

# REGISTRATION FOR YOUTH SERVICES 2009 SUMMER JOB PROGRAM

New Directions Southcoast, Inc. is currently accepting registration applications for participation in the 2009 Summer Job Program. The program provides subsidized employment opportunities for eligible youth between the ages of 14 and 24 living in New Bedford, Dartmouth, Fairhaven, Mattapoisett, Acushnet, Freetown, Lakeville, Marion, Wareham and Rochester. All participants must meet eligibility requirements per state and federal guidelines and provide supporting documentation to be deemed eligible.

Should you have any questions regarding the program, please do not hesitate to contact the New Directions Youth Department at 508-979-1616 ext 100. If you have any questions about the application or what documentation is needed please contact 508-990-4157. To assist us in providing quality and efficient services, we ask that you bring the following documents that apply to you.

## **Please remember to sign the application. (Parents / Guardians and Youth)**

### **1. If you or your family receive TAFDC, EAEDC, or Food Stamps Benefits**

Proof of Citizenship / Authorization to work in the US  
Proof of Address / Report Card or School Record  
Social Security Card  
DTA Print-out (within last 30 days) for income verification mailed to you Call 1-800-632-8095

### **2. If you or your family received Unemployment Insurance**

Proof of Citizenship / Authorization to work in the US  
Proof of Address / Report Card or School Record  
Social Security Card  
Benefits Determination Form / U.I. printout  
Birth Certificate for everyone in household / Lease Agreement

### **3. If you or your family receive SSI**

Proof of Citizenship / Authorization to work in the US  
Proof of Address / Report Card or School Record  
Social Security Card  
SSI Print out (within Last 30 days) to have it mailed to you  
Call 508-999-3101 or 1-800-772-1213

### **4. If you or your family receive SSDI**

Proof of Citizenship / Authorization to work in the US  
Proof of Address / Report Card or School Record  
Social Security Card  
Proof of Income (last 6 pay stubs for every job in the past 6 months)  
Birth Certificate for everyone in household / Lease Agreement  
Social Security Benefits Print-out (within Last 30 days) to have one mailed to you CALL 508-999-3101 or 1-800-772-1213

### **5. If anyone in your household is currently EMPLOYED, or have worked in the past (6) months**

Proof of Citizenship / Authorization to work in the US  
Proof of Address / Report Card or School Record  
Social Security Card  
Proof of Income (last 6 pay stubs for every job in the past 6 months)  
Birth Certificate for everyone in household / Lease Agreement

### **6. If you have any (IEP) Individual Education Plan/Chapter 766**

Proof of Citizenship / Authorization to work in the US  
Proof of Address / Report Card or School Record  
Social Security Card  
Copy of your I.E.P.

\*note if your child has an IEP you do not need to complete page. 3

### **7. DSS /DYS Foster Child**

Proof of Citizenship / Authorization to work in the US  
Proof of Address / Report Card or School Record  
Social Security Card  
Verification of Payments made on behalf of the Child

\*If you are in legal custody of DDS/DYS have your Case worker Sign Application

**Once you have completed your application please mail or return it, with documentation, to the Greater New Bedford Career Center, Wareham Career Center, or Quest Center. If you have any questions call 508-990-4157. Please return completed application on or before May 8<sup>th</sup>.**

**ONLY COMPLETED REGISTRATIONS WILL BE ACCEPTED FOR REVIEW.** Eligibility is determined by the timely submission of your completed application and all required documents.

**ACCEPTANCE OF COMPLETED APPLICATION DOES NOT GUARANTEE EMPLOYMENT**

**ALL COMPLETED APPLICATIONS MUST BE DONE IN INK AND INCLUDE A BIRTH CERTIFICATE, PROOF OF ADDRESS, CITIZENSHIP (IF APPLICABLE) AND SOCIAL SECURITY CARD FOR APPLICANT.**

## **New Directions Southcoast, Inc.**

**Quest Center**  
1213 Purchase Street  
New Bedford, MA 02740  
Attn: Youth Department

**Monday-Thursday 8:30-4:30**  
**Friday 9:30-4:30**

**Greater New Bedford Career Center**  
618 Acushnet Avenue  
New Bedford, MA 02740  
Attn: Elizete Perry

**Monday, Wednesday, Thursday 8:30-5:00**  
**Tuesday 8:30-7:00**  
**Friday 9:30-4:30**

**Wareham Career Center**  
48 Marion Road  
Wareham, MA 02571  
Attn: Elizete Perry

**Monday-Thursday 8:30-4:30**  
**Friday 10:00-4:30**



Please fill in the your military background (if applicable)

Branch: Airforce Army Coast Guard Marines National Guard Navy Reserves

Service dates (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_ -- \_\_\_/\_\_\_/\_\_\_

Discharge: Honorable Other than Honorable Medical Service Condition Bad Conduct Dishonorable

Other Veteran Attributes: Disabled Veteran (VA rated percent of disability): \_\_\_%

Recently Separated Veteran Campaign Badge Reserve time/Training only

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Please fill in your Employment History.

**Current/most recent employer:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start date: \_\_\_/\_\_\_/\_\_\_ End date: \_\_\_/\_\_\_/\_\_\_

Main Duties: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per Hour Week Month Year Reason for Leaving: \_\_\_\_\_

Hours per week: \_\_\_\_\_

**Next most recent employer:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start date: \_\_\_/\_\_\_/\_\_\_ End date: \_\_\_/\_\_\_/\_\_\_

Main Duties: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per Hour Week Month Year Reason for Leaving: \_\_\_\_\_

Hours per week: \_\_\_\_\_

**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 that I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the program and may result in action to recover any monies paid to me while participating. I authorize the release of information to and/or from all cooperating agencies including school departments, state agencies, employers, institutions, individuals and facilities for purposes of processing this application and developing a career plan.**

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Parent / guardian signature authorizing release of information

Date

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Signature of Job Seeker

Date

Intake/Eligibility Certifier

Date

Staff ID #

**PLEASE COMPLETE ALL SECTIONS ON BOTH PAGES OF THIS INTAKE FORM. THANK YOU!!**

**IF ANYONE IN THE HOUSEHOLD SUPPORTING THE YOUTH APPLICANT HAS BEEN WORKING IN THE LAST SIX MONTHS, PLEASE LIST THE FOLLOWING INFORMATION:**

**Do not fill this section out if your child has an IEP/chapter 766 or is in legal custody of DSS/DYS and payments are being made on behalf of the Child.**

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ HRS/WEEK: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE #: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

WORKING PERSONS SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ HRS/WEEK: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE #: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

WORKING PERSONS SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ HRS/WEEK: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE #: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

WORKING PERSONS SIGNATURE: \_\_\_\_\_

**Eligibility Information Sheet**

**Please answer the following questions by placing a checkmark in the correct space. Information is used for eligibility purposes per federal and state requirements and will be kept confidential.**

- Dropped out of school Yes \_\_\_\_ No \_\_\_\_
- Homeless Yes \_\_\_\_ No \_\_\_\_
- Runaway Yes \_\_\_\_ No \_\_\_\_
- Pregnant or Parenting Teen Yes \_\_\_\_ No \_\_\_\_
- Poor Academic Performance Yes \_\_\_\_ No \_\_\_\_
- Child of a single working parent Yes \_\_\_\_ No \_\_\_\_
- Lack of fluency in English or foreign immigrant Yes \_\_\_\_ No \_\_\_\_
- Receive free / reduced school lunch Yes \_\_\_\_ No \_\_\_\_  
*(If yes, please provide copy of free / reduced lunch card)*

- II.
- Are you under DSS Care or in Foster Care: Yes \_\_\_\_ No \_\_\_\_  
If Yes, Case Worker Name \_\_\_\_\_

- Aged out of Foster Care or close to aging out: Yes \_\_\_\_ No \_\_\_\_

- III.
- Offender and / or on probation Yes \_\_\_\_ No \_\_\_\_  
(History of involvement in Juvenile Justice System)  
Probation Officer's Name \_\_\_\_\_

- IV.
- Request of additional assistance Yes \_\_\_\_ No \_\_\_\_  
a) If yes list please provide details of accommodations  
\_\_\_\_\_

- b) Has an I.E.P. Yes \_\_\_\_ No \_\_\_\_

- V.
- Are you a high school junior, senior or graduate who has not passed MCAS?  
Yes \_\_\_\_ No \_\_\_\_



# TABE TEST DATES & LOCATIONS

The following test dates are available to youth who have already received a registration form. Please call to register for TABE testing at (508) 979-1616 ext. 163 or 184. SPACE IS LIMITED.

**Department of Transitional Assistance (DTA)**

160 Rodney French Boulevard  
3:00 PM to 4:30 PM

**Friday, May 1st**

**Voc-Tech High School**

1121 Ashley Boulevard  
3:00 PM to 4:30 PM

**Monday, May 18th**

**New Bedford High School**

230 Hathaway Boulevard  
3:00 PM to 4:30 PM

**Saturday, April 25th**

**Tuesday, May 5th**

**Thursday, May 7th**

**Tuesday, May 19th**

**Boa Vista**

134 S. Second Street  
3:00 PM to 4:30 PM

**Wednesday, April 29th**

**PAACA**

360 Coggeshall Street  
3:00 PM to 4:30 PM

**Wednesday, May 13th**

**The Quest Center**

1213 Purchase Street  
3:00 PM to 4:15 PM

**Every Friday from April 3rd to May 22nd**

*Except Friday, April 24th*

**Dennison Memorial**

755 S. First Street  
3:00 PM to 4:30 PM

**Tuesday, April 28th**

**Thursday, April 30th**

**Boys & Girls Club**

166 Jenney Street  
3:00 PM to 4:30 PM

**Friday, May 8th**

**Tuesday, May 12th**

**Brooklawn Senior Center**

1997 Acushnet Avenue  
3:00 PM to 4:30 PM

**Thursday, May 14th**

**Fort Tabor**

1000 S. Rodney French Boulevard  
3:00 PM to 4:30 PM

**Monday, April 27th**

**Dottin Place**

8 Amanda Avenue  
3:00 PM to 4:30 PM

**Wednesday, May 20th**

**Thursday, May 21st**

**Youth Build**

181 Hillman Street  
3:00 PM to 4:30 PM

**Wednesday, May 6th**

**Monday, May 11th**

**Downtown Library**

613 Pleasant Street  
3:00 PM to 4:30 PM

**Monday, May 4th**

**Monday, May 4th**

TABE testing is for the purpose of determining eligibility for the Summer Jobs Program. You do not have to attend a TABE test session if you are able to provide the following documentation:

- A letter stating that you are involved with the **Department of Child and Family Services (formerly DSS)**
- A letter stating that you are involved with the **Department of Youth Services (DYS)**
- A letter stating that you are **court involved or are on probation**
- A letter stating that you have **dropped out of high school**
- A letter stating that you are **homeless**
- Your child's birth certificate or documentation that you are a **teen parent**
- A copy of your **Individual Education Plan (IEP)**

*If you have questions or need assistance in getting any of these letters,  
please call 508-990-4157*