

Employment Incentive Program Application

Employed

Certified Job Training Program/Job Corps

**Part A
Applicant and Caseworker Information**

Date of Application:		Living Arrangement Type:	
Youth's Name:			ID#:
DOB:	Age:	Youth's Phone Number: ()	
CURRENT Address:			Apt#:
City:		State:	Zip (Required):
Caseworker's Name:			Agency:
Region/Site/Field:			Telephone: ()

**Part B
Employer/Certified Job Training Program**

Check all that apply: <input type="checkbox"/> Youth is a high school graduate or has a GED. <input type="checkbox"/> Youth has been employed for at least one month and working 20 hours per week. <input type="checkbox"/> Youth has been accepted into a certified job-training program. <input type="checkbox"/> Youth has previously been enrolled in the EIP. Dates:			
Employer/Certified Job Training Program Name:			
Address:		City:	State: Zip:
Contact Person:		Telephone: ()	
Number of hours employed weekly:		Date started employment training program:	
Date completed employment training program:			
What vocation or trade is the youth learning? _____			

**Part C
Referral Checklist**

<input type="checkbox"/> Completed Application	<input type="checkbox"/> Proof of Job Training Program	<input type="checkbox"/> Signed Service Agreement	<input type="checkbox"/> Copy of HS Diploma/GED
<input type="checkbox"/> Proof of Employment (Check stubs/letter from employer)			
<input type="checkbox"/> CFS 497: With Employment Objective			

**Part D
Budgeting**

Estimate your monthly income and expenses using the categories listed below. Use "other" to identify and list any income or expenses not identified by the form. If additional space is needed, use a sheet of paper and attach it to your application. Total your monthly income and expenses on the lines provided.

Monthly Income		Monthly Expenses	
Employment Income:	\$	Housing/Rent:	\$
Employment Incentive Program Grant:	\$	Food/Meal Plan:	\$
Other Income (Itemize):	\$	Transportation:	\$
	\$	Other Expenses (Itemize):	\$
	\$		\$
	\$		\$
Total:	\$	Total:	\$

If your monthly expenses exceed your income, what is your plan to balance your budget?

If something happens to your grant or you have a financial emergency, what is your contingency or back-up plan?

**Part E
Start Up Funding**

Check if you are requesting start up funding. Start up funding is need based and limited to a one-time disbursement of up to \$200.00. Start up funds may only be used for work related items, such as equipment, work clothing, etc. Documentation for this funding is required. Attach receipts to the EIP application or list the work-required items.

Part F

Employment Incentive Program Service Agreement

READ THIS AGREEMENT THOROUGHLY

If you have questions concerning any part of this agreement, please ask for clarification before signing.

I, _____ agree to the following conditions as part of my participation in the Employment Incentive Program:

- Remain employed at least 20 hours per week.
- Successfully complete the certified job-training program.
- Submit my check stubs, if employed, or progress reports from the certified job-training program to the Employment Incentive Coordinator (EIC) on a monthly basis. **(Due by the 5th working day of the following month.)** The monthly grant may be held until the check stubs or progress reports are received.
- Inform the Employment Incentive Coordinator if my address changes or my employment or job-training program enrollment status changes. **(Examples: employed less than 20 hours per week, become unemployed, leave my employer, leave job-training program).**
- Complete and return a survey/evaluation of the program upon ending participation.

The BENEFITS of the Employment Incentive Program include:

- 1) A DCFS issued medical card until case closure;
- 2) A monthly grant of \$150.00;
- 3) **Up to 12 months (does not have to be consecutive) of eligibility not to exceed your 21st birthday;**
- 4) The assistance of your regional Transition Coordinator; and
- 5) The assistance of the Employment Incentive Program Coordinator.

I understand that I may be suspended or discharged from the EIP if I fail to provide the EIC any of the following:

- Verification of continued employment or participation in a certified job-training program; or
- Failure to submit job search documentation if I remain unemployed for a period of 30 consecutive days; or
- Failure to complete service plan tasks within established timeframes.

Youth's Signature

Date

.....

I, _____ caseworker for the above youth, have read the policy on the Employment Incentive Program, discussed the benefits and responsibilities of the EIP with the above named youth, have obtained the necessary supporting documentation and included copies of the necessary documentation to support this application for EIP. I have also included goals and objectives on employment or job training on the youth's service plan and will continue to monitor the youth's progress in this program, ensuring that copies of check stubs or progress reports are submitted to the Employment Incentive Program Coordinator each month.

Caseworker's Signature

Date

EIP Coordinator's Signature

Date