



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 **\$16.00 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 apply as soon as possible. The application packet, which includes a list of required documents, follows this greeting letter. Please be sure to read the instructions carefully and provide all necessary information to ensure 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/MvS8mL20a0>.

**How to Return Your Completed Paperwork and Documents** (see Page 2 of application packet, **Enrollment/Eligibility Checklist**, for required documents), please email the Youth Services team, at [fsaceyouthservices@cedaorg.net](mailto:fsaceyouthservices@cedaorg.net) with the subject line: **Student Name/SYEP Application** to request a secure link for you to upload a copy of your photo I.D., completed application, and supporting documents.

**The application deadline is April 11th, 2025 @ 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 14<sup>th</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 the Youth Services team at [fsaceyouthservices@cedaorg.net](mailto:fsaceyouthservices@cedaorg.net).

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Turner".

Lauren Turner,  
FsACE, Youth Services Manager



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## Summer Youth Employment Program

### Enrollment/Eligibility Checklist

PARENT NAME:

YOUTH APPLICANT NAME:

**YOU MUST INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:**

*Please check each box to confirm the document has been added.*

Family Intake Form (includes pages 2-6 of this packet)

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)

Reference (Teacher, Mentor, Guidance Counselor)

Youth Intern Prescreening Application ([Click here](#) to access)

**THE APPLICATION PERIOD OPENS MARCH 24, 2025.**

**THE APPLICATION DEADLINE IS FRIDAY, APRIL 11, 2025 BY 5PM.**

### Eligibility Requirements:

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

2025 Income Eligibility Guidelines (Gross Income)		
Size of Household	30 Day Income Limit	Annual Income Limit
1	\$2,510.00	\$30,120.00
2	\$3,525.00	\$42,300.00
3	\$4,442.00	\$53,300.00
4	\$5,358.00	\$64,300.00
5	\$6,275.00	\$75,300.00
6	\$7,192.00	\$86,300.00
7	\$8,108.00	\$97,300.00
8	\$9,025.00	\$108,300.00
For each additional person add	\$917.00	\$11,000.00



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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. <u>This email address will be used to communicate with household.</u> )									
FAMILY INFORMATION								Housing Status	
Two Parent Household		Non-Related Adults		Total Number of		Rent		Own	
Single Parent		w/Children		Household Members:		Homeless		Other	
Multi-Generational		Other		_____		Rent/Mortgage Cost:			
Household									
HOUSEHOLD INCOME SOURCE(S): Check all that apply									
Employment		Social Security		Other: _____					
Unemployment Insurance		General Assistance		No Source of Income (No Income/No Proof of					
Alimony/Child Support		SSDI (Disabled)		Income Affidavit is required if box is checked.)					
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 Support and Community Engagement (FsACE)

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.						
FAMILY/HOUSEHOLD MEMBERS	Member Name	Member Name	Member Name	Member Name	Member Name	Member Name
Print family members names to the right. ➡						
<b>FAMILY INFORMATION</b>						
<b>Gender</b> (Use dropdown in each box) ➡						
<b>Military Status</b> (Use dropdown in each box) ➡						
<b>Work Status</b> (Use dropdown in each box) ➡						
<b>Health Insurance Sources</b> (Use dropdown in each box) ➡						
<b>Non-Cash Benefits</b> (Use dropdown in each box) ➡						
<b>Income Support #1</b> (Use dropdown in each box) ➡	\$	\$	\$	\$	\$	\$
<b>Income Support #2</b> (if applicable)	\$	\$	\$	\$	\$	\$
<b>Income Support #3</b> (if applicable)	\$	\$	\$	\$	\$	\$
<b>Total</b> (Individual Members)	\$	\$	\$	\$	\$	\$
<b>TOTAL FAMILY INCOME (ALL MEMBERS): \$</b>						

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 2025 Summer Youth Employment Program. I understand that there are no exceptions to this policy.**

SIGN HERE

(Signature of Parent/Guardian/Head of Household)

(Date)





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**NO INCOME / NO PROOF OF INCOME AFFIDAVIT**

Please complete only \$0 income past or if there is no proof of income.

FOR HOUSEHOLDS WHO REPORT \$0 INCOME, ADDITIONAL DOCUMENTATION WILL BE REQUIRED.

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.



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.



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.



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

# Universal Signature Page

## IMPORTANT NOTICE

This state of Illinois grantee agency, Community and Economic Development Association of Cook County, Inc. (FsACE), is requesting disclosure of information that is necessary to accomplish a complete application for:

✓	Community Service Block Grant (CSBG)
	Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income 1 Payment Plan (PIPP) program

## APPLICANT STATEMENT

I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP, I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

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



Family Support and  
Community Engagement

# YOUR PATH TO OPPORTUNITY AND STABILITY

## Discover Comprehensive Support for suburban Cook County Residents

At CEDA Family Support and Community Engagement (FsACE), we offer programs to help you achieve stability, independence, and long-term success. Some include Case Management with personalized support for up to 45 days, while others provide short-term assistance for a variety of needs.

### PROGRAMS WE OFFER:

#### Case Management Programs

(45-Day Commitment)

- **Auto Repair Assistance** Up to \$2,500 per household for essential vehicle repairs.
- **Dental Care Assistance** Up to \$5,000 per household for preventive, restorative, and major dental services.
- **Summer Youth Employment Program (SYEP)**  
Paid summer employment opportunities for youth with professional development sessions.
- **Trade Skills Program**  
Up to \$5,500 per household for vocational training, certifications, and related expenses.

- **Vision Care Assistance**

Up to \$500 per household for eye exams, glasses, and contact lenses.

- **Youth Enrichment Financial Assistance**

Up to \$600 per child and \$1,800 per household for summer camps and after-school programs.

#### Short-Term Assistance Services

- **Emergency Relief Services**

Financial support for post-disaster recovery, including temporary shelter, furniture, and food gift cards.

- **Family Nutrition Program**

Fresh produce distributions with recipe guidance provided by the Greater Chicago Food Depository.

- **Information & Referral Program**

Assistance connecting individuals to resources and CEDA FsACE programs.

- **Scholarship Program**

Up to \$5,000 per recipient for students attending Illinois colleges and universities.

#### Barrier Reduction Program (BRP)

Designed specifically for SNAP participants who are currently employed, seeking employment, or enrolled in a vocational training program.

- **Auto Repair Assistance:** Up to \$1,400 per household.
- **Rental Assistance:** Up to \$2,000 per household.

## Contact Us Today

Call our Information & Referral Helpline at **(312) 795-8948** for more information or to pre-apply.

[www.cedaorg.net](http://www.cedaorg.net)



This program proudly  
serves residents of  
suburban Cook County.

# How Our Programs Work

## What is Case Management?

Programs tied to Case Management offer more than financial assistance. When you participate, you'll work with a dedicated Case Manager for up to 45 days to:

- Assess your situation and set personalized goals.
- Connect you with additional services and resources as needed.
- Monitor your progress and provide guidance to help you succeed.

## Why is Case Management Important?

Case Management ensures that financial assistance translates into meaningful, long-term stability for you and your family.

## Eligibility Requirements

- Must be a resident of suburban Cook County.
- Household income must be at or below 200% of the Federal Poverty Level (FPL).
- Provide proof of identity, such as a valid government-issued photo ID.



Household Size	Max. 30-day Income	Max Annual Income
1	\$2,608	\$31,300
2	\$3,525	\$42,300
3	\$4,442	\$53,300
4	\$5,358	\$64,300
5	\$6,275	\$75,300
6	\$7,192	\$86,300
7	\$8,108	\$97,300
8	\$9,025	\$108,300

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**IACAA**

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These projects are conducted with funds provided under the Community Services Block Grant administered by the Illinois Department of Commerce and Economic Opportunity and do not necessarily represent in whole or in part the viewpoint of the Illinois Department of Commerce and Economic Opportunity.