

Referral Code

Quality Review Checklist



Participant's Information		
Last Name	First Name	Enrollment ID

Eligibility Verification Documentation

- | | | |
|-------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1. Birth Certificate | 6. Passport | 10. Online Verification Printout (for males 18 & older) |
| 2. Social Security Card | 7. Social Service Record | 11. Selective Service Registration Form (for males who are not yet 18 but will turn 18 on or before the last day of the summer program) |
| 3. School ID | 8. I-9 List A Document | 12. <i>Other: Please see the PYN Approved Source Documentation List</i> |
| 4. School Records | 9. I-9 List B and List C document | |
| 5. Fed/State/Gov ID | | |

Eligibility Area	Verification Submitted	Data Validation in PYINDEX
<input type="checkbox"/> Social Security Number	2 7 12	<input type="checkbox"/> SSN Verified
<input type="checkbox"/> ID/Age	1 3 4 5 6 7 12	<input type="checkbox"/> DOB Verified
<input type="checkbox"/> Philadelphia Residency	3 4 5 7 12	<input type="checkbox"/> Address Verified
<input type="checkbox"/> Citizenship/Eligible to Work	1 6 8 9 12	<input type="checkbox"/> Name Verified
<input type="checkbox"/> Selective Service	10 11 12 NA	<input type="checkbox"/> Registration Verified
<input type="checkbox"/> Income Verification	<input type="checkbox"/> Income verification form	<input type="checkbox"/> Income Verified
<input type="checkbox"/> Barrier	12 NA	<input type="checkbox"/> Barrier Verified

Enrollment Verification

PROVIDER USE ONLY	PYN STAFF USE ONLY		
<input type="checkbox"/> Application	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present
<input type="checkbox"/> PYN's Universal Signature Page	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present <input type="checkbox"/> Refused Waiver and Release <input type="checkbox"/> Refused Buckley Amendment
<input type="checkbox"/> W-4 2020*	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present <input type="checkbox"/> Not Required
<input type="checkbox"/> I-9*	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present <input type="checkbox"/> Not Required
<input type="checkbox"/> ACT-32*	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present <input type="checkbox"/> Not Required
<input type="checkbox"/> Work Permit*	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present <input type="checkbox"/> Not Required
<input type="checkbox"/> Parental Acknowledgement*	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present <input type="checkbox"/> Not Required
<input type="checkbox"/> Handbook Receipt	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present
Clearances: <input type="checkbox"/> Requires Clearances <input type="checkbox"/> Does not require			
<input type="checkbox"/> Clearance Acknowledgement	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present
<input type="checkbox"/> FBI Disclosure Waiver	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Present
PYN STAFF USE ONLY	<input type="checkbox"/> PA Criminal	<input type="checkbox"/> Paper	<input type="checkbox"/> In Sterling
	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Paper	<input type="checkbox"/> In Sterling
	<input type="checkbox"/> FBI Fingerprint	<input type="checkbox"/> Paper	<input type="checkbox"/> In Sterling <input type="checkbox"/> FBI waived

* Required for wage-based programs only

Provider Staff Signature: _____ Date: ____/____/____



WorkReady Application Signature Page

Instructions: Please read the statements below and acknowledge by signing in the appropriate places. If you are under 18, you must also obtain the signature of a parent or guardian. Print this page and bring it with you to your enrollment appointment.

Application Statement

I do hereby authorize Philadelphia Youth Network (PYN) and its agents and partners to make inquiries regarding my qualifications for work and my job readiness. I also grant permission to verify income information and, where necessary, to document my eligibility for services. I authorize the release of personal, financial, or academic information to PYN by organizations including, but not limited to: schools, employers, youth-serving organizations and government agencies (including the Department of Public Welfare) for the purpose of determining income and programmatic eligibility and by PYN to its agents and partners in the course of attempting to secure placement for me. I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification (including wage records and employment information) and that I may have to provide documentation to support the information provided. I am also aware that I will be immediately removed from my placement if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Equal Employment Opportunity

The Philadelphia Youth Network and its agents, partners, and affiliates do not discriminate, on the basis of race, color, ethnicity, religion, religious creed, sex (including pregnancy, childbirth or related medical conditions), sexual orientation, gender identity, genetic information, national origin, ancestry, marital status, familial status, status as a victim of domestic/sexual violence, veteran status age or non-job related disability as required by federal, state, and/or local law. Here is some information about YOUR CIVIL RIGHTS UNDER FEDERAL LAW. The Philadelphia Youth Network is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and, for beneficiaries only, citizenship, or participation in federally funded programs, as amended in admission or access to, opportunity or treatment, in, or employment in the administration of or in connection with any federally funded activity. If you think that you have been subjected to discrimination under a federally funded program or activity, you may file a complaint within 180-days from the date of the alleged violation with the Department of Labor and Industry's (L&I) Office of Affirmative Action (OAA), or you may file a complaint directly with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 300 Constitution Avenue, N.W., Room N-4123, Washington, DC 20210. If you elect to file your complaint with the Office of Affirmative Action, you must wait until the Office of Affirmative Action issues a decision or until 60-days have passed, whichever is sooner, before filing with the CRC (see above address). If the OAA has not provided you with a written decision within 60-days of filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with CRC within 30-days of the expiration of the 60-day period. If you are dissatisfied with the OAA's resolution of your complaint, you may file a complaint with CRC. Such a complaint should be filed within 30-days of the date you receive notice of the OAA's proposed resolution. If you have any questions, regarding YOUR CIVIL RIGHTS, or to file a discrimination complaint, please contact: The Department of Labor and Industry, Office of Equal Opportunity - Room 514, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, Pennsylvania 17120. Or Call (717) 787-1182 - 1-800-622-5422 - TDD 1-800-654-5984. Also, a complaint can be filed by phone or in person at the local office. U.S. Equal Employment Opportunity Commission, 801 Market Street, Suite 1300, Philadelphia, PA 19107-3127. For general inquiries or to begin the process of filing a complaint of discrimination, call 1-800-669-4000. All complaints will be handled confidentially.

Waiver and Release

The Philadelphia Youth Network, Inc. (PYN) from time to time creates promotional and educational materials about PYN, its programs and WorkReady Philadelphia. In consideration of the opportunity to participate in the programs offered by the Philadelphia Youth Network, I hereby give permission to PYN, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic or other means my image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the objectives of PYN, its programs and WorkReady Philadelphia. I hereby release any and all actions and claims which I, my family members, my child, our heirs, executors or administrators may have against the Philadelphia Youth Network, Inc., its employees, affiliates, representatives, contractors, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or republication of the words or images gathered for the purpose described above. I intend this to be a legally binding agreement.

BUCKLEY AMENDMENT: Consent for Release of Information

WorkReady Philadelphia programs are designed to provide participating youth with meaningful learning experiences, including preparation for the workplace and higher education opportunities, and success in school. So that we may ensure that our youth's needs be fully met, it is helpful to track their performance in school through grades, standardized tests, achievement levels, and other relevant records. Please read the following statement, and sign below to indicate that you agree to allow your/your child's school to release these records to the Philadelphia Youth Network (PYN) and its partners for use throughout the program. I understand that the Buckley Amendment to the Family Education Rights and Privacy Act of 1974 guarantees that my/my child's academic record will not be discussed with or disclosed to any third party without my written consent. I hereby authorize officials of the School District of Philadelphia to release my/my child's educational records (limited to: standardized tests, graduation and promotion information, and copies of report cards) only to PYN and to any corresponding partner agency or agencies with which I/my child will be placed by PYN. This consent will last until I /my child is no longer enrolled in a PYN-sponsored activity or until I rescind this consent in writing. I understand that this information will not be provided to any entity other than those indicated above. I understand that a record will be maintained in my/my child's educational records, indicating that the information was provided. I understand that I may acquire a copy of this record, as well as of any records provided to PYN, from the Philadelphia School District.

Acknowledgements:

Waiver & Release	<input type="checkbox"/> I DO NOT give permission to PYN, its employees, affiliates, representatives, contractors, agents and members of the media to use your images or speech.
Buckley Amendment	<input type="checkbox"/> I DO NOT agree to the terms of this release form.

EEO - STATEMENT OF RECEIPT: I hereby certify that I have received, read and understand my rights under law and acknowledge this with my signature.

Printed Name of Participant _____ Signature of Participant _____ Date signed _____

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date signed _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification
 Employers, new and existing, and authorized representatives, including the employer, must review the information on this form and the supporting documents to determine if the employee is authorized to work in the United States. This section must be completed for all employees, regardless of their current immigration status.

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (to be completed and signed by employer or authorized representative)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Issuing Authorities for I-9 Documents

List A Documents	Issuing Authority
U.S. Passport	The issuing authority will be listed on the lower right of the photo page in the passport. (Ex: U.S. Department of State or National Passport Center or State Passport Agency)
U.S. Passport Card	U.S. Department of State
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	USCIS (United States Citizenship and Immigration Services)
Foreign Passport contains temporary I-551 stamp of temporary printed notation on a machine-readable immigrant visa	The Country from which the foreign passport was issued (Ex: China, France, Spain, etc.)
Employment Authorization Document that contains a photograph (Form I-766)	USDHS (United States Department of Homeland Security)
Foreign Passport with Form I-94	The Country from which the foreign passport was issued. (Ex: China)
Passport from Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with from I-94	The nation that issued the passport. (Ex: Federated States of Micronesia or Marshall Islands)
List B Documents	Issuing Authority
Driver's License Learner's Permit	State from which the Driver's License was issued (Ex: State of Florida, State of California, State of Pennsylvania, etc.)
Identification Card	State from which the Identification Card was issued (Ex: State of Florida, State of Massachusetts, State of Hawaii, etc.)
School Identification Card	School from which the School Identification Card was issued (Ex: University of Central Florida)
Voter's Registration Card	County or territory from which the voter registration card was issued (Ex: Puerto Rico)
U.S. Military Card or Draft Record	Military Branch from which the Military Card or Draft Record was issued (Ex: Navy, Marines, Army, etc.)
Military dependent's ID Card	Military Branch from which the Military dependent's ID card was issued (Ex: Navy, Marines, Army, etc.)
U.S. Coast Guard Merchant Mariner Card	U.S. Coast Guard
Native American Tribal Document	Native American Tribe from which the document was issued (Ex: Choctaw, Dakota Sioux, Navajo, etc.)
Driver's License issued by a Canadian Government Authority	Province or Territory from which the driver's license was issued (Ex: Ontario, Alberta, etc.)

List B Documents for persons under age 18 who are unable to present a List B document listed above:	Issuing Authority
School record or report card	School from which the school record or report card was issued (Ex: Lyman High School)
Clinic, doctor, or hospital record	Clinic, Doctor, or Hospital from which the record was issued (Ex: Florida Hospital)
Day-care or nursery school record	Day-care or nursery school from which the record was issued (Ex: Kids are Kids, etc.)
List C Documents	Issuing Authority
Social Security Card	Listed on the Seal or ring in the middle of the Social Security Card (Ex: Social Security Administration or Department of Health and Human Services)
Social Security Receipt	Social Security Administration
Certification of Birth Abroad (FS-545)	U.S. Department of State
Certification of Report of Birth (DS-1350)	U.S. Department of State
Original or certified copy of birth certificate bearing an official seal	State of the U.S. from which the certificate was issued (Ex: State of Florida)
Native American tribal document	Native American Tribe from which the document was issued (Ex: Choctaw, Dakota Sioux, Navajo, etc.)
U.S. Citizen ID Card (Form I-197)	INS (Immigration and Nationality Service)
Identification Card for Use of Resident Citizen in the U.S. (From I-179)	INS (Immigration and Nationality Service)
Employment authorization document other than those stated under the List A documents	USDHS (United States Department of Homeland Security)



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER		
STREET ADDRESS (No PO Box, RD or RR)					
ADDRESS LINE 2					
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER		
MUNICIPALITY (City, Borough or Township)					
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE		
	5 1 0 1 0 1				

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN		
Philadelphia Youth Network			2 3 2 9 9 3 1 5 5		
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)					
400 Market Street, Suite 200					
ADDRESS LINE 2					
CITY	STATE	ZIP CODE	PHONE NUMBER		
Philadelphia	PA	19106	267-502-3800		
MUNICIPALITY (City, Borough or Township)					
Philadelphia					
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE		
Philadelphia	5 1 0 1 0 1				

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32



STATEMENT OF RECEIPT

PARTICIPANT PROCEDURES FORM

I hereby certify that I have received, read and understand the following procedures and policies in the Program Participant Handbook and acknowledge so with my signature.

- Programs Overviews and Guidelines (Participant Handbook pg. 3)
- Important Policies and Laws
 - Grievance Policy (Participant Handbook pg. 5)
 - Equal Opportunities and Civil Rights Policy (Participant Handbook pg. 6)
 - Participant Privacy and Confidentiality Policy (Participant Handbook pg. 8)
 - Participant's Release of Information Statement
 - Using Social Media
- Participant's Rights and Program Resources
 - Employee Rights (Participant Handbook pg. 6)
 - U.S. Department of Labor's "Youth Rules!" / Occupational Safety and Health Administration (Participant Handbook pg. 10)
 - Disclosure Statement for Employees as Required by the Child Protective Services Law (Participant Handbook pg. 11)*
 - Workers' Compensation Policy (Participant Handbook pg.12)
 - Program and Workplace Conduct (Participant Handbook pg. 13)
 - Appropriate Attire (Participant Handbook pg. 14)
 - Getting Paid (Participant Handbook pg. 15)*
 - Timesheets and/or Incentive Plans (Participant Handbook pg. 17)

Applicant/Participant Printed Name

DOB

Applicant/Participant Signature

Date Signed

Note: This document must be retained in the Applicant/Participant file.

***Only applicable for youth who are responsible for the welfare of children or have routine interaction and direct contact with children**

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



INCOME VERIFICATION FORM

Participant's Name: _____

Participant DOB: _____

All individuals participating in TANF YD programming must be verified as qualified TANF-eligible participants, and activities must provide direct services to qualified youth participants. As a result of updated regulations from the Pennsylvania Departments of Labor & Industry (L&I) and Human Services (DHS), eligibility for participation must be verified based on pre-determined qualifications, including family size and income. Please check off which of the following eligibility requirements the youth meets for participation and follow the instructions below.

Determine Income and Family Size

All Participants must include Monthly Income and Family Size. Family size is ONLY greater than 1 if the Participant is legally married and/or parenting. Please note that income earned through participation in a workforce development program (e.g. WorkReady) does not count towards Calculated Monthly Income.

REQUIRED - Please indicate family size and monthly gross income using the chart below. First, identify family size, then use a <input type="checkbox"/> to indicate the income range for your family.				
Family Size				
1	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$918	<input type="checkbox"/> \$919 - \$2,377	<input type="checkbox"/> More than \$2,377*
2	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$1,505	<input type="checkbox"/> \$1,506 - \$3,223	<input type="checkbox"/> More than \$3,223*
3	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$2,066	<input type="checkbox"/> \$2,067 - \$4,069	<input type="checkbox"/> More than \$4,069*
4	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$2,551	<input type="checkbox"/> \$2,552 - \$4,915	<input type="checkbox"/> More than \$4,915*
5	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$3,011	<input type="checkbox"/> \$3,012 - \$5,761	<input type="checkbox"/> More than \$5,761*
6	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - \$3,512	<input type="checkbox"/> \$3,513 - \$6,357	<input type="checkbox"/> More than \$6,357*

If your family size is greater than 6, fill in your responses:

Number of family members/size: _____

Monthly Income: \$ _____

*Income at this level is above the 235% of Federal Poverty Income Guidelines and may need additional approval to participate.

Proof of Income Eligibility

Please select which method you are using to prove participants income eligibility:

- Receiving PA State Benefits (TANF, SNAP, and/or Medical Assistance (MA))
- Proof of Monthly Income under 235% of Federal Poverty Income Guidelines (FPIG)
- Proof of Philadelphia residency and additional barrier

Based on your selection above, please go to the next page to designate which section corresponds to your proof of eligibility.



INCOME VERIFICATION FORM

Proof of State Benefits Verification

Please select the documentation used to prove the income verification category identified.

- Receipt of SNAP, TANF, MA attached to this form

Proof of Residency in High Poverty Area and Barrier (to be completed if income is greater than \$0 and cannot provide proof of income). If the Participant cannot provide proof of income, you must complete the High Poverty Area Verification document, and select one of the following barriers to employment and attach proof to this form (Please see Approved Source Document List for what to use as proof):

- Dropped out of School
- Have not attended school in the last 90 days
- Have tested below grade level for reading, writing, and/or math
- English language learner
- Have a disability
- Involved with juvenile and/or adult system
- In, have been in, or going to age out of foster care
- Homeless
- Runaway
- Pregnant or Parenting
- Migrant
- In need of additional assistance to secure and hold employment
- In need of additional assistance to enter or complete an educational program

Proof of Income

If you are using income as your proof of eligibility (Under 235% Federal Poverty Income Guidelines (FPIG)), please fill in family size and calculated monthly income below. If the Participant does not have income, please indicate as \$0 below. If Participant income is greater than \$0, please indicate below, and indicate which proof of eligibility from the options below and attach to this form. For instructions to calculate monthly income, please reference the Calculating Monthly Gross Income form.

Calculated Monthly Income: \$ _____ Number of Family Members: _____

- Self-Attestation \$0 Income
- Two consecutive paystubs dated within the last six months for all employed household members (must include payee name and gross income)
- Employer letter that captures equivalent information found on a paystub
- Quarterly Estimated Tax (Self-employed) Schedule C, C-EZ or E
- Recent Department of Human Service's benefit letter

Self-Attestation: I, _____ (printed participant name), do hereby attest that the proof of income information stated above is true, accurate, and complete to the best of my knowledge. I understand that any intentional omission or misrepresentation may subject me to disqualification from programming.

Participant Signature: _____ Date: ____/____/____

Staff Signature: _____ Date: ____/____/____



FBI DISCLOSURE WAIVER FOR MINORS

Participants Name: _____

This form can be used for participants who require clearances but is a minor and have lived in PA for 10 years can waive the FBI clearance requirements.

I swear/affirm that I am seeking a paid position. If being hired on a provisional basis, I have applied for certification through ChildLine, the Pennsylvania State Police, and the Federal Bureau of Investigation and am submitting appropriate information to have my clearances ran OR submitting a copy of clearances to the employer, administrator, supervisor or other person responsible for employment decisions.

I swear/affirm that, if providing certifications that have been obtained within the past (5) five years, I have not been disqualified from employment or service under the Pennsylvania Child Protective Services Law, 23 Pa.C.S. 6344 (c), and have not been convicted of an offense similar in nature to a crime listed in 23 Pa.C.S. 6344 (c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) (d) (relating to obscene and other sexual material and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I swear/affirm that I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.



I swear/affirm that I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I swear/affirm that I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of certifications shall be borne by the employing entity or program, activity or service.

I swear/affirm that I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.

I swear/affirm that I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code. By signing below, I am attesting that I am between 14 and 17 years of age **and** have been a resident of Pennsylvania during the entirety of the previous ten-year period.

Participant Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____ Date: _____

