



CITY OF PITTSBURGH – PITTSBURGH PARTNERSHIP  
YOUTH PROGRAMS PRE-APPLICATION

**SECTION 1: IDENTIFICATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age Today: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**SECTION 2: CITIZENSHIP/LEGAL TO WORK/SELECTIVE SERVICE**

Are you a U.S. Citizen? Yes  No   
If not a citizen, are you legal to work in the U.S.? Yes  No   
If male, 18 or older, are you registered with the selective service? Yes  No   
Are you a Veteran? Yes  No   
Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Are you a disabled Veteran? Yes  No

**SECTION 3: HOUSEHOLD COMPOSITION**

Family Members Names	Relationship to Applicant
Applicant	Self

Number in Family: \_\_\_\_\_ Total Family Income – last 6 months: \_\_\_\_\_

**SECTION 4: LOW INCOME INDIVIDUAL**

Are you receiving TANF? (Temporary Assistance for Needy Families) Yes  No   
TANF From Date: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_  
TANF Category: \_\_\_\_\_ TANF Monthly Grant Amount: \_\_\_\_\_

Are you receiving GA? (General Assistance) Yes  No   
GA From Date: \_\_\_\_\_ GA Case Number: \_\_\_\_\_  
GA Category: \_\_\_\_\_ GA Monthly Grant: \_\_\_\_\_

Are you receiving RCA? (Refugee Assistance) Yes  No   
RCA From Date: \_\_\_\_\_ RCA Case Number: \_\_\_\_\_  
RCA Category: \_\_\_\_\_ RCA Monthly Grant: \_\_\_\_\_

Are you receiving SSA Title XVI? (Supplemental Security Income)  
Yes  No  SSI Type: \_\_\_\_\_

Are you receiving Food Stamps? Yes  No

**SECTION 5: WORK HISTORY FOR THE LAST 6 MONTHS**

EMPLOYER	HOURLY WAGE	WEEKLY HOURS	HIRE DATE (MM/DD/YY)	END DATE (MM/DD/YY)

**SECTION 6: EMPLOYMENT HISTORY**

Are you currently employed? Yes  No  If NOT employed, last day worked: \_\_\_\_\_  
Number of weeks NOT employed in the last 26 weeks? \_\_\_\_\_

**SECTION 7: CHARACTERISTICS**

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic: Yes  No   
Do you speak limited English? Yes  No

**SECTION 8: EDUCATION STATUS (CHECK ONE)**

Student  High School Grad  GED  Drop Out   
Alternative High School  Post High School   
Highest Grade you completed (1-16) \_\_\_\_\_

**SECTION 9: BARRIERS TO EMPLOYMENT**

Are you basic skills deficient? Yes  No  Are you a foster child? Yes  No   
Are you homeless? Yes  No  Are you institutionalized? Yes  No   
Are you an offender? Yes  No  Are you pregnant? Yes  No   
Are you a runaway? Yes  No  Are you a parent? Yes  No   
Do you have a disability? Yes  No   
Is the disability a Serious Barrier to employment? Yes  No

**SECTION 10: APPLICATION CERTIFICATION**

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, (including wage records and unemployment compensation), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. Furthermore, by signing this application, I agree that information contained in this application may be shared with appropriate government or service agencies for the purposes of information verification or statistical tracking on a strictly confidential basis.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature (if under 18)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City ESC Certifier Signature**

\_\_\_\_\_  
**Date**