

ULSTER COUNTY
Office of Employment and Training

535 BOICES LANE
KINGSTON, NY 12401
www.ulsterworks.com
Jen Metzger, UC Executive



Phone: (845) 340-3170
Fax: (845) 340-3165
E-mail: oet@co.ulster.ny.us
Sharon Williams, Director

March 2, 2026

Dear Youth and Family,

On behalf of County Executive Jen Metzger, we are pleased to announce the start of recruitment for our ***2026 Summer Youth Employment Program (SYEP)**.

This program provides a paid summer work experience for young people ages 14-20. Jobs begin on or around June 29th and last approximately five weeks. Participants will earn \$17.70 per hour. **Applicants must be available the whole length of program. If you take a vacation during this timeframe, you will forfeit the opportunity to participate in next year's program.**

To participate, applicants must meet the following **Temporary Assistance to Needy Families** criteria:

- **Family income being at or below 200% of the poverty level OR**
- **The family or youth receive:**
 - Cash public assistance and/or Food Stamps
 - Medicaid
 - HEAP
- **OR the youth receives:**
 - SSI

All applications must be completed and returned **BY MAIL to: Ulster County Career Center, 535 Boices Lane, Kingston NY 12401** or **IN PERSON to: 521 Boices Lane**. **Each application must include a copy of the youth applicant's birth certificate, social security card, original working papers and picture ID if over 18. If you were not born in the U.S., please provide a copy of your green card (front & back), naturalization papers, or U.S. Passport. Even if you participated in the program previously, these documents are still required.**

Applications will only be accepted from **March 2, 2026 to May 8, 2026**. There will be a drop box in our office with instructions on leaving an application. A copy machine is available if needed. **Drop box hours are daily from 9am to 4:45pm. Staff will only be available Monday and Tuesday for any questions.**

Applications submitted AFTER May 8, 2026 or without the proper documentation will NOT be accepted. Applications will NOT be accepted via fax or email.

Applications are evaluated on a competitive rather than first-come-first-served basis. Each applicant will receive an interview and those appropriate will be invited to a mandatory orientation. After orientation, the most qualified candidates will be placed in a work experience. **Applicants are required to dress for the orientation as they would for any other professional job interview. See enclosed flyer for ideas.**

Worksite placements are made at the discretion of the Summer Youth Employment Program Staff. We make our best effort to put our participants in positions which will result in a successful and well-rounded work experience. If you have any questions, feel free to call 845-340-3170.

Thank you for your interest in this program. We look forward to receiving your application.

Sincerely,

Sharon Williams

Sharon Williams, Director
Ulster County Office of Employment and Training

***PROGRAM START/END
DEPENDENT ON FUNDING
RECEIVED**

TANF YOUTH SERVICES APPLICATION

Referring Agency/School: _____

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: _____	Preferred Pronouns: _____ (he/she, him/hers, they/them)
Home Address: _____ (street) (apartment number)	
_____ (city) _____ (state) _____ (zip)	Age: _____
Social Security Number: _____	Date of Birth: _____ (month, day, year)
Telephone Number: _____	Alternate Phone: _____
Email: _____	T-SHIRT SIZE S M L XL 2XL 3XL

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) then **go to** Item B and identify only the names and ages of the people in the household.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- No,** complete all of Item B including income information, 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.

Parent or Legal Guardian signature needed below for participants under the age of 18

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.

Additional Information:

Do you (the applicant) have any of the following? Please check all that apply

Physical Disability	<input type="checkbox"/> yes	<input type="checkbox"/> no	Emotional Disability	<input type="checkbox"/> yes	<input type="checkbox"/> no
Learning Disability	<input type="checkbox"/> yes	<input type="checkbox"/> no	IEP	<input type="checkbox"/> yes	<input type="checkbox"/> no
Developmental Disability	<input type="checkbox"/> yes	<input type="checkbox"/> no	504	<input type="checkbox"/> yes	<input type="checkbox"/> no

Are you Pregnant?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Are you in foster care?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you a parent?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Do you live in a homeless shelter?	<input type="checkbox"/> yes	<input type="checkbox"/> no

* Please be honest with your answers. We want to know this information simply to aid the SYEP staff in making appropriate and knowledgeable placements. This information does not hurt your chances of being a participant in our program.

IMPORTANT NOTE: Cell phones are not allowed at worksites. Phones brought to a work site will be held by a supervisor until the end of the work day. Participants caught on a cell phone during the work day will be immediately terminated.

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or</p> <p>I-551: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or</p> <p>I-571: Refugee Travel Document or</p> <p>I-688B: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or</p> <p>I-766: Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p>I-94: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or</p> <p>I-94 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 or</p> <p>I-551: stamped "CU6, CU7, or CH6" or</p> <p>Temporary I-551 stamp in foreign passport. or</p> <p>USCIS notice or letter indicating ongoing exclusion or deportation proceedings or</p> <p>A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p>I-94: stamped "Granted asylum under Section 208 of the INA" or</p> <p>I-551: Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or</p> <p>I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or</p> <p>I-766: Employment Authorization Document annotated "(a5)" or</p> <hr/> <p>Grant letter from USCIS Asylum Office or</p> <p>Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p>I-94: 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 or</p> <p>I-551: stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or</p> <p>Temporary I-551 stamp in foreign passport or</p> <p>I-571: Refugee Travel Document or</p> <p>Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p>I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or</p> <p>I-766: Employment Authorization Document annotated "(a10)" or</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>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or</p> <p>INS I-551: Stamped "RE5, RE6, RE7, RE8, or RE9" or</p> <p>Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and</p> <p>Documents to show lawfully residing in the US</p> <p>Divorced spouses do not qualify</p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96	<p>I-551: (Permanent Resident Card) or</p> <p>Temporary I-551 stamp in foreign passport or on I-94, or</p> <p>I-327 (Re-entry Permit) or</p> <p>I-181: 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 (Form DD-214) 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>
9. 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	Status Granted	<p>Military Identification Card (DD Form 2), (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.</p>

STATUS	Relevant Date for Eligibility	Common Documentation
10. Conditional Entrant (status granted to refugees before 1980)	Entry	I-94 with stamp showing admitted under Section 203(a)(7) of INA or I-688B (Employment Authorization Card) annotated "274a.12(a)(3)" or I-766 (Employment Authorization Document) annotated "(a1)" or "(a3)
11. 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)	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); or INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. Victim of Human Trafficking	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or I-94 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. Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	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.	I-94 with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or I-688B annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or I-766 annotated "C11" or A4, and I-94 indicating admitted for at least one year
14. North American Indian born in Canada	NA	I-551 : (Permanent Resident Card): stamped "S1-3" , temporary I-551 stamp in a Canadian passport or I-94 : stamped "S1-3" or Tribal document certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. Member of federally recognized tribe born outside U.S.	NA	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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2026 Summer Vacation/Absence Disclosure:

To ensure that the young people participating in the Summer Youth Employment Program benefit from the full extent of the program it is **imperative they are available for the full length of the five week program**. The dates of the **2026 program are Monday, June 29th – Friday, July 31st**. Please check one of the following statements below.

_____ I **DO NOT** have any planned vacations or absences for the entire duration of the SYEP Program (**June 29th, 2026 – July 31st, 2026**).

_____ I **DO** have a planned vacation/absence during the SYEP Program (**June 29th, 2026 – July 31st, 2026**). Please disclose dates of vacations, summer school, doctor's appointments, camps, etc. below and identify reason for absence.

Date of Absence(s): _____

Reason for Absence(s):

It is up to the discretion of the Summer Youth Employment Program Staff whether the scheduled absence will be excusable. **Failure to disclose this information will result in termination from this year's program and you will forfeit an opportunity to participate in next year's program.** Please sign below.

Youth Signature

Date

Parent or Guardian (if under 18)

Date

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I, _____, hereby give permission to the
(printed 1st & last name of youth)

Ulster County Workforce Development System to use my/my child's image and name on the Ulster County Career Center website, in presentations, and/or for promotional material.

Youth Signature

Date

Signature of Parent or Guardian if under 18

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In addition to the youth contact information already provided, we ask that you provide **additional** phone numbers and email addresses that you and your parent/guardian can be reached at. These numbers and emails can be relatives, case workers, neighbors and/or friends. This will ensure that we will be able to contact you throughout the application & interviewing process.

CONTACT #1

Name: _____

Relationship: _____

Phone: _____

Email: _____

CONTACT #2

Name: _____

Relationship: _____

Phone: _____

Email: _____

CONTACT #3

Name: _____

Relationship: _____

Phone: _____

Email: _____

Youth Email:

Today's Date:

Authorization for Direct Deposit - Employee Form

This authorizes ULSTER COUNTY UNITED WAY (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.



CashApp is available on the [Apple App Store](#) and [Google Play](#). Download it directly to your mobile device.

To create an account

1. Tap on **CashApp** to launch the app
2. Tap on create an account, enter your phone number and/or an email address, **CashApp** will send a security code
3. Pick a **\$Cashtag** -a unique username you'll use to send and receive money
4. Enter your zip code
5. **CashApp** will ask if you would like to order a **CashApp** card, please order card
6. Start using **Cash App**!

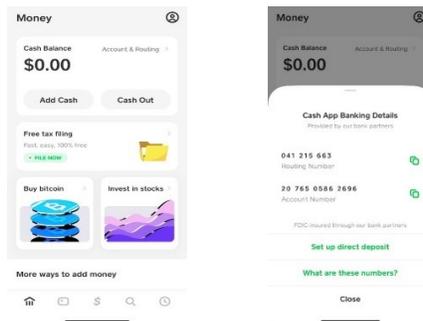
Deposits

CashApp makes direct deposits available as soon as they are received, up to two days earlier than many banks. Your first deposit may take longer to become available depending on your employer.

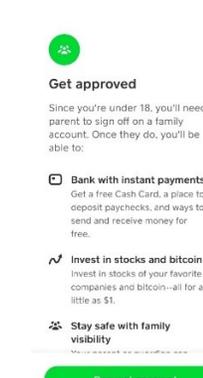
Tap the Banking Tab (the \$ in the lower left)

1. Tap the Direct Deposit link
2. Follow the instructions to set up direct deposit

After Setting up a **CashApp** Account, please document your Account and Routing Information



Steps to Obtaining a Cash App Card, after establishing a **CashApp** Account

<p>Step #1</p>  <p>Click Icon</p>	<p>Step #2</p>  <p>Choose/Order Card</p>	<p>Step #3</p>  <p>Confirm Name Display</p>	<p>Step #4</p>  <p>Verify DOB</p>	<p>Step #5</p>  <p>If Needed Get Approval</p>
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