 50% of his/her support for the past 6 months.

**Head of Household:** \_\_\_\_\_  
Signature Date

# How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and Scott, HIRED and Dakota County Workforce Services

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

## Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

## Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

\_\_\_\_\_ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

\_\_\_\_\_ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature (if under 18, signature of Parent/Guardian)

\_\_\_\_\_  
Date

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## EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

### WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

**Local Equal Opportunity (EO) Officer:** Jill Pittelkow Dakota County Workforce Services 1 Mendota Road West, Suite 170, West St. Paul, MN 55118-4768, 651-554-5670 (Voice) 651-554-6565 (Fax) [Jill.Pittelkow@co.dakota.mn.us](mailto:Jill.Pittelkow@co.dakota.mn.us)  
or

**WIOA EO Officer:** Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), [Karen.Lilledahl@state.mn.us](mailto:Karen.Lilledahl@state.mn.us)  
or

**State EO Officer:** Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), [Ann.Feaman@state.mn.us](mailto:Ann.Feaman@state.mn.us)

**Director, Civil Rights Center (CRC), U.S. Department of Labor**  
**200 Constitution Avenue NW, Room N-4123, Washington, DC 20210**

or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**Please read. If you need help with or do not understand this form, please contact staff person**

In accordance with the Minnesota Statute on data Privacy, M.S.268.19, Subdivision 1b, I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state's Wage Detail files to Scott County Employment and Training.

I understand that this is private information and my decision to refuse to provide consent to share this information will not have an affect on my participation in the program.

I understand that Scott County Employment and Training will use this information ONLY for the following two purposes:

1. Auditing the Scott County Employment and Training Program and/or
2. Learning how well the Employment and Training Program is helping people like me.

I understand that Minnesota state law does not allow Scott County Employment and Training to use this information for any other purpose.

This information may not be shared by Scott County Employment and Training without my consent.

This consent goes into effect today. This approval expires after three years from the time I leave the Employment and Training Program.

I may cancel this consent in writing at any time.

- Yes, I agree to the sharing of wage and employment information.
- No, I do not agree to the sharing of wage and employment information.

\_\_\_\_\_  
Participant's Name (print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Please complete the **Wage Detail** field on the Applicant Information form (# 92) or MFIP Short Application (# 34). Enter a "Y-YES" or "N-No" as indicated by the checked box above consenting to share their wage and employment information.

**NOTE: THE PARTICIPANT MAY CANCEL THIS AUTHORIZATION OF CONSENT AT ANYTIME WITH A WRITTEN REQUEST.**

**SCOTT COUNTY HUMAN SERVICES  
CLIENT CONSENT TO RELEASE INFORMATION**

I give my permission to the following people or agencies to share information about me. The information is:

From/To	From/To
School Counselor: _____	_____
Rehabilitation Service: _____	Employment and Training Counselor
Parent: _____	MN Workforce Center – Scott County
Case Manager: _____	752 Canterbury Rd S
School Registrar: _____	Shakopee, MN 55379-1840
Probation Officer: _____	
About: _____	DOB: _____

Need Because:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Classroom/Training Completion | <input type="checkbox"/> Employment Information | <input type="checkbox"/> Program Activities    |
| <input type="checkbox"/> Diploma or GED                | <input type="checkbox"/> Program Promotion      | <input type="checkbox"/> Collaboration of Plan |
| <input type="checkbox"/> Other Achievements _____      |   |  |

- \* I understand that information about me is private. It cannot be shared with anyone without my permission unless the law says it can.
- \* I understand that I may refuse to give my permission to share this information. If I refuse, I may not receive the service I am requesting.
- \* I understand that I may cancel this consent at any time before the information is given out. I must cancel this in writing.
- \* The information listed above will expire 1 year after the participant exits from the program: \_\_\_\_\_  
(completion date)
- \* I understand that this information will be given only to people who need it to do their jobs. The information will be used only for the reason stated above.

Consent for Media Notification

I, \_\_\_\_\_, hereby authorize the Minnesota Department of Employment and Economic Development to release written information and/or photograph(s) to the media as an extension of the department’s public recognition of my achievements, contributions and participation in Youth Employment & Training programs.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent or unit of the State of Minnesota arising from this release.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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Notice to other parties: Minnesota State Statute 13.04 allows our clients to see private information kept in their files. If the client wants to see the information you are sending us, we must allow them to do so.

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Distribution:  
1. Other agency      2. Client      3. Case File

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