



200 North Second Street  
Fulton, New York 13069  
(315) 591-9000  
(315) 591-9047 fax or (315) 591-9009 fax  
[ocwny@oswegocounty.com](mailto:ocwny@oswegocounty.com)

# Summer Job Opportunities

## July to August 2025

Do you want a summer job?

Are you age 14 to 20?

▲ Eligibility restrictions apply ▲

Eligibility Guidelines ☞ you must be a resident of Oswego County

AND Meet one or more of the following criteria:

- Low Household Income • see chart
- TANF • Public Assistance
- SNAP • Food Stamps
- Medicaid
- HEAP
- Foster Care
- SSI

**Applications will be available starting Tuesday, April 1, 2025**

### 4 Ways to Apply

- 1.) Download application from [ocwny.org](http://ocwny.org) & email completed application packet to [ocwny@oswegocounty.com](mailto:ocwny@oswegocounty.com)
- 2.) Print application from [ocwny.org](http://ocwny.org) and mail completed application packet to 200 North Second St. Fulton, NY 13069
- 3.) Pick up a paper application from 200 North Second St. Fulton, NY 13069. Complete & return application packet to above address.
- 4.) Contact us at 315•591•9076 to request a paper application. Complete and return application packet to above address.

**Deadline to apply Friday 5/30/2025**  
**NO APPLICATIONS WILL BE CONSIDERED AFTER THIS DATE**

Please contact Workforce New York at 315•591•9076 for information.

[www.ocwny.org](http://www.ocwny.org)

Oswego County Workforce New York is an equal opportunity employer/program.

Auxiliary aids are available upon request to individuals with disabilities.

TTY (315) 591-9247



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## **200% of Federal Poverty Guidelines Chart**

**June 1, 2025 through May 31, 2026**

<b>Family Size</b>	<b>Monthly Income</b>	<b>Annual Income</b>
1	\$2,608	\$31,300
2	\$3,525	\$42,300
3	\$4,442	\$53,300
4	\$5,358	\$64,300
5	\$6,275	\$75,300
6	\$7,192	\$86,300
7	\$8,108	\$97,300
8	\$9,025	\$108,300

For family units with more than eight members, add \$917 monthly or \$11,000 annually for each additional family member.

Please note the above guidelines are applicable to the 48 contiguous states and the District of Columbia.

The 200% of Federal Poverty Guidelines do not go into effect for the Supplemental Nutrition Assistance Program (SNAP) on June 1<sup>st</sup>. Poverty guidelines for SNAP are updated each year on October 1<sup>st</sup>.

**June 1, 2024 through May 31, 2025**

<b>Family Size</b>	<b>Monthly Income</b>	<b>Annual Income</b>
1	\$2,510	\$30,120
2	\$3,407	\$40,880
3	\$4,303	\$51,640
4	\$5,200	\$62,400
5	\$6,097	\$73,160
6	\$6,993	\$83,920
7	\$7,890	\$94,680
8	\$8,787	\$105,440

For family units with more than eight members, add \$897 monthly or \$10,760 annually for each additional family member.

Please note the above guidelines are applicable to the 48 contiguous states and the District of Columbia.

The 200% of Federal Poverty Guidelines do not go into effect for the Supplemental Nutrition Assistance Program (SNAP) on June 1<sup>st</sup>. Poverty guidelines for SNAP are updated each year on October 1<sup>st</sup>.

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**Thank you for your interest in the Oswego County Summer Youth Employment Program (SYEP)!**  
**There are a few steps to get started:**

- 1.) View the SYEP orientation located on our website [www.ocwny.org](http://www.ocwny.org) under “Young Adult Workers”. The orientation can also be viewed at 200 N. 2<sup>nd</sup> St. Fulton, NY Monday – Friday 8:30am – 4:30pm
- 2.) Complete this entire application packet – please fill it out as accurately & completely as possible.
- 3.) Gather all required eligibility documents – **See checklist below.**
- 4.) Submit this entire completed packet AND submit your eligibility documents to us no later than May 30, 2025. Applications will not be accepted after this date.

**See below for how to send this information to us.**

After we receive your application packet AND eligibility documents, we will contact you by email or phone to set up an appointment for the eligibility & payroll orientation.

The following information is requested from you to determine eligibility for the Summer Youth Employment Program. Please send **COPIES** of the following information except for Work Cards. We must have your original Work Card.

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Signed Social Security Card
- \_\_\_\_\_ **Original** Work Card (for ages 14-17; **Not a Copy**)
- \_\_\_\_\_ Photo I.D. (if you are 18 years or older)
- \_\_\_\_\_ Proof of Address (inside Oswego County; ie: bill statement)
- \_\_\_\_\_ Pay Stubs, or other household income documents dated within the last 6 months

**Requested Information can be sent to us in the following ways:**

- 1.) **Drop off:** Oswego County Workforce NY – 200 North Second Street Fulton, NY 13069
- 2.) **Mail:** **200 North Second Street, Fulton, NY 13069**
- 3.) **Email:** [OCWNY@Oswegocounty.com](mailto:OCWNY@Oswegocounty.com)

**Please contact us with any questions / concerns  
at (315) 591-9076 Or email [OCWNY@Oswegocounty.com](mailto:OCWNY@Oswegocounty.com)**

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Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_

We are asking all applicants to complete this form to determine eligibility for additional programs and services that we provide in our office. Please check all that apply to you.

High school dropout

Pregnant

Parenting

Currently in / aged out of foster care

Individual with a disability

Homeless

Legal Issues

None

### Orientation Preference:

If you are eligible for SYEP, where would you prefer to attend your orientation?

\_\_\_\_ *Fulton*      \_\_\_\_ *Pulaski*

How did you hear about SYEP?

Past Participant

School

OCWNY Website

Social Media \_\_\_\_\_  
What Platform?

Outside Agency

Other

[ocwny.org](http://ocwny.org)

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## 2025 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION

**DIRECTIONS:** Please print in blue or black ink. Complete form carefully. The Social Security number may be used as an identifying number in tracking individuals in the system for various payments and for management purposes.

Social Security Number:		Month	Day	Year
Date of Birth:				
Name:				
Last	MI	First		
Mailing Address:				
City:	State:		Zip Code:	
School District:	APW	C. Sq	Fulton	Hannibal
	Mexico	Oswego	Phoenix	Pulaski
	Sandy Creek			
Gender (check one):	Male	Female	Other	Home Phone:
Cell:	Emergency Contact Phone:			
Email:				

1. Are you a United States citizen? Yes No
2. Do you have any children? Yes No
3. Are you, or have you ever been in Foster Care? Yes No
4. Are you Homeless? Yes No
5. Race/Ethnicity: Caucasian African Amer Hispanic/Latino Amer Indian/AK Native Hawaii/Pacific Islander
6. Are you enrolled in Middle or High School? Yes No or Do you have a H.S. diploma or GED? Yes No
7. What is the highest grade you have completed in school? 8<sup>th</sup> or less 9 10 11 Other:
8. Your current school status: In Middle/High School Have IEP Have HSE Have HS Diploma  
HS diploma / HSE plus some college Have Other Degree (specify): Not in school
9. Selective Service (ALL Males age 18+) Eligible & Registered Not Registered N/A (MALE Under 18 or female)
10. Do you have a physical, mental or learning disability? Yes No *(This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusing to answer.)*
11. Are you a Military Veteran? Yes No If yes, discharge was: Honorable Other than Honorable
12. Are you a Migrant/Seasonal farm worker? Yes No
13. Do you have a driver's license? Yes No
14. Have you ever been convicted of a crime? Yes, felony Yes, misdemeanor No
15. Number of family members in your household (including yourself):

OCWNY is an equal opportunity employer/program. Auxiliary aids are available upon request to individuals with disabilities. All information is kept confidential and nothing on this application should be viewed as expressing directly or indirectly any discrimination as to age, race, religion, color, national origin, sex, disability, marital status, or criminal record. If applicable, I give Oswego County Workforce New York permission to verify my Selective Service Registration. The Workforce Development Board of Oswego County has declared a priority of service policy to be in effect for Veterans and Eligible Spouses of Veterans, Public Assistance recipients, low income individuals and individuals who are basic skills deficient at every phase of services offered. My signature below indicates that the information I have provided is true and correct to the best of my knowledge and I am a citizen or national of the United States, or a lawfully admitted permanent resident alien, refugee, asylum or parolee, or other immigrant authorized to work in the United States and I have been advised of the availability of the WIOA Complaint/Grievance Resolution Procedure and how to obtain a copy

Applicant Signature

Date

Parent / Guardian (if applicant is under 19)

Date

Revised 3/2025

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2025 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION

***AUTHORIZATION FOR RELEASE OF INFORMATION AND PHOTOGRAPH***

I, \_\_\_\_\_, hereby give permission to Oswego County Workforce New York to release information and use my photograph for promotional and publicity purposes.

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Signature

Date

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Signature of Parent/Guardian  
(If applicant is under 18 years of age)

Date

\_\_\_\_\_ Check here for No Publicity Permission

Revised 3/2025

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2025 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION

**Workforce Innovation and Opportunity Act  
Interagency Release of Information Form**

**Participant Name:** \_\_\_\_\_

**Participant Address:** \_\_\_\_\_

I authorize only the Workforce Innovation and Opportunity Act (WIOA) partner agencies listed below to obtain, or release written documentation, and/or discuss any employment related information indicated below with each other to assist me in my employment and training efforts.

My permission to discuss information is only valid until **9/30/2025** and cannot extend beyond one year from the date I sign this form, whichever is sooner. I can change my mind about this release, by telling the initiating agency identified below, in writing, that I do not want any further information to be given out or discussed.

Information to be obtained, released, and/or discussed by an agency must be for its program purposes, associated with a referral, and only to the extent the other agency demonstrates that the information requested is necessary for its program. No medical and/or disability information is to be provided under this release. I give my permission for the checked items listed below to be shared:

- ☐ My contact information.
- ☐ My work history/experience.
- ☐ My education/skills/abilities.
- ☐ My career/skill assessment results.
- ☐ My income level/benefit eligibility.
- ☐ My eligibility/enrollment and/or attendance in workforce system programs.
- ☐ The accommodations I need to access training or services or to find, obtain, or retain employment.

Revised 3/2025

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2025 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION

**WIOA agencies releasing/receiving/discussing this information:**

**Initiating Agency Name:** Oswego County Workforce New York  
**Agency Address:** 200 North 2<sup>nd</sup> St., Fulton, NY 13069  
**Telephone:** [315] 591-9000 **Email:** ocwny@oswegocounty.com

**Emergency Contact** \_\_\_\_\_  
**Contact Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I have read, understand and agree to all the information in this document.**

Participant or Authorized  
Representative/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
**WIOA Agencies:** The information being disclosed to you may be from records protected by state or federal confidentiality rules which prohibit you from making any further disclosure of this information unless said further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise legally permitted. It is understood and accepted that this Release Form is not sufficient to, and is not intended to allow for, providing informed consent for the release of confidential Unemployment Insurance (UI) data pursuant to New York State Labor Law §537(1)(d); medical information pursuant to the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); education information pursuant to the Family Educational Rights and Privacy Act (FERPA) (34 Code of Federal Regulations (CFR) Part 99); Mental Health Information (New York State Mental Hygiene Law Sections 19.17, 23.05 and 33.13; Alcohol/Drug Treatment (Public Health Services Act ) (42 CFR Part 2); or HIV related Information (New York State Public Health Law Article 27- F)

Revised 3/2025

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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.**

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" <b>or</b></p> <p><b>I-551:</b> stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" <b>or</b></p> <p><b>I-571:</b> Refugee Travel Document <b>or</b></p> <p><b>I-688B:</b> Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" <b>or</b></p> <p><b>I-766:</b> Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><b>I-94:</b> stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" <b>or</b></p> <p><b>I-94</b> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti <b>or</b></p> <p><b>I-551:</b> stamped "CU6, CU7, or CH6" <b>or</b></p> <p>Temporary <b>I-551</b> stamp in foreign passport. <b>or</b></p> <p>USCIS notice or letter indicating ongoing exclusion or deportation proceedings <b>or</b></p> <p>A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><b>I-94:</b> stamped "Granted asylum under Section 208 of the INA" <b>or</b></p> <p><b>I-551:</b> Stamped "AS1, AS2, AS3, AS6, AS7, or AS8" <b>or</b></p> <p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" <b>or</b></p> <p><b>I-766:</b> Employment Authorization Document annotated "(a5)" <b>or</b></p> <hr/> <p>Grant letter from USCIS Asylum Office <b>or</b></p> <p>Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><b>I-94:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS <b>or</b></p> <p><b>I-551:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8" <b>or</b></p> <p>Temporary <b>I-551</b> stamp in foreign passport <b>or</b></p> <p><b>I-571:</b> Refugee Travel Document <b>or</b></p> <p>Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" <b>or</b></p> <p><b>I-766:</b> Employment Authorization Document annotated "(a10)" <b>or</b></p> <p>Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" <b>or</b></p> <p><b>INS I-551:</b> Stamped "RE5, RE6, RE7, RE8, or RE9" <b>or</b></p> <p>Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong <b>or</b> Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower <b>or</b> unmarried dependent of a tribal member <b>and</b></p> <p>Documents to show lawfully residing in the US</p> <p><b>Divorced spouses do not qualify</b></p>
7. Lawfully Admitted For Permanent Residence (LPR) <u>without</u> 40 Qualifying Quarters	<p>Entered Before 8/22/96</p> <p>Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.</p>	<p><b>I-551:</b> (Permanent Resident Card) <b>or</b></p> <p>Temporary <b>I-551</b> stamp in foreign passport or on <b>I-94.</b> <b>or</b></p> <p><b>I-327</b> (Re-entry Permit) <b>or</b></p> <p><b>I-181:</b> Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<b>Form DD-214</b>) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. <b>Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children</b>	<b>Status Granted</b>	Military Identification Card ( <u>DD Form 2</u> ) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. <b>Conditional Entrant (status granted to refugees before 1980)</b>	<b>Entry</b>	<b>I-94</b> with stamp showing admitted under Section 203(a)(7) of INA <b>or</b> <b>I-688B</b> (Employment Authorization Card) annotated "274a.12(a)(3)" <b>or</b> <b>I-766</b> (Employment Authorization Document) annotated "(a1)" or "(a3)"
11. <b>A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)"</b>	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); <b>or</b> INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. <b>Victim of Human Trafficking</b>	<b>Entry</b>	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification <b>or</b> <b>I-94</b> Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. <b>Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)</b>	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<b>I-94</b> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year <b>or</b> <b>I-688B</b> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" <b>or</b> <b>I-766</b> annotated "C11" or A4, and <b>I-94</b> indicating admitted for at least one year
14. <b>North American Indian born in Canada</b>	<b>NA</b>	<b>I-551</b> : (Permanent Resident Card): stamped "S1-3", temporary <b>I-551</b> stamp in a Canadian passport <b>or</b> <b>I-94</b> : stamped "S1-3" <b>or</b> <b>Tribal document</b> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe <b>and</b> School records, <b>or</b> A birth or baptismal certificate issued on a reservation, <b>or</b> Other satisfactory evidence of birth in Canada
15. <b>Member of federally recognized tribe born outside U.S.</b>	<b>NA</b>	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act



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Fulton, New York 13069  
(315) 591-9000  
(315) 591-9047 fax or (315) 591-9009 fax  
ocwny@oswegocounty.com

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#### An Important Note to Youth Participants, Parents & Guardians

- Youth that are selected to participate in the Oswego County Summer Youth Employment Program are employees of Oswego County. As employees of Oswego County, it is expected that they follow the requirements and policies of this program.
- When issues arise during the summer youth employment program, Oswego County Summer Counselors spend time speaking with the youth & worksite to get an understanding of the issues occurring. The team then comes to a decision on how to help resolve these issues.
- Although this is a training opportunity, it is also a real job with expectations and consequences.
- Oswego County reserves the right to terminate youth participants who violate the policies outlined in the participant handbook **WITHOUT** consulting the youth's Parent/Guardian first.
  - The participant handbook is provided to each youth on their first day of work. Oswego County Summer Counselors thoroughly review this handbook with all youth participants. Youth are required to sign that they have received & understand the policies outlined in the handbook.
- It is required that youth participants and their Parent/Guardian review the participant handbook together. Youth participants are sent home with a copy of their participant handbook on their first day of work.
- Copies of participant handbook can be requested at any time at the OCWNY office.

By signing this form, the youth participant and their parent/guardian understands and agrees to the information outlined above.

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Youth Participant Printed Name (first & last)	Date
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Youth Participant Signature	Date
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Parent/Guardian Printed Name (first & last)	Date
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Parent /Guardian Signature	Date
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[www.ocwny.org](http://www.ocwny.org)

Oswego County Workforce New York is an equal opportunity employer/program.

Auxiliary aids are available upon request to individuals with disabilities.

TTY (315) 591-9247