

Summer Youth Employment Program (SYEP)

PROCEDURES MANUAL

Illinois Department of Commerce and Economic Opportunity

Pat Quinn
Governor

Adam Pollet
Director

Revised May 2014

**STATE OF ILLINOIS
DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)**

I. Description

II. Requirements

- **Project Activities**
- **Allowable Grant Costs**
- **Employer Partnerships/Worksite Agreements**

III. Administration

- **Program Requirements**
- **Youth Eligibility**
- **Youth Payroll**
- **Reporting**

IV. Grant Regulations

- **Monitoring Visits**
- **Accounting and Record Retention**
- **Audits**
- **Grant Disbursements**
- **Payroll Disbursements**
- **Final DCEO Grantee Report - FDGR**

V. Attachments

I. Program Description

The Department of Commerce and Economic Opportunity administers a Summer Youth Employment Program (SYEP) that provides eligible youth with age-appropriate job training, life skills, counseling, work-readiness skills and supervised meaningful work experience. This program presents an opportunity to connect youth to the skills that are needed to enter and advance in the workforce. SYEP providers determine the targeted population (in-school youth ages 16-21, or out of school youth ages 16-24) that will be served through this grant and design the program in accordance with the information outlined below.

A. Work Experience Projects for In-School Youth (16-21)

Projects targeting in-school youth will provide seasonal work-experience projects that typically last 6-12 weeks. Eligible youth are placed in age-appropriate, ability-appropriate, and experience-appropriate work sites with identified employers. Under supervision the youth will engage in meaningful work experience linked to one of the sixteen career clusters (see page 6).

B. Work Experience Projects for Out-of School Youth (16-24)

Projects targeting out-of-school youth provide full-time work-experience projects that typically last for 4-6 months. Eligible youth are placed in age-appropriate, ability-appropriate, and experience-appropriate work sites with identified employers. Under supervision, the youth will engage in meaningful work experience linked to one of the sixteen career clusters. At the successful conclusion of the work experience, Grantees are encouraged to work with Local Workforce Investment Areas to provide permanent on-the-job training opportunities that are funded through the federal Workforce Investment Act.

D. Community Gardens for Eligible Youth (16-24)

Project staff will lead youth teams in planning and developing community gardens and distributing the food from these gardens free to organizations that serve low-income populations. Youth learn sustainable agriculture practices, healthy food preparation and eating habits, teamwork, responsibility, community service and entrepreneurship, while allowing them to gain new skills and knowledge in food distribution and marketing. A Farmers' Market component may also be incorporated into the project to teach youth about the entrepreneurial aspect of community gardens and promote the gardens sustainability.

Gardening and horticulture education will be provided every day to youth as they are participating in project activities. In addition, more in-depth enrichment opportunities will be delivered by the Grantee, or designee, utilizing curriculum obtained as part of a local degree or certificate program or from another source. Partnerships with educational institutions are encouraged in order to offer degree or certificate program outcomes for youth. Lessons may include outside speakers and tours. Curriculum must include, at a minimum, four educational lessons that would expand student understanding and awareness of local and regional food systems and career opportunities in agriculture and natural resources. Lessons should be designed to minimally address the following:

- Overview of local and regional food systems within larger agriculture and food distribution networks and why they are important in providing fresh and local foods to residents, and all the different roles that are played in producing,

aggregating/distributing, processing and providing technical assistance and support in the system;

- Food quality and safety and what is involved in growing high-quality, safe, fresh foods that are safe and secure including some core concepts in plant sciences;
- Agri-Business including the business aspects of producing and distributing foods in efficient ways that can allow people to make a living; and
- Agriculture careers based on the Agriculture and Natural Resources career cluster materials with a focus on local and regional foods.

Community garden providers must agree to meet all program requirements and document how their organization will:

- Sustain the garden after the end of the grant, identifying resources and plans for sustainability in the application.
- Provide a qualified, experienced agricultural professional to assist with the program.
- Provide appropriate land for operating at least one community garden for this growing season.
- Distribute the foods free to organizations serving low-income populations in their communities and through the sale of products to promote sustainability.
- Provide educational enrichment and workforce readiness components to all youth.

II. Program Requirements

Project Activities:

All projects funded under this program must provide case management, supportive services, work readiness skills training and career education that is focused on Illinois' targeted industries and careers clusters.

Case Management: Case management services include job assessment, career readiness, job placement, supportive services and necessary follow-up and referral upon completion of the program.

Supportive Services: Supportive services may include transportation assistance, day care expenses, work clothes, tools and supplies, or other items that are **required** for youth to participate in the program. Promotional items are not an allowable cost. Applicants must submit documentation on how the youth will be assessed for supportive services and the internal controls that will ensure the accountability and appropriate expenditure of grant funds. The Supportive Service Form included in Attachment C, must be used. The form must be completed appropriately based on the services provided, included in the clients file, and supported with invoices and receipts.

Work Readiness Training: All projects must provide training on the work readiness skills needed for employment using the Illinois workNet portal www.illinoisworknet.com. Grantees must register each participant in Illinois workNet and administer an on-line pre-test and post-test that will be used to measure the success of the program. The youth participants

must score 70 or above on the post-assessment evaluation, as well as have completed the following activities in Illinois workNet, to be considered as a successful program participant:

- Exploring Careers and Training
- Financial Literacy, including opening a bank account
- Workplace Skills
- Job Search Skills
- Resume Writing
- Applying for a Job
- Interviewing Skills
- Personal responsibility/safety, violence awareness, and prevention

Career Education / Illinois Pathways: Career education includes training that expands the student's understanding and awareness of career clusters and pathways. Training is tied to the courses, work-based learning activities, and credentials/assessments outlined in the Illinois pathways initiative¹. A field trips or guest speakers must be relevant to the career education component. The objective of these strategies is to provide youth with a structured pathway related to their academic or career interests, as well as resources to fully engage students in their learning and enable them to successfully transition into postsecondary education programs and the workforce.

Targeted Industries and Careers: All educational enrichment and work experience projects must be aligned with the career clusters or groups of occupations and industries that have in common a set of foundational knowledge and skills.² There are 16 nationally recognized clusters including:

- Agriculture, Food & Natural Resources;
- Architecture & Construction;
- Arts;
- Audio/Video Technology & Communications;
- Business Management & Administration;
- Education & Training;
- Finance;
- Government & Public Administration;
- Health Science;
- Hospitality & Tourism;
- Human Services;
- Information Technology;
- Law, Public Safety, Corrections & Security;
- Manufacturing; Marketing;
- Science, Technology, Engineering & Mathematics; and
- Transportation, Distribution & Logistics.

¹ For more information regarding Illinois Pathways, please visit <http://www.illinoispathways.com>

² For more information regarding Illinois' career clusters, please visit <http://www.ilprogramsofstudy.org/>

Allowable Grant Costs

Allowable costs are those that are necessary and reasonable based on the activity(ies) contained in the Scope of Work and are justified in the Budget Narrative. Allowable costs are defined below:

- *Administration:* Includes, but is not limited to, accounting; budgeting; financial and cash management; procurement and purchasing; property management; payroll; and audit costs. No more than 10% of the total funds may be budgeted for project administration.
- *Program Services:* Includes, but is not limited to, the delivery of services related to youth employment that provides direct linkages to academic and occupational learning, employer coordination and recruitment, and youth supportive services that may include transportation, child care, work-related attire, physicals, and background checks. (Supportive Service Form included as Attachment C).
- *Youth Wages:* A minimum of 70% of the grant must be spent on youth wages. Includes compensation for services rendered limited to youth wages and benefits to include employers FICA and workers compensation. Youth must be paid a wage rate of \$9 per hour. The length of employment will vary based on the project. Time spent on Work Readiness will also be charged at the same wage and benefits rate. It is recommended that Work Readiness activities not exceed 10% of the total hours charged per participant. (Youth Wage Time Sheet is included as Attachment C).

Additional Requirements

Grantees will be held accountable to all state rules and regulations governing the use of these grant funds as outlined in the Grant Agreement.

- Grant Expenditures should be made in accordance with generally accepted, sound business practices, arms-length bargaining, and applicable federal and state laws and regulations
- Grant accounting should be consistent with generally accepted accounting principles.
- Grant funds will only pay for the costs necessary to complete program objectives.
- Costs may be disallowed for duplicative costs incurred for clients who are co-enrolled in more than one program
- Unnecessary Costs, including but not limited to the following items are prohibited
 - Food/Alcohol/Entertainment
 - Gifts/Donations/Fundraising/Promotional Materials
 - Fines/Penalties/Interest Costs

Employer Partnerships/Worksite Agreements

The Grantee is responsible for developing employer relationships to establish appropriate worksites for the youth to be placed. To the extent possible youth should be placed at a worksite that offers work experience in a career choice of interest as identified in the skills assessment survey completed in Illinois workNet.

General Worksite Guidelines

The employment of youth participants in a youth program must not occur at worksites where:

- A participant's employment would unfavorably impact current employees (a youth participant cannot displace all or a portion of a current employee's hours including overtime, wages, employment benefits, or promotional opportunities);
- A participant's employment cannot impair existing contracts for services or collective bargaining agreements;
- A participant's employment would replace the work of employees who have experienced layoffs;
- An employer has terminated a regular employee or otherwise reduced its workforce with the intention of replacing them with participants subsidized with these funds

Grantee Monitoring of Worksite

Grantee is responsible for completing a pre-worksite review to determine that the site is appropriate for a work-trainee placement in accordance with the worksite agreement.

Grantee is responsible for monitoring the worksite after placement to ensure proper supervision, safety, accountability of work time, and quality of work experience. A Worksite Assessment Form is included in Attachment C.

Worksite Agreements

All youth employment opportunities must have a signed worksite agreement.

- Each worksite agreement must contain, at a minimum, the following items for each worksite included in the agreement:
 - Worksite contact and mailing information;
 - Detailed information on the worksite such as location, working days and hours, activities, job titles and number of positions available under each;
 - Worksite supervisor information;
 - A detailed set of mutual terms, conditions, promises, and
 - payments that the grantee and contractor have agreed upon; and
 - A listing of participants for each worksite along with their projected start and end date.
- Grantees must ensure worksites for youth adhere to current workplace safety guidelines.
- Grantees must ensure worksites for youth adhere to applicable federal/state wage, labor, and workers compensation laws.
- A “Work Experience Worksite Agreement” template is included in Attachment C and can be used as is or modified to meet local needs.

Illinois workNet

All worksite locations must be entered into Illinois workNet following the instructions provided by the Department.

Supervisor Background Checks

All supervisors of youth worksites funded under this program must pass a background check conducted prior to being allowed to supervise any youth. The following site needs to be checked for any supervisors in the below categories. <http://www.familywatchdog.us/>

- Individuals who are not participants, but hired as a supervisor must have the background check conducted as a condition of employment into a supervisory role. Background checks are an allowable expense as a condition of their employment as a supervisor.
- Participants who are hired into a supervisory position must have a background check conducted prior to being allowed to perform any supervisory activities. Background checks are allowable expenditures so long as the individual receiving the background check is registered as a participant prior to receiving the background check.

III. Program Administration

Organizations receiving awards are responsible for the day to day management of projects under the Summer Employment and Training Program. The Department of Commerce and Economic Opportunity, Office of Employment and Training, is responsible for the overall program management. Grantees must be able to: 1) demonstrate administrative and fiscal capacity to serve youth in multiple communities, 2) have outreach systems to identify eligible youth including the ability to target underserved populations, and 3) have strong established employer relationships and methods to recruit employers.

Program Requirements

Summer Youth Employment grantees must have the administrative and fiscal capacity to administer the program according to the Department's requirements including but not limited to the following:

- Conduct outreach to identify eligible youth participants and partner with local organization for referrals to the program.
- Determine eligibility and complete an assessment for proper work experience placement.
- Establish proper eligibility documentation for each youth participant including a signed I9 prior to placing on a work site – **A file that includes the eligibility documentation must be maintained for each youth participant.**
- Recruit employers for worksites. Qualify employers based on level of supervision and quality of work experience. – **A file that includes the signed worksite agreement must be maintained for each worksite location.**
- Assess worksite and perform background checks on supervisor prior to placement. **A file that includes the results of the background checks must be maintained for each supervisor.**
- Provide supportive services to facilitate a positive attendance record.
- Provide educational enrichment, work readiness and career education components to all youth.
- Provide oversight of the program through monitoring and continuous assessments.
- Provide timely reports as required or requested.
- Assume the role of employer of record for the employed youth and process a payroll request every two weeks of the program period.

Youth Eligibility

Eligible participants are defined as youth ages 16-24 who are served under the following programs:

- National School Lunch Program
- Workforce Investment Act
- Food Stamps / SNAP Program
- Temporary Assistance for Needy Families
- Court-involved or at at-risk youth,
- Youth with Disabilities, or
- Family income does not exceed 200% of the Federal Poverty Level (FPL)

Appropriate documentation must be included in the clients file to verify eligibility from the authorizing agency. Income eligibility guidelines and income verification form can be found in Attachment A.

Additional, participants must document:

- Illinois residency
- Completion of an I9 Form. <http://www.uscis.gov/files/form/i-9.pdf>

Illinois workNet

All youth applications must be entered in Illinois workNet. Once the client has completed an application in Illinois workNet, the case manager will verify eligibility. If eligibility is determined, print the application, have the participant and case manager sign it and maintain it along with the eligibility documentation in the clients file. An example of the printed application is included in Attachment B. **Please note that payroll expenditure and reimbursements will not be provided for youth participants that are not entered into Illinois workNet.**

Youth Payroll

The Grantee must submit payroll documentation to the Department using Illinois workNet. The Grantee must complete the provided file in workNet that includes the fields and information identified then upload the file in the Illinois workNet, to meet the payroll reporting requirement. Only the youth's hourly wages are reported at a rate of \$9.00 per hour.

Timesheets

The standardized time sheet provided **MUST BE USED** and is included as Attachment C. The Grantee must maintain the signed timesheet to support the grant expenditures for each participant. Timesheet will be reviewed on site by DCEO and may need to be electronically submitted if requested.

Work Readiness

Time spent on Work Readiness must be included in the total hours for each participant. It is recommended that Work Readiness account for 10% of the total time charged to the program for a participant. Projects the provide work readiness activities exceeding 20% of the total time charged require approval from the Department

Supportive Services

Supportive Services provided to participants will be paid either to the participant or vendor. The standardized report provided **MUST BE USED** to document supportive services received and is included as Attachment C. The form needs to be completed for clients receiving supportive services and keep in the clients file. Fiscal records must support services provided.

Reporting

The Grantee's financial management system shall be structured to provide for accurate, current and complete disclosure of the financial results of the Project funded under this grant program. The general ledger must support costs and revenue reported to the Department and must allow tracing of funds to a level of expenditure adequate to insure funds have been expended appropriately.

The Department has reporting requirements are outlined in the Grant Agreement and <http://www.illinoisbiz.biz/dceo/Bureaus/Office+of+Accountability/Reporting/> Grantees are required to submit reports to DCEO as outlined in the Welcome Package's Reports Deliverable Schedule. Grantees submittal of required reports allows DCEO to monitor the grantees' progress toward grant defined goals and their due diligence in grant fiscal management and recordkeeping.

If a grantee has not submitted a report by the due date and has not provided proper justification the noncompliance process will start. The noncompliance process will also start if there are any issues with the report and the grantee is not working to resolve. Additional information on the noncompliance process is located at: <http://www.ildceo.net/dceo/Bureaus/Office+of+Accountability/Noncompliance/>.

DCEO Grantee Report

In addition to any specific program reporting requirements, grantees are also required to report quarterly on both the progress and the expenditures of the grant project. Grantees must complete and submit the **DCEO Grantee Report (DGR)** to their DCEO Program contact by the date indicated on the Reports Deliverable Schedule. The report needs to be completed and signed and sent as a PDF electronically to their DCEO contact. The reports can be found at the link provided above. The form and instructions are also included as attachment D in this manual. (Revisions may be made to these report forms, so please reference the DCEO for the most current version.)

Supporting Documentation

Grantees are required to provide as supporting documentation a Trial Balance to accompany the DCEO Grantee Report. The Trial Balance will be cumulative to include the grant beginning date, through the date of the quarter end. The accounting system must be able to segregate funding sources so a Trial Balance can be produced at the grant level. A crosswalk must accompany the trial balance that tie the cost in the trial balance to those reported in the line items on the DGR.

IV. Grant Regulations

Monitoring Visits

The Department is responsible for periodically monitoring programmatic and fiscal activities. The grantee will be assessed to determine the impact the program has on the target population and the effective and efficient utilization of the funds. These reviews will assess how well project staff are meeting proposed goals in the planned time-frames, how many participants are being served, how the money is being spent, and whether any problems have developed that may hinder the progress of the project. The Department will ensure that periodic on-site monitoring or in-house desk monitoring is conducted during the course of the grant period and upon its completion.

The reviews verify that the grantee's financial management system is structured to provide accurate, current, and complete disclosure of grant expenditures. The review also confirms that all expenditures are in accordance with the provisions, terms, and conditions contained in the grant agreement with the Department. The monitors will also verify that participant files are maintained and contain documentation sufficient to demonstrate that individuals entering the program are eligible to receive services.

CLIENTS FILES:

Each participant must have his or her own file. It is required to have a minimum of the following in each participant file: Application (Attachment B) signed by participant and case manager, proof of eligibility, youth wage time sheets signed by the participant, site supervisor and SYEP grantee agency, proof of work readiness and career awareness training, supportive services received, etc.

WORKSITE FILES:

You must have on file a worksite agreement, worksite assessment, and supervisor background checks for each worksite.

Monitoring visits are scheduled in advance by the Department's monitors.

Accounting and Record Retention

The Grantee's financial management system must be able to provide for accurate, current and complete disclosure of the financial status of the grant. The grantee must keep adequate records for tracking funds at the expenditure level, to include youth wages, youth supportive services, staff direct cost and allocated cost to the grant based on an approved cost allocation plan. Grant records shall be maintained for a minimum of three (3) years following the closure of the grant, unless otherwise notified by the Department.

Audits

Grantees are required to have an audit completed for their programs as outlined in Part 3.1 of the Grant Agreement. A copy of the audit needs to be sent to the department within 30 days of the Grantee's receipt of completed audit but no later than nine months following the end of the period for which the audit was performed. Reference the Reports Deliverable Schedule in your Grant Agreement for due dates.

Grant Disbursements

Disbursement of grant funds from the Department will be made in accordance with a schedule negotiated with the grantee and included in the grant agreement. Such agreements shall provide for the disbursement of all funds prior to the end of the grant term; subject to a determination, by the Department, that satisfactory progress is being made by the grantee to implement grant activities.

The grantee will be forward funded 30% of the total grant. Additional distributions will be made by DCEO based on the evaluation of the payroll disbursement and the grant expenditure report documenting cost other than youth payroll.

Payroll Disbursements

The Grantee must complete the provided file in workNet that includes the fields and information identified then upload the file in the Illinois workNet, to meet the payroll reporting requirement.. The upload will include the eligible youths hourly wage of \$9.00 per hour wage, eligible youth supervisors may be paid a higher rate as long as it is reasonable. Time spent on Work Readiness must be included in the total hours for each participant. It is recommended that Work Readiness not exceed 10% of the total time charged to the program for a participant. The standardized time sheet provided **MUST BE USED** and is included as Attachment C.

Cash request for youth wages will be completed by DCEO staff once the payroll has been verified.

Grant Expenditure Report

All expenditures associated with the grant that are being charged to the budget line items negotiated in the grant agreement will be reported on the Grant Expenditure Report form (Included in Attachment C). This report will include the following:

- Youth Wages (1000) - Youth wages and the employer cost for the youth wages to include ONLY FICA and worker compensation. 70% of grant expenditures have to be in this line items.
- Program Services (2000) – Case management, employer outreach and recruitment, and supportive services,
- Contractual (3000) - Costs to be incurred via contract or sub-grant,
- Other Costs (4000) - Use for all direct costs not clearly covered by lines above,
- Administration (5000) - Grant management, accounting; budgeting; financial and cash management; procurement and purchasing; property management; payroll;

and audit costs. No more than 10% of the total grant funds may be expended for administrative costs.

These costs must be reflected in your accounting system Trial Balance Report. This form is to be submitted at the same time you upload the youth payroll in Illinois workNet.

Final DCEO Grantee Report

The grantee shall be responsible for completing the Final DCEO Grantee Report (FDGR) which identifies the programmatic and financial status of the grant funds. The FDGR is the same as the DCEO Grantee Report (DGR) discussed in the reporting section however this submittal is marked as the final report. The grantee, upon submission of the FDGR, or within 45 days after the expiration of the grant, whichever is first, shall refund to the Department any balance of funds which were unexpended at the end of the grant period. In addition, the grantee shall repay the Department for any funds determined by the Department to have been spent in violation of the grant agreement. If the grant should terminate for any reason, the FDGR shall be due within 45 days after the date of termination.

Grant Contact Information

The Department of Commerce and Economic Opportunity is the State agency that administers the Summer Youth Employment and Training Program. If you have any questions regarding the program contact the following:

Tammy Stone
Program Manager
500 East Monroe, 10th Floor
Springfield, IL 62701-1643
Phone: (217)557-5549
Fax: (217)558-2444
Email: Tammy.Stone@illinois.gov

ATTACHMENT A

➤ Eligibility Guidelines

Eligibility Checklist

Applicant must:

1. Be age 16 through 24, and
2. Be an Illinois resident, and
3. Not be a registered sex offender (Youth Supervisors), and
4. Employment eligibility verification – I9 form, and
5. Eligible based on:
 - National School Lunch Program
 - Workforce Investment Act
 - Food Stamps / SNAP Program
 - Temporary Assistance for Needy Families
 - Court-involved or at at-risk youth,
 - Youth with Disabilities, or
 - Family income does not exceed 200% of the Federal Poverty Level (FPL)

Examples of Related Documentation

Age 16 - 24 at Enrollment

Birth Certificate
Drivers License
School Records/Identification Card
Public Assistance/Social Service Records
Federal, State or Local Government Identification Card
Baptismal Certificate (If Place of Birth is Shown)
DD-214/Report of Transfer or Discharge
Hospital Record of Birth
Passport
Workers Compensation Record
Illinois Secretary of State Issued State of Illinois Identification Card

Proof of Residence

Drivers License
Public Assistance Records/Printout
Food Stamp Award Letter
Utility Bill
Landlord Statement
Applicant Statement (See Part III)
Computer Printout from other Government Agencies
Homeless (See Requirements for Homeless Individuals)
Housing Authority Verification
Insurance Policy (Residence or Auto)
Lease
Letter from Social Service Agency or School
Library Card
Medicaid/Medicare Card
Phone Directory
Postmarked Mail Addressed to Applicant
Property Tax Record
Rent Receipt

School Identification Card
Selective Service Registration Card
Work Experience Records/Pay Stub

Sex Offender Registry

Supervisors of youth must check against the Sex Offender Registry at <http://www.familywatchdog.us>. If a common name exists, print a list of common names and verify by picture. Document that additional verification was completed by including the common name print out indicating that the applicant is or is not on the common name print-out.

Authorized to Work in United States

Birth Certificate
Naturalization Certification
Hospital Record of Birth
Work Experience Records/Pay Stub
Public Assistance Records/Printout
USDOL Documentation Technical Assistance Guide p.II-2
Department of Human Services Records
Alien Registration Card indicating Right to Work (INS Forms I-151, I-551, I-94, I-688A, I-197, I-179)
Baptismal Certificate (If Place of Birth is Shown)
DD-214/Report of Transfer or Discharge
Food Stamp Records
Foreign Passport Stamped Eligible to Work
Passport
IDES UI Information (UI Claimants Only)
(Appropriate documentation of immigration must be collected and maintained in client's file, through completion of the I-9 document.)

Cash Welfare Recipient

Medical Card Showing Cash Grant Status (If applicant is 19 or over, accept current medical card with applicant's name listed. If applicant is 16-18, parent's name must also be on medical card. Attach copy of card or printout from DHS system at <https://services.state.il.us/web3270>.)
Public Assistance Records/Printout
Copy of Public Assistance Check
Copy of Authorization to Receive Cash Public Assistance
Public Assistance Identification showing Cash Grant Status
Refugee Assistance Records

WIA Recipient

IWDS – Case Management – Eligibility Determination Screen, and
IWDS – Case Management – Service Screen
Both documents can be obtained from the local WIA case manager

SNAP (Food Stamp) Benefits

For grantees that have **ACCESS** to the DHS SNAP system: Receipt verified through printout from <https://ebt-link.illinois.gov/ilebtclient/login.recip> or printout of case information from DHS system at <https://services.state.il.us/web3270> (requires Digital Certificate and RACF ID# for access to IDHS screens). Or

Applicant provided letter from DHS documenting the household is eligible and currently or has received SNAP benefits within the last 6 months.

Homeless

Qualifies as a homeless person under subsection (a) and (c) of Section 103 of the Stewart B. McKinney Homeless Assistance Act.

National School Lunch Program

Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced- price meals, for which students can be charged no more than 40 cents. (For the period July 1, 2013, through June 30, 2014, 130 percent of the poverty level is \$30,615 for a family of four; 185 percent is \$43,568.) The applicant and/or applicant's guardian must contact their school for documentation of eligibility. Eligibility requirement by year can be found at this site: <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>.

Students that attend a school where there are more than 70% youth eligible for the program AND the participant receives benefits under this program, you will be allowed to document their eligibility by completing a self-attestation form (provided in Attachment A) attesting to the fact that they receive a free or reduced price lunch. The form must be signed by the participant and parent/guardian (if the youth is under 18). The list of schools is available in www.illinoisworknet.com under Summer Youth Employment Program (SYEP) Online Guide – Forms.

Court Involved or At Risk Youth

Offender: (A) who is or has been subject to any stage of the criminal justice process, for whom services under this Program may be beneficial; or (B) who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. Documentation includes: Court Documentation, Letter of Parole, Letter from Probation Officer, or Offender-Police Records.

Disability

An individual with a disability whose own income meets the eligibility requirements of the program, but who is a member of a family whose income does not meet such requirements, qualifies based on the individuals income.

Income Eligibility

Family Definition: The term "family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

1. A husband, wife, and dependent children.
2. A parent or guardian and dependent children.
3. A husband and wife.

Family Income Inclusions and Exclusions

The following is a list of income that is to be included in determining eligibility.

Family Income shall include:

- Gross wages and salary (before deductions), including wages and salary received for on-the-job training;

- Net self-employment income (gross receipts minus operating expenses);
 - Other money income received from sources such as net rents, pensions, alimony, periodic income from insurance policy annuities, and other sources of income;
 - Strike benefits from union funds;
 - Net gambling or lottery winnings;
 - Disability insurance payments received under Title II of the Social Security Act of 1978 (42 U.S.C. 201 (1983)), as amended;
 - Railroad Retirement;
 - Fixed term, unearned income, such as but not limited to:
 - Payments received for a limited fixed term under income maintenance programs and supplemental (private) unemployment benefit plans;
 - One-time or fixed term scholarship and fellowship grants;
 - Accident, health and casualty insurance proceeds unless lump sum;
 - Periodic disability and death payments, including fixed term (but not lifetime) life insurance annuities;
 - Inheritance (if on a periodic basis), including fixed term annuities;
 - Periodic terminal leave pay;
 - Soil bank payments; agriculture crop stabilization payments;
 - Educational assistance and compensation payment to veterans and other eligible persons under chapters 11, 13, 31, 35 and 36 of Title 38 (Veterans' Benefits) of the U.S.C. 301, 401, 1501, 1650, 1700 and 1770;
 - Black lung payments received under the Benefits Reform Act of 1977 (30 U.S.C.) 901, December 29, 1981 (and any amendments thereafter)
 - Incentive for early retirement;
 - IRA withdrawals that is taxable by the United States Internal Revenue Services.
- The following is a list of income that is to be excluded in determining eligibility.

Family income shall not include:

- Capital gains and losses;
- Imputed value of owner-occupied property - i.e., rental value;
- Gifts;
- Non-cash income such as food stamps, or compensation received in the form of food or housing;
- Public assistance - i.e., Temporary Assistance to Needy Families, as amended;
- General Assistance (state or local government), Refugee Act of 1980 as amended, Supplemental Security Income (SSI) under Title XVI of the SSA, as amended;
- Federal, state or local unemployment benefits, or payments received under the Trade Readjustment Act of 1974, as amended;
- Child support payments including foster care reimbursement;
- Assets drawn as withdrawals from a bank;
- Sale of property, a house or a car;
- Tax refunds;
- Loans;
- Non-cash benefits such as but not limited to:
- Employer-paid or union-paid portion of health insurance or other employee fringe benefits;
- Federal noncash benefits programs as Medicare, Medicaid, food stamps, school lunches and housing assistance.
- Improvements on a principle place of dwelling under various governmentally

funded programs.

- Value of food produced and consumed on farms.
 - Lump sum, unearned income;
 - Pay or allowance which was received by any veteran while serving on active duty in the Armed Forces.
-
- Disability benefits received by separated military personnel are also to be excluded when determining “low income individual” status for eligibility determination.
 - Old age and survivors insurance benefits received under Title II of the Social Security Act of 1978 (42 U.S.C. (1983), as amended).

INCOME GUIDELINES FOR DETERMINATION OF ELIGIBILITY

2014 HHS POVERTY GUIDELINES FOR DETERMINATION OF 200% POVERTY

Size of Family Unit	Annual 100% Poverty	Annual 200% Poverty
1	\$11,670	\$23,340
2	15,730	31,460
3	19,790	39,580
4	23,850	47,700
5	27,910	55,820
6	31,970	63,940
7	36,030	72,060
8	40,090	80,180
For each additional person add	\$4,060.00	

<http://aspe.hhs.gov/poverty/14poverty.cfm>

Family Income Determination Worksheet

Enter the amount of income for all wage earners in the family (see income eligibility definitions starting on page 15):

List all family members living in the household:

	Name	Relationship	Age
1			
2			
3			
4			
5			
6			
7			
8			

List the annual earning for each member in the family that has qualifying income.

Family Member	1	2	3	4	5	6	7	8
Alimony								
Allowance								
Insurance Annuity								
Pension								
Public Assistance								
Self-Employment Wages								
Social Security								
Unemployment								
Wages								
Other								

Self-Attestation Example

Self-Attestation

Applicant Name	Last	First	MI
Social Security Number		Date	

I hereby certify, under penalty of perjury, that the following information is true:

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature	Date
Applicant's Phone Number	
Applicant's Address	
Signature of Parent or Guardian (as needed)	

The above applicant self-attestation statement is being utilized for documentation of the following eligibility criteria:

Eligibility Intake Staff Person Name	
Signature	Date

ATTACHMENT B

➤ Intake Application

Illinois Summer Youth Employment Program (SYEP) 2014 Program

Applicant Name Alan T Alda **Application Date** 5/23/2014

Print

Applicant (Youth) Contact Information

Applicant (Youth) Address:

3005 S Lincoln
Springfield, IL 62704-5555

Primary Phone: (Mobile) 217-555-1234

Email: info@enrolleda_siuccwd.com

Applicant (Youth) Eligibility Information

Date of Birth 5/15/1997

Did you graduate from Lincoln's ChalleNGe Academy? Yes

Are you a youth with a disability? No

Do you currently receive service from any of the following programs? Workforce Investment Act (WIA)

For your size family, does your family earn less than the following incomes listed below? No

Organization Illinois workNet

2450 Foundation Dr
Springfield, IL 62703

Applicant (Youth) Demographic Information

Gender Female

Are you Hispanic? Non-Hispanic

Race White

Social Security Number (Last 4 digits) 5555

Military Status Dropout

Disability Status Disability Affecting Employment

Education High School Graduate

Family Type Single Person

Other None of these

Parent/Legal Guardian Contact Information

Bob Smith
3005 S Lincoln
Springfield, IL 62704-5555

The information provided is accurate:

Primary Phone: (Mobile) 217-555-1234

Applicant Signature and Date

Legal Guardian and Date

The information provided is accurate and has been verified with physical evidence:

Provider Signature and Date

ATTACHMENT C
Time Attendance and Compensation Forms
➤ **Worksite Agreement**
➤ **Worksite Assessment**
➤ **Bi-Weekly Time Sheet**
➤ **Supportive Service Form**

Work Experience Program Worksite Agreement

This Agreement is made between _____ and
(Herein Referred to as Service Provider)

(Herein Referred to as Worksite Agency)

a ☐ **public**, ☐ **non- profit**, or ☐ **private for profit** organization to provide employment and training services to eligible youth and young adults participating in the summer youth employment program. Under this Agreement, participants will be provided work experience, which is valuable and meaningful for both the participants and the agency. Work experience will be consistent with each participant's capabilities and interests and align with one of the 16 national recognized career clusters consistent. Work experience should also aid in the development of skills and work habits, which will assist the participant in obtaining unsubsidized employment in the future.

Parameters of Program

1. Worksite placement opportunities will be contingent on available funding.
2. All federal and state labor laws must be followed.
3. Trainee's placement at a worksite cannot cause the displacement of a regular employee.
4. Trainees are placed in a planned, structured learning experience in a workplace for a limited period of time to perform duties as outlined in the Attached Job Description which shall by reference be made a part of this agreement.
5. Worksite placements that are prohibited include:
 - a) Employment in the adult entertainment industry
 - b) Sale or distribution of packaged liquors
 - c) Sale of firearms
 - d) Casinos/gambling establishments
 - e) Organizations with political or religious affiliations
6. Hours on the job can vary but are not to exceed the normal and usual hours to complete the job.
7. Trainees scheduled to work 7 1/2 continuous hours or more must have an unpaid meal period of at least 20 minutes. The meal period must be given to an employee no later than 5 hours after beginning work.
8. Overtime will not be authorized unless normally required for the position and authorized in advance in the work schedule found in the Attached Job Description.
9. No lunch hours or breaks are paid unless normally paid to all workers at the worksite in similar positions.
10. There will be no paid leave time i.e. vacation/sick/personal days or paid holidays.
11. Holidays are paid at regular hourly rate only when the trainee works. The worker will adhere to the worksite's holiday schedule and/or the *Service Provider* holiday schedule to be determined by both parties.
12. Special equipment or clothing as outlined in this agreement may be provided by *Service Provider* if required for the job and not normally provided to other employees by the worksite.

Work Experience Program Worksite Agreement

Worksite Assurances

The Worksite Agency assures that:

1. Trainees receive a structured training opportunity to gain the knowledge and competencies necessary to be successful in the occupation.
2. Sufficient work is available to trainees as well as adequate equipment and materials to perform the job as outlined in the job description found in **Attachment A**.
3. The address listed below is the only company location where the trainee will complete placement hours. Requests will be made prior to transferring trainee to alternate locations pending approval from *Service Provider*.
4. No other individual is on layoff, or has been terminated from the same or any substantially equivalent job that the trainee will be assigned.
5. No current employee shall be displaced (including partial-displacement, such as a reduction in hours or employee benefits) to accommodate a placement at your worksite.
6. This placement opportunity is not created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers.
7. The worksite placement will not impair any collective bargaining agreement in place.
8. Trainees cannot be employed by immediate family members. For the purpose of this agreement, immediate family is defined as spouse, children, parents, grandparents, grandchildren, brothers, sisters or persons bearing the same relationship to the trainee's spouse.
9. Compliance with the Illinois and Federal Fair Labor Standards Act will be adhered to at all times.
10. Compliance with all Safety standards established under Federal and State law shall be applied to working conditions of the trainee.
11. Compliance with all EEO & ADA laws will be adhered to at all times.
12. Confidentiality of trainees placed at the worksite will be maintained at all times and no trainee information will be provided to media outlets or persons outside of *Service Provider*.
13. The *Worksite Agency* may be responsible for additional costs in the event a trainee works over the agreed upon scheduled hours.
14. Timesheets will be accurately verified and submitted to *Service Provider* within the timeframe established below under "Time Attendance and Compensation" in this agreement.
15. *Worksite Agency* will provide time as identified by the Worksite and *Service Provider* for the youth to participate in work readiness and career education training conducted by *Service Provider*.
16. No trainee will operate or be transported in privately owned vehicles during working hours.
17. No trainee will be allowed to drive any motor vehicle during working hours unless previously agreed upon in this worksite agreement.
18. Recognition of program guidelines in that no obligation exists to employ the trainee following completion of placement hours.
19. Cooperation with Work Experience Representative and State Officials in monitoring progress of trainees.
20. Adherence to all program regulations as outlined by the *Service Provider* and parameters of program.
21. Compliance with *Service Provider* accident and incident reporting process. All accidents and incidents must be reported within 24 hours.
22. Employees will not be employed in building, operating, or maintaining any part of any building, which is used for religious instruction or worship.

Work Experience Program Worksite Agreement

23. This agreement will not assist with political or lobbying activities or the cost of any salaries or expenses related to any activity designed to influence legislation or appropriation pending before the Congress of the United States.
24. *Worksite Agency* nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the Agreement by any Federal or State Department or agency.

Service Provider Assurances

Service Provider assures:

1. To be the employer of record.
2. To provide worker's compensation to all trainees placed at the worksite.
3. Prompt payment of trainees' wages, stipends, supportive services and required fringes such as FICA, and worker's compensation insurance.
4. *Service Provider* will provide trainees with the required tools and attire needed to perform the job duties assigned if they are not normally provided to other employees by the worksite and funds are available. Include required tools and attire in Attachment Job Description.
5. A Work Experience Representative will disseminate information relevant to the program, address work-related concerns and assist trainees in their career development objectives.
6. *Service Provider* will provide a case manager to assist youth in the required work readiness and career education training.

Time Attendance and Compensation

Accurate time and attendance records will be kept by the supervisor on each participant and will reflect the time actually worked by the participant. **PARTICIPANTS WILL NOT BE PAID FOR ABSENCES, UNWORKED HOURS {THIS INCLUDES LUNCH ON OR OFF PREMISES} OR RECREATIONAL ACTIVITY. UNDER NO CIRCUMSTANCES SHOULD ANY PARTICIPANT WORK OVER 40 HOURS IN A WEEK (unless authorized under this agreement in the Job Description).** Using time sheets provided by the *Service Provider*, participants shall sign in when reporting to work each day and sign out at the completion of the specified number of hours each day as described in this Agreement. The sign in and sign out record will reflect actual starting and stopping times for hours worked and will reflect the lunch break. No one else will be allowed to sign a participant in or out. Time and attendance records will be signed at the end of each day by the participant and at the end of the two week period by the participant and the supervisor, whose signature will certify its accuracy.

Time Sheets will be due to the Service Provider for payroll preparation by: _____
(Time Sequence)

Delivered to: _____ via: _____
(Name of designated Service Provider staff) (Method, ie email, pickup, delivery)

Participants will be paid at the rate of \$9.00 an hour. Payroll dates are the _____
and _____ of the month.

If the number of participants or activities of the worksite change, the *Worksite Agency* agrees to notify the *Service Provider* immediately so this agreement may be modified.

Work Experience Program Worksite Agreement

Worker Trainee Placement Information

# Slots	Job Title	Hours per Week	Number of Weeks	Supervisor

Authorized Signatures

Service Provider reserves the right to terminate the Work Experience Agreement if it is deemed that the *Worksite Agency* is not providing a positive, safe working environment or fails to adhere to any part of this agreement.

This agreement may be terminated by either party, for any reason whatsoever, by giving written notice to the other party.

The worksite agreement can be modified or updated upon mutual consent of both parties.

The *Worksite Agency* shall be responsible for, and shall indemnify *Service Provider*, its officers, employees and agents for any injuries sustained by any trainee or third parties, resulting from the negligent acts and/or intentional wrongful acts of the *Worksite Agency* or its agents, or employees while performing under this agreement.

(1) Service Provider Authorized Representative:

Signature

Service Provider Organization Name/Address:

Name

Address

(2) Authorized Worksite Administrator:

Signature

Worksite Organization Name/Address:

Name

Address

(3) Address of Actual Worksite if different then Organization Address:

Address

City

Zip Code

TERM: THIS AGREEMENT WILL TAKE EFFECT ON _____ AND TERMINATE NO LATER THAN _____. (DATE)

Illinois Summer Youth Employment Program

Worksite Assessment

WORKSITE INFORMATION

Name of Worksite: _____

Address: _____

Review Date: _____

GENERAL ASSESSMENT

[Assessment Source: worksite agreement / interview questions / observation]

1. Working conditions are safe and sanitary. (Yes / No)
2. There is no evidence that individual(s) have been laid off from the same or substantially equivalent job as any worker-trainee's job (Yes / No)
3. There is evidence that the worksite provided job experience, skill acquisition and meaningful work to the worker-trainees (Yes / No)
4. There is evidence that the worksite mentored and supervised worker-trainees to ensure skill and experience acquisition adequate to pursue employment (Yes / No)

WORKSITE PROGRAM MANAGEMENT

[Assessment Source: worksite agreement / interview questions / observation]

1. There is evidence that the worksite has prepared the mandatory Youth Wage Timesheets Form in a customary businesslike fashion, ensuring accuracy as to the hours worked (Yes / No)
2. There is evidence that worksite has provided the worker-trainees with not more than 40 hours per week (Yes / No)
3. There is evidence that worksites are accessible to youth participants. (Yes / No)
4. There is evidence that the worksite has abided by all of the Illinois SYEP Program requirements including: (Yes/No)
 - a) Worksites have not employed family members as part of the Illinois SYEP program.
 - b) Worksites are not engaging in a prohibited activity or industry as defined by the worksite agreement.
 - c) Worksites have only placed Illinois SYEP worker-trainees into positions that would not exist but for the Illinois SYEP program. Worksites may not fill positions that were vacated due to layoff or furlough with Illinois SYEP participants, and may not reduce hours of existing employees in order to employ Illinois SYEP worker-trainees.
 - d) Worksites have complied with all applicable labor laws.
 - Grantee must ensure worksites for youth adhere to applicable federal/state labor laws. For information and resources on safety and child labor laws, consult <http://www.youthrules.dol.gov/about.htm>, <http://www.state.il.us/Agency/IDOL/Facts/MW.HTM>, <http://www.state.il.us/agency/idol/forms/pdfs/FLSCLL03.pdf> and <http://www.osha.gov/teens>.
 - e) Illinois SYEP worker-trainees do not comprise more than 50% of the business' workforce at each worksite.

Illinois Summer Youth Employment Program

Worksite Assessment

- f) Worksites will consider Illinois SYEP worker-trainees for unsubsidized positions at the end the Illinois SYEP program as they are able. [Providing unsubsidized employment for worker-trainees is not a requirement of the program.]
- g) Worksites have provided a valid DUNS number and Federal Employer Identification Number.
- h) The worker-trainee supervisor is not listed as a registered sex offender
 - Grantee should verify the print out of the “no match” screen from the sex offender registry website. If the worker-trainee supervisor has a common name then the case manager should check each person on the list and write on the common name list that none of the people are the worker-trainee supervisor.

MONITORING QUESTIONS

1. The worksite is in compliance with the worksite agreement. (YES / NO)
2. The Youth Wage Timesheets are completed accurately and submitted on according to schedule to insure timely payment to the work-trainee and in accordance with the worksite agreement. (YES/NO)

[IF NO – FINDING]

The Worksite is not in compliance with the worksite agreement and/or State Regulations.

[CORRECTIVE ACTION]

The Grantee must either bring the worksite, payments to customer, or job duties into compliance or terminate the worksite from the program. Evidence must be submitted to the Bureau for review of compliance with corrective action measures.

Illinois Summer Youth Employment Program

Worksite Assessment

WORKSITE INFORMATION

Name of Worksite: _____

Address: _____

Worksite Supervisor: _____

Program Assessment

1. When did the participant(s) begin working? (Date should not be prior to the execution of the worksite agreement)
2. How many work-trainees have been assigned to this worksite?
3. How many employees are assigned to this worksite? *(Include full-time, part-time, and contractual employees. Do not include work-trainees.)*
4. Have any of the non-Illinois SYEP employees had their hours reduced or been laid off since June 1, 2013?
5. Is there an alternate person who supervises Youth Participants in the absence of the assigned supervisor? Name of the alternate supervisor?
6. How are the participants hours of work tracked? (i.e. timesheets, punch card, time clock)
7. Are you satisfied with the worker trainee(s)? (i.e. timely, productive, attitude, etc.)

Illinois Summer Youth Employment Program

Worksite Assessment

WORKSITE INFORMATION

Name of Worksite: _____

Address: _____

Worker Trainee Name: _____

Worker Trainee Evaluation

1. What, if any, new skills have been learned as a result of this job/training?
2. Are you engaged in any political/religious activities? (i.e. handing out union cards, asking for votes for union activities; participating in religious services, decorating altars, etc.)
3. How are your work hours recorded (time card / sign-in sheet / Other (specify))
4. What are your work hours?
5. When do you receive paychecks (weekly, twice monthly, other)
6. Are your paychecks on time?
7. When did you begin your work experience? (day/month)
8. The job duties are in line with the worksite agreement? (Answer this question based on the review of the worksite agreement and on-site job duties.)

Youth Wage Timesheet

Pay Period Start _____ Pay Period End _____ ID No. _____
 Worksite: _____ Dept. No. _____
 Employee Name: _____ SSN+4 _____
 Career Specialist: _____

Participants scheduled to work 7 1/2 continuous hours or more must have an unpaid meal period of at least 20 minutes at or before the 5 hour mark

WEEK 1		Time cannot exceed 40 paid hours a week. No overtime is allowed.					Total Hrs Worked not including Lunch	
Day of Week	Date	Time In	Lunch Time Out	Lunch Time In	Time Out			
Saturday	1/0/00							
Sunday	1/1/00							
Monday	1/2/00							
Tuesday	1/3/00							
Wednesday	1/4/00							
Thursday	1/5/00							
Friday	1/6/00							
<i>Total weekly hours rounded to 1/4 hour</i>						TOTAL WK 1		WK1 TOTAL
Time on Work Readiness								

WEEK 2		Time cannot exceed 40 paid hours a week. No overtime is allowed.					Total Hrs Worked not including Lunch	
Day of Week	Date	Time In	Lunch Time Out	Lunch Time In	Time Out			
Saturday	1/7/00							
Sunday	1/8/00							
Monday	1/9/00							
Tuesday	1/10/00							
Wednesday	1/11/00							
Thursday	1/12/00							
Friday	1/13/00							
<i>Total weekly hours rounded to 1/4 hour</i>						TOTAL WK 2		WK2 TOTAL
Time on Work Readiness								
							Pay Period Total Hours	

It is hereby certified that the services presented in this statement were provided and all is shown correctly.

Employee Signature and Date

On-Site Supervisor Signature and Date

SYEP Agency Staff Signature and Date



SYEP SUPPORTIVE SERVICE FORM

Pay Period Start date: _____ Pat Period ending date: _____

Participant Name _____ SSN +4 _____

Address _____ City _____ Zip Code _____

Transportation Assistance

Day	M	T	W	Th	F	Sat	Sun
# of round trip miles							
Reimbursement amount							
Bus tokens/CTA passes							

Payable to: ☐ Client
☐ Other (list below)

Child Care Assistance

Day	M	T	W	Th	F	Sat	Sun
# of children							
Daily hours							
Reimbursement amount							

Payable to: ☐ Client
☐ Other (list below)

Other Costs (work clothes, tools, supplies, or other items required for youth to participate in the program)

Specify Below (Attach itemized bills/receipts)	Cost

Payable to: ☐ Client
☐ Other (list below)

It is hereby certified that the services presented in this statement were provided and all is shown correctly.

 Youth Participant Signature and Date

 SYEP Agency Staff Signature and Date

ATTACHMENT D

➤ Release Form's

- Entity**
- Individual**

RELEASE FORM - ENTITY

Authorization for Release of Photograph, Voice,

Use of Likeness or Printed Quotes or Statements

I hereby release to the Illinois Department of Commerce and Economic Opportunity "the Department") its officers, agents, employees and/or affiliates the rights of _____ (entity) photograph, image, likeness, representative's voice as recorded on videotape or film and any oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by the Department) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Summer Youth Employment Program. I hereby release any and all claims against the Department its officers, agents, employees and/or affiliates arising out of or in connection with the usage of _____ (entity) photo, likeness, representative's voice and/or oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by the Department) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Summer Youth Employment Program. I acknowledge that this release is legally binding and understand that this is the entity's final notice regarding this matter and that the Department its officers, agents, and/or affiliates may proceed in reliance thereon. The undersigned in this release desires to assist in the work of the Department, its officers, agents, employees and/or affiliates by making the entity's image, likeness, representative's voice and/or oral or written statement(s) available for the Department's program marketing publication(s) related to the Summer Youth Employment Program. By signing below, I acknowledge that for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, on behalf of _____ (entity) hereby release, indemnify and hold harmless, the Department, its officers, agents, employees and/or affiliates from and against any and all claims, losses, suits, damages, or costs (including reasonable attorney's fees) arising out of, resulting from or relating to the entity's participation in the Department's marketing publication(s) related to the Summer Youth Employment Program. I further acknowledge that (1) I am a person of legal age and the person identified below who is authorized to execute this release; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; and (4) I have executed this release voluntarily.

Names of entity: _____

Entity's representative furnishing oral or written statement(s):

Date picture taken and/or oral or written statement was made: _____

Authorized Representative Signature and Title

Date

RELEASE FORM - INDIVIDUAL
Authorization for Release of Photograph, Voice,
Use of Likeness or Printed Quotes or Statements

I hereby release to the Illinois Department of Commerce and Economic Opportunity ("the Department") its officers, agents, and/or affiliates the rights of my and/or my child/ward's photograph, image, likeness, voice as recorded on videotape or film and any oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by the Department) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Summer Youth Employment Program. I hereby release any and all claims against the Department its officers, agents, and/or affiliates arising out of or in connection with the usage of my and/or my minor child/ward's photo, likeness, voice or oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by the Department) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Summer Youth Employment Program. I acknowledge that this release is legally binding and understand that this is my final notice regarding this matter and that the Department its officers, agents, and/or affiliates may proceed in reliance thereon. The undersigned in this release desires to assist in the work of the Department its officers, agents, and/or affiliates by making their and/or their minor child/ward's image, likeness or voice and/or oral or written statement(s) available for program marketing publication(s) related to the Summer Youth Employment Program. By signing below, I acknowledge that for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, on behalf of myself and/or my minor child/ward, _____ hereby release, indemnify and hold harmless the Department its officers, agents, and/or affiliates from and against any and all claims, losses, suits, damages, or costs (including reasonable attorney's fees) arising out of, resulting from or relating to my and/or my minor child/ward's participation in the Department's marketing publication(s). I further acknowledge that (1) I am a person of legal age and the person (or the parent/guardian of the minor child/ward) identified below who is authorized to execute this release; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; and (4) I have executed this release voluntarily.

Individual's name appearing in photograph and/or furnishing oral or written statement(s):

Minor: Yes _____ No _____ (If individual is a minor, a parent or legal guardian must execute this authorization on behalf of the minor child on the appropriate line below)

Date picture was taken and/or oral or written statement(s) made: _____

Parent or Legal Guardian's signature and printed name if on behalf of minor child

Date: _____

Signature of adult individual appearing in photograph and/or furnishing oral or written statement(s)