



Illinois  
Department of Commerce  
& Economic Opportunity

## Family Support and Community Engagement (FsACE)

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Greetings,

We are excited to announce the CEDA FsACE's **Summer Youth Employment Program**, which provides meaningful work experience and job training opportunities for youth in our community. This program is open to eligible youth ages 16 to 24 and aims to help them develop important skills that will benefit them in their future careers.

The Summer Youth Employment Program pays **\$15.50 per hour**, and participants will work for up to **28 hours** per week for **8 weeks**. This is a wonderful opportunity for youth to gain valuable work experience, develop new skills, and make important connections in our community while earning a fair wage.

In addition to job-specific skills, the program also focuses on teaching professional skills such as teamwork, communication, time management, and problem-solving. These skills are essential in any career and will help youth become more confident and capable in their future endeavors.

If you or your child is interested in participating in this program, we encourage you to submit an application as soon as possible. The application form and a list of required documents are available on our website at [cedaorg.net](http://cedaorg.net). Please be sure to read the instructions carefully and provide all necessary information to ensure that your application is considered. You will be responsible for completing and returning the following documents:

- Family Intake Form – To be completed by Parent/Guardian or Head of Household
- Youth Intern Prescreening Application – click this link, <https://forms.office.com/r/5Z9PdTpmWW>.

**How to Return Your Completed Paperwork and Documents** (see Page 2, Enrollment/Eligibility Checklist), please email Lauren Turner, Youth Services Coordinator, at [lturner@cedaorg.net](mailto:lturner@cedaorg.net) requesting a secure link for you to upload a copy of your photo I.D., completed application, and supporting documents.

**The application deadline is April 18th, 2024 @ 5pm.** Please note that incomplete packets will delay the onboarding process and may remove the applicant from consideration. Completion of this application does not guarantee program placement. Applicants will be informed the week of April 22<sup>nd</sup> if they've been invited for an interview. All eligible applicants who are not offered an initial interview will be placed on a waitlist. If you have any questions or need assistance with the application process, please do not hesitate to contact Lauren Turner at [lturner@cedaorg.net](mailto:lturner@cedaorg.net).

Sincerely,

Lauren Turner,  
FsACE, Youth Services Coordinator



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# Summer Youth Employment Program

## Enrollment/Eligibility Checklist

PARENT NAME:

YOUTH APPLICANT NAME:

Family Intake Form

Proof of Household gross income for last 30 days *(for all household members 18+.)*

**Acceptable Documents Include:**

- SSDI/SSI/SSA (current year award letter)
- Pension Award Letter (current year award letter)
- Unemployment Benefit Award Letter
- Denial Letter – Unemployment or Social Security Benefits
- Printout of Child Support Benefit Payment
- 30 Days of Employment Check Stubs (every household member over 18 years old)
- TANF Verification Letter
- General Assistance Award Letter (from township)
- Any other income documents for your household that may not be listed above.

Current SNAP Determination Letter (if applicable)

HACC Letter (if applicable)

Photo ID (for Parent/Guardian or Head of Household and youth applicant)

Proof of Residency (recent utility bill within the last 90 days, *Suburban Cook County Residents Only*)

Youth Intern Prescreening Application (click this link <https://forms.office.com/r/5Z9PdTpmWW>)

**THE APPLICATION PERIOD OPENS APRIL 1, 2024.**

**THE APPLICATION DEADLINE IS THURSDAY, APRIL 18<sup>TH</sup>, 2024 @ 5PM.**

**Eligibility Requirements:**

- Must live in South Suburban Cook County
- Must meet income guidelines (see table to the right)
- Must be 16-24 years old
- Must complete application, interview, and orientation

2024 Income Eligibility Guidelines (Gross Income)		
Size of Household	30 Day Income Limit	Annual Income Limit
1	\$2,510.00	\$30,120.00
2	\$3,407.00	\$40,880.00
3	\$4,303.00	\$51,640.00
4	\$5,200.00	\$62,400.00
5	\$6,097.00	\$73,160.00
6	\$6,993.00	\$83,920.00
7	\$7,890.00	\$94,680.00
8	\$8,787.00	\$105,440.00
For each additional person add	\$897.00	\$10,760.00



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**PERSONAL INFORMATION**

Parent/Guardian/Head of Household's Name: \_\_\_\_\_  
 \_\_\_\_\_ First Middle Last

Address: \_\_\_\_\_ APT/Unit.: \_\_\_\_\_

City: \_\_\_\_\_ State: IL Zip Code \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Birthday: / / Age: Gender: Social Security Number: \_\_\_\_\_  
 Male Female

Email Address: (Please print legibly. This email address will be used to communicate with household.) \_\_\_\_\_

**FAMILY INFORMATION**

Two Parent Household	Non-Related Adults	Total Number of Household Members: _____	Rent	Own
Single Parent	w/Children		Homeless	Other
Multi-Generational Household	Other		<b>Rent/Mortgage Cost:</b>	

**HOUSEHOLD INCOME SOURCE(S): Check all that apply**

Employment	Social Security	Other: _____
Unemployment Insurance	General Assistance	<b>No Source of Income (No Income/No Proof of Income Affidavit is required if box is checked.)</b>
Alimony/Child Support	SSDI (Disabled)	
Pension	TANF	

**FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART I (Please copy for additional family members if necessary.)**

Print full name of all family members below and provide requested data.

	Name (First Name, MI, Last Name)	Relationship to Head of Household	Social Security Number	Birthday	Age	Disabled	Ethnicity	Race	Educational Level
1.									
2.									
3.									
4.									
5.									
6.									



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FAMILY/HOUSEHOLD MEMBERS CHARACTERISTICS – PART II (Please copy for additional household members.)

Instructions: Print family/household member names at the top, use dropdown for each characteristic for that family member.

Table with 7 columns: FAMILY/HOUSEHOLD MEMBERS, Member Name, Member Name, Member Name, Member Name, Member Name, Member Name. Includes instruction: Print family members names to the right. ->

FAMILY INFORMATION

Table with 7 columns for family information: Gender, Military Status, Work Status, Health Insurance Sources, Non-Cash Benefits, Income Support #1, Income Support #2, Income Support #3, Total (Individual Members). Includes dollar signs and dropdown instructions.

TOTAL FAMILY INCOME (ALL MEMBERS): \$

I certify with my signature that:

- 1. I am signing a legal document, and that inaccurate disclosure of income to obtain assistance is a fraudulent offense.
2. The information provided is an accurate and complete disclosure of the requested information.
3. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and by my signature, I authorize others to release such information as may be required for the determination of my eligibility.
4. Finally I understand that incomplete applications, which do not include all required documents listed under the Enrollment/Eligibility Checklist will not be reviewed and will not be eligible for the Summer Youth Employment Program. I understand that there are no exceptions to this policy.

Signature line with 'SIGN HERE' button and '(Date)' label.



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NO INCOME / NO PROOF OF INCOME AFFIDAVIT

Please complete only if the entire household has \$0 income or if there is no proof of income.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Choose one of the following statements and provide requested information:

I HEREBY CERTIFY THAT I HAVE NO INCOME – Indicate the month and \$0 for period with NO INCOME.

Timeframe (previous 30 days) \_\_\_\_\_

\$ \_\_\_\_\_

Please Note: If zero income, don't forget to insert \$0 for the applicable month. [Arrow pointing left]

By certifying that you have "No Income," please provide an explanation in the space provided below or attach a supporting letter as to how you are able to provide for basic living expenses such as housing, utilities, and food.

I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME – Indicate the month and \$ amount for period with NO PROOF OF INCOME.

Timeframe (previous 30 days) \_\_\_\_\_

\$ \_\_\_\_\_

Please Note: If no proof of income, don't forget to insert the amount of income for the applicable month. [Arrow pointing left]

By certifying that you have "No Proof of Income," please provide an explanation in the space provided below or attach a supporting letter as to the absence of any income receipts and the service or product to receive this income.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS (PRINT NAME) \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

Please Note: All signature dates should be the same. [Arrow pointing left]

This form must be witnessed. Anyone who knows the applicant may be the witness.