

## Student Subsidized Employment Program (SSEP) Certification of Eligibility

*This form must be completed by the **parent/related caretaker** in order for the student to participate in the Student Subsidized Employment Program funded by the Alabama Department of Human Resources in cooperation with the State Department of Education.*

**Student:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

**Mother** (if living in home): Name \_\_\_\_\_ SSN \_\_\_\_\_

**Mother's** Date of Birth \_\_\_\_\_

**Father** (if living in home): Name \_\_\_\_\_ SSN \_\_\_\_\_

**Father's** Date of Birth \_\_\_\_\_

**Related Caretaker's Name** \_\_\_\_\_ **Related Caretaker's SSN** \_\_\_\_\_

**Related Caretaker's Relationship to Student** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

**Is the student aged 16 through 20 and still in high school?** Yes  No

**Does the student live with a parent (biological or legal) or related caretaker?** Yes  No

*If the answer is no to either or both of the above questions, the student is not eligible to participate in the Student Subsidized Employment Program. If the answer is yes to both questions, answer questions 1 through 4 below.*

**1. Do you receive Family Assistance (FA) benefits for your child(ren) or related children?** Yes  No

**2. Do you receive Food Assistance (Food Stamps) for your family?** Yes  No

**3. Are you or the children covered by Medicaid or All Kids?** Yes  No

**4. Does any child under your care participate in the reduced or free lunch program at school?** Yes  No

**If you answered yes to one or more of the 4 questions above, skip to the Affirmation and Agreement.**

*If all of the answers to the above questions are "no", use the section below to report your family's size. To determine correct family size include yourself, spouse, parent(s) of the student, the student's siblings and other related children under your care under age 21 and still in high school. **Circle the correct family size on the chart below.***

<b>Size of Family Unit</b>	<b>Size of Family Unit</b>	<b>Size of Family Unit</b>	<b>Size of Family Unit</b>
1	4	7	10
2	5	8	11
3	6	9	12

*Enter the name and monthly gross income of the parents (living in the home with the child) and student participant listed above. Examples of income: Wages, Social Security, SSI, unemployment compensation, etc.*

Name	Monthly Gross Income
1.	
2.	
3.	
4.	
<b>Total Family Monthly Gross Income listed above</b>	<b>\$</b>

Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

**Affirmation and Agreement:** I certify under penalty of perjury that the information given above, including family size and monthly gross income, is correct and true to the best of my knowledge. I further certify that I and members of my family are U.S. citizens or aliens in satisfactory immigration status. I understand that our social security number(s) will be used in computer matching to verify identity and income. I understand that the school may release information about my family's participation in the reduced or free lunch program. I understand that if my family is determined ineligible for any reason, including agency error, I may have to pay back money paid for the student through the Student Subsidized Employment Program.

Parent/Caretaker Relative Signature \_\_\_\_\_ Date \_\_\_\_\_

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**This section must be completed by the school:**

School \_\_\_\_\_ Co-op Teacher-Coordinator \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

If # 4 is the ONLY block checked "yes" for questions 1 – 4 on page one, attach verification of eligibility for the reduced or free lunch program or certify participation. Check applicable box.

Documentation of eligibility for the reduced or free lunch program is attached.

I certify that I have reviewed school records and the student named above is currently participating in the reduced or free lunch program.

Co-op Teacher-Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Completed form should be faxed to the State Department of Human Resources, Family Assistance Division at 334.242.0513.*

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DHR Use Only: Student is TANF eligible? Yes  No

Date Certified \_\_\_\_\_ Eligibility Determined by \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_