

## Human Services Center Corporation

Westinghouse Valley Human Services Center  
519 Penn Avenue, Turtle Creek, PA 15145  
(412) 829-7112 Fax (412) 829-4363  
www.hsc-mvpc.org

# Emerging Leaders Program

## Penn Hills High School

***Apply NOW for 2020-2021! Limited spaces!***

### What is the Emerging Leaders Program (ELP)?

ELP is a **FREE** program for low-income **high school seniors** that are no older than 18 years of age at East Allegheny, McKeesport Area, Penn Hills, West Mifflin Area, and Woodland Hills High Schools. It provides students guidance in planning and preparing for life after high school.

### Program Structure

- ELP participants will attend a session every day for a 40 minute period during the school day. Staff also support students by meeting with them one on one throughout each month, also during school hours.
- Students receive help with post-graduation goals, career planning, and college/post secondary training preparation.
- Features career exploration, job shadowing, job/school/training searches, field trips to various job sites and schools, and more.
- Students will earn a modest incentive periodically based on participation and goal completion throughout the school year and post-graduation.

***Turn over for more information on how to apply!***



**Send Application To:**  
Human Services Center Corp.  
Leah O'Reilly  
Emerging Leaders Program  
519 Penn Avenue  
Turtle Creek, PA 15145

**Call:** 412-829-7112

**Text or Call:**  
Ms. Taylor  
512-743-7800



facebook.com/  
humanservicescenterturtlecreek

**Visit Us At:**  
Human Services Center Corporation  
413 Penn Avenue  
Turtle Creek, PA  
15145  
www.hsc-mvpc.org



# Eligibility Requirements

To participate in the Emerging Leaders Program, the youth (and their legal spouse and/or children, if applicable) must provide verification that their personal monthly gross earned income does not exceed 235% of the FPIG.

## Household Income Eligibility Standards:

Household/Family Size	235% (Annual)	235% (Month)
1	29,986	2,499
2	40,514	3,376
3	51,042	4,254
4	61,570	5,131
5	72,098	6,008
6	82,626	6,886
7	93,154	7,763
8	103,682	8,640
9	114,210	9,518
10	124,738	10,395

\*Household Income Eligibility Standards subject to change.\*

## What do we need from you?

- Completed 2020-2021 ELP Application
- A copy of student's birth certificate
- A copy of student's signed social security card
- A copy of the student's most recent report card
- Proof of **student** income if student is employed (such as one **MOST RECENT** pay stub)

\*The applicant **MUST** have enough credits to graduate high school on time!!

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Emerging Leaders Program  
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Turtle Creek, PA 15145

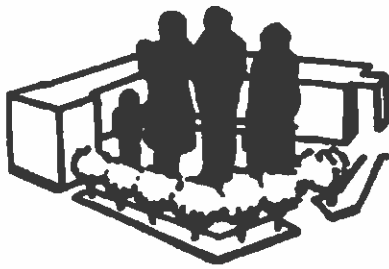
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## 2020 – 2021 Emerging Leaders Program (ELP) Application

The following information and requested supporting documents are **required** to determine eligibility for the student to participate in the Emerging Leaders Program. Please print all information clearly. Failure to complete this application correctly and fully could result in the student not being accepted into the Emerging Leaders Program. All information will be kept confidential. All releases **MUST** be signed by the appropriate persons.

Student's First and Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Social Security#: \_\_\_\_\_ Grade in 2020-2021 School Year: \_\_\_\_\_ Name of School in Fall 2021: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment # (if Applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Student's E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student's Cell # (if Applicable): \_\_\_\_\_

Student's Facebook Name: \_\_\_\_\_ Student's Facebook Email Address: \_\_\_\_\_

Sex:  Male  Female If male, and 18 years of age, have you enrolled in selective service?  Yes  No  Not applicable

Is English the student's primary language?  Yes  No

Is the student a U.S. citizen?  Yes  No Is the student a migrant?  Yes  No

Can you provide proof of income?  Yes  No Ethnicity:  Hispanic/Latino  Non Hispanic/Latino

Race:  Black/African American  White  Biracial  American Indian or Alaska Native  Asian  Native Hawaiian or other Pacific Islander

Medical Conditions and History (Please check all that apply):

ADD or ADHD  Autism  Black-outs  Hemophilia  Sickle Cell  Diabetes  Depression  
 Epilepsy  Kidney Trouble  ODD  Speech Problems  Dyslexia

Other Mental and/or Physical Disabilities/Needs \_\_\_\_\_

Does student have any mental and/or physical limitations that would impede them from work and/or future schooling/training?

Yes  No If yes, please explain: \_\_\_\_\_

\*Failure to disclose the student's health conditions will be grounds for immediate removal from the Program.

\*\*For internal/office use only:

Date application received: \_\_\_\_\_

Letter sent stating received application and may or may not need documents:

Application Complete:  Soc Card:  Birth Cert:  Income Documents Submitted:  Selective Service:  or  N/A Report Card:

Most recent/FINAL pay stub received:  or  N/A

Confirmation from school that student is on track to graduate:

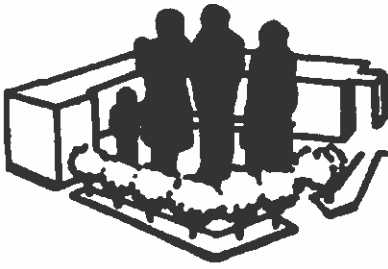
Fully Enrolled:

Database:  Individual File:

Acceptance Letter Sent:  Date: \_\_\_\_\_

EA Site #: \_\_\_\_\_ McK Site #: \_\_\_\_\_ WM Site #: \_\_\_\_\_ WH Site #: \_\_\_\_\_ PH Site #: \_\_\_\_\_

TURN OVER →



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## Emerging Leaders Program Client Data Form I

Is/are the student's legal guardian(s) someone other than the biological parent(s)? Yes No

If yes, what is their relation to the student? \_\_\_\_\_

Is the student homeless? Yes No

Is the student a foster child? Yes No

Has the student ever been a foster child? Yes No

Has the student aged out of the foster care system? Yes No

Does the student have an IEP (Individualized Education Plan)? Yes No

Does the student have a GIEP (Gifted Individualized Education Plan)? Yes No

Does the student have enough credits to graduate high school on time? (This will also be confirmed by a school official.) Yes No

Has the student ever failed a grade level in school? Yes No

Is school attendance an issue for the student? Yes No

Has the student been suspended from school at any time? Yes No

Has the student ever been expelled from school? Yes No

Is the student a child of an incarcerated parent(s)? Yes No

Is the student a criminal offender? Yes No

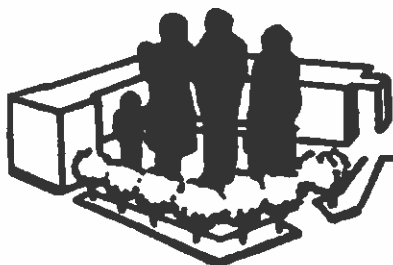
Is Mother/Guardian registered to vote? Yes No N/A

Is Father/Guardian registered to vote? Yes No N/A

Is the student a parent and/or pregnant? Yes No

Is the student any of the following? Criminal Offender Adjudicated Runaway Court Involved or at-risk of Court Involvement

How did the student hear about ELP? Mailed Application School Presentation Another Student ELP Staff School Staff  
Other: \_\_\_\_\_



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## Emerging Leaders Program Client Data Form II

Does the student and/or parent/guardian receive Temporary Assistance for Needy Family (TANF) Cash Assistance?  Yes  No

If "yes" please provide: TANF Start Date: \_\_\_\_\_

TANF Category:  C - Absent or Incapacitated Parent  D - General Assistance

Case #: \_\_\_\_\_ Monthly Grant Amount: \$ \_\_\_\_\_

Does the student and/or parent/guardian receive SNAP Benefits (Food Stamps)?  Yes  No

Does the student and/or parent/guardian receive Supplemental Security Income through Department of Public Welfare (SSI - Title XVI)?  Yes  No

If "yes", Category:  J - Disabled  A - Aged  M - Blind

Does the student receive Free or Reduced Price School Lunch?  Yes  No

Does the parent and/or student possess an ACCESS card?  Yes  No

If parent/guardian has ACCESS card please list the number: \_\_\_\_\_

If student has ACCESS card please list the number: \_\_\_\_\_

If applicable, please list parent/guardian's County/RN #: \_\_\_\_\_

Does your family live in subsidized, Section 8, or any other form of public/subsidized housing?  Yes  No

What is the Family Type?  Single parent/female  Single parent/male  Two-parent  Student lives independently  Other

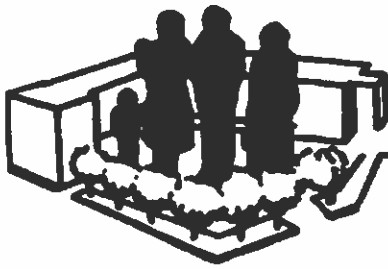
Income eligibility is based on household size and included household income. List everyone who currently resides in your household. If you need additional space, please continue on the bottom:

Household Member First and Last Name	Relationship	Income for Last 6 Months	Source of Income <i>(Employer wages should be GROSS wages)</i>
	SELF (STUDENT)		

Total number of people in household: \_\_\_\_\_ Total household GROSS income for last 6 months: \_\_\_\_\_

Total student GROSS income for last 6 months: \_\_\_\_\_





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## Emerging Leaders Program CONTACT INFORMATION

Mother's/Legal Guardian's Name: \_\_\_\_\_

Mother's/Legal Guardian's Maiden Name: \_\_\_\_\_

Mother's/Legal Guardian's Address: \_\_\_\_\_

Is student living with Mother/Legal Guardian?  Yes  No

Is English the primary language for Mother/Guardian?  Yes  No

Mother's/Legal Guardian's Home Phone: \_\_\_\_\_ Mother's/Legal Guardian's Cell Phone: \_\_\_\_\_

Mother's/Legal Guardian's Work Phone: \_\_\_\_\_ Mother's/Legal Guardian's Email Address: \_\_\_\_\_

Mother's/Legal Guardian's Birthdate: \_\_\_\_\_ Mother's/Legal Guardian's Social Security #: \_\_\_\_\_

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Father's Name/Legal Guardian: \_\_\_\_\_

Father's/Legal Guardian's Address: \_\_\_\_\_

Is student living with Father/Legal Guardian?  Yes  No

Is English the primary language for Father/Guardian?  Yes  No

Father's/Legal Guardian's Home Phone: \_\_\_\_\_ Father's/Legal Guardian's Cell Phone: \_\_\_\_\_

Father's/Legal Guardian's Work Phone: \_\_\_\_\_ Father's/Legal Guardian's Email Address: \_\_\_\_\_

Father's/Legal Guardian's Birthdate: \_\_\_\_\_ Father's/Legal Guardian's Social Security #: \_\_\_\_\_

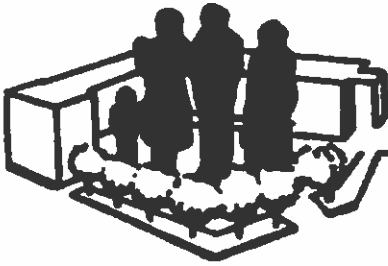
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Emergency Contact (OTHER THAN PARENT/GUARDIAN): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_ Contact Home Phone: \_\_\_\_\_

TURN OVER →



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## Emerging Leaders Program *PARENTAL CONSENT FORM*

I grant permission for my son/daughter \_\_\_\_\_ to participate in all scheduled activities of the Emerging Leaders Program. In addition, I grant authorization for my son/daughter to be taken off-site by the Human Services Center Corporation staff for field trips and other special events. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the Program.

Occasionally, Emerging Leaders Program staff members wish to photograph, videotape, or otherwise record the activities of Program participants for the purpose of recording, promotions, and reporting outcomes of the Program. We sometimes provide local newspapers with information about the Emerging Leaders Program participants, such as the student's name, grade, school district, and what the student has done during the Program.

I hereby give permission for my child to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the Emerging Leaders Program. I allow the Human Services Center Corporation to use the photographed, videotaped, and/or recorded materials in any publications, promotional materials, reports, social media, websites, CD's, DVD's, other media for publicity, reporting purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to the said videotaped, recorded, and/or photographed materials.

I further grant permission for the Human Services Center Corporation to provide local media and foundations with information about my child. Moreover, I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this after-school program.

\_\_\_\_\_  
Name of Student

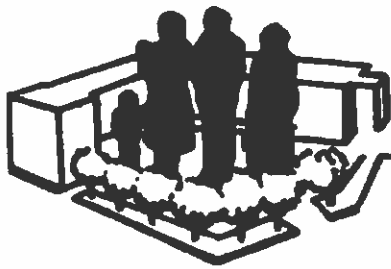
\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is <18 years old)

\_\_\_\_\_  
Date





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## Emerging Leaders Program *PERMISSION FOR MEDICAL TREATMENT AND RELEASE*

I wish to have my child, \_\_\_\_\_, participate in the Emerging Leaders Program. I understand that there are risks and hazards, in addition to benefits, associated with my child's participation. I, on behalf of myself, my child, our heirs, executors, administrators, and other personal representatives, do hereby irreversibly and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against the Emerging Leaders Program and the Human Services Center Corporation arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child.

I give permission for the Emerging Leaders Program and Human Services Center Corporation to secure medical treatment for my child in the event that such treatment is required during my child's participation in the Program. I will be financially responsible for the cost of such treatment. The Commonwealth of Pennsylvania's laws apply to this Permission for Medical Treatment and Release. This release will remain valid and binding from the beginning to the end of the Program.

I have read and understand the terms of this release. I sign this document voluntarily, knowing that I am legally bound by it. I am over eighteen years of age, and competent to sign this document. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this program.

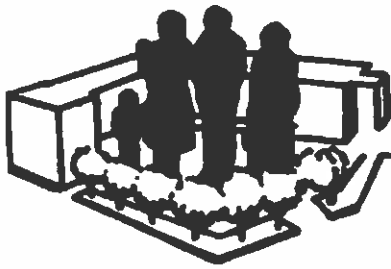
\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is <18 years old)

\_\_\_\_\_  
Date



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## Emerging Leaders Program AUTHORIZATION FOR SHARED INFORMATION

I hereby give permission to the Human Services Center Corporation to share information on my child, \_\_\_\_\_, with funders, places of employment, school district personnel, emergency care providers, counselors, medical professionals, mental health therapists, and other human service agencies on an as-needed basis. All information will be kept strictly confidential.

I authorize and instruct the Emerging Leaders Program to obtain my son/daughter's report card, attendance records, work records, assessment tests *including but not limited to* the Keystone, PSSA, Terra Nova, 4Sight, DIBELS, OLSAT test scores, and diploma and/or final transcript for the purpose of tracking academic and overall progress. In addition, I do hereby approve and instruct my child's school and/or district to release to the Human Services Center Corporation any pertinent and/or necessary behavioral reports of my son/daughter for the purpose of mandatory tracking and reporting.

I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the Program.

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is <18 years old) Date

Name of Student: \_\_\_\_\_

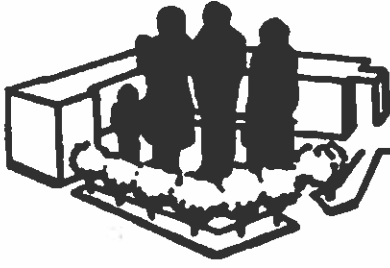
Name of School and District Attended during 2019-2020 School Year: \_\_\_\_\_

Name of School and District Attending in 2020-2021 School Year: \_\_\_\_\_

**\*\*Please use the checklist below to ensure you have turned in all necessary information.\*\***

### Application Checklist:

- Completed 2020-2021 ELP Application
- A copy of student's birth certificate
- A copy of student's signed social security card
- A copy of the student's most recent report card
- Proof of **student** income if employed (MOST RECENT pay stub)



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## Emerging Leaders Program *APPLICANT CERTIFICATION*

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, including wage records and unemployment compensation information, and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

I allow the release of this information for verification and reporting purposes and understand that it be used to determine eligibility.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is <18 years old)

\_\_\_\_\_  
Date

### **Authorized Staff Certification**

I have reviewed all of the above information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of the interview.

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
Date

**Partner4Work  
Media RELEASE FORM**

I hereby give Partner4Work permission, with respect to any photographs, images, or voice recordings that it, through its contractor employees or agents, takes of me or in which I may be included with others:

- (a) to use, re-use, publish, and republish the same, in whole or images, individually or in conjunction with other photographs, in any medium for the purpose of promoting Partner4Work or its funded programs
- (b) to use my name in conjunction therewith, if Partner4Work, through its contractor employees or agents, so chooses.

**OR**

I hereby deny Partner4Work permission to use, re-use, publish, or republish photographs, images, or voice recordings taken of me or in which I may be included with others.

**UNDER 18 YEARS OF AGE**

**18 YEARS OF AGE OR OLDER**



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

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

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
Name of Applicant (Printed)



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian (Printed)

Date \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Contractor Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

**PARTNER4WORK**

# PARTNER WORK

The Workforce Development Board for the Pittsburgh Area

## Youth Workforce Development Program Signature Page

**Instructions:** Please read the statements below and acknowledge by signing in the appropriate places. If you are under 18, you must obtain the signature of a parent or guardian. Note: This document must be retained in the Applicant/Participant file.

### GRIEVANCE STATEMENT

PARTNER4WORK has established and maintains a grievance procedure for grievances or complaints about its programs and activities. All applicants and participants of the employment and training programs offered by Partner4Work are entitled to take advantage of this procedure. Initially you should attempt to resolve your complaint informally at the agency/department/training institution where you are placed. If the complaint cannot be resolved at this level to your satisfaction, you may file a complaint in writing summarizing your issue to:

Program Evaluation Manager

Partner 4 Work

Centre City Tower, Suite 2600

650 Smithfield St., Pittsburgh PA 15222

Program Evaluation Manager reviews and/or investigates the complaint in an attempt to reach an informal resolution. If an informal resolution cannot be reached, a formal hearing will be provided within 30 days of original filing date. A written decision will be rendered to all parties within 30 days of hearing.

I have read and understand the above statement and acknowledge so with my signature.



Applicant/Participant Signature

Date

(required if applicant is under 18 years of age.)



Parent or Guardian Signature

Date

Staff Member as Witness

Date

### EQUAL OPPORTUNITY IS THE LAW

#### CIVIL RIGHTS STATEMENT

Partner4Work and its agents, partners, and affiliates do not discriminate, on the basis of race, color, religion, religious creed, sex, sexual orientation, gender identity, national origin, ancestry, marital status, age or non-job-related disability as required by federal, state, and local law.

Here is some information about YOUR CIVIL RIGHTS UNDER FEDERAL LAW. Partner4Work is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and, for beneficiaries only, citizenship, or participation in federally funded programs, as amended in admission or access to, opportunity or treatment, in, or employment in the administration of or in connection with any federally funded activity. If you think that you have been subjected to discrimination under a federally funded program or activity, you may file a complaint within 180-days from the date of the alleged violation with the Department of Labor and Industry's (L&I) Office of Affirmative Action (OAA), or you may file a complaint directly with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-4123, Washington, DC 20210. If you elect to file your complaint with the Office of Affirmative Action, you must wait until the Office of Affirmative Action issues a decision or until 60-days have passed, whichever is sooner, before filing with the CRC (see above address). If the OAA has not provided you with a written decision within 60-days of filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with CRC within 30-days of the expiration of the 60-day period. If you are dissatisfied with the OAA's resolution of your complaint, you may file a complaint with CRC. Such a complaint should be filed within 30-days of the date you receive notice of the OAA's proposed resolution. If you have any questions, regarding YOUR CIVIL RIGHTS, or to file a discrimination complaint, please contact: The Department of Labor and Industry, Office of Equal Opportunity - Room 514, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, Pennsylvania 17120. Or Call (717) 787-1182 • 1-800-622-5422 • TDD 1-800-654-5984. Also, a complaint can be filed by phone or in person at the local office. U.S. Equal Employment Opportunity Commission, 1000 Liberty Ave, Suite 1112, Pittsburgh, PA 15222. For general inquiries or to begin the process of filing a complaint of discrimination, call 1-800-669-4008. All complaints will be handled confidentially.

**Statement of Receipt:** I hereby Certify that I have received, read and understand my rights under law and acknowledge this with my signature.



Signature of Participant

Date Witnessed by TANF Representative

Date

Turn Over 

# PARTNER WORK

The Workforce Development Board for the Pittsburgh Area

Witnessed at (name and address where the document was received, signed and dated).

## Release of Information- Participant Consent Form

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ISY/OSY Service Provider \_\_\_\_\_

Provider Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I hereby authorize \_\_\_\_\_ as well as Partner4Work to request and/or disclose my personal  
(TANF Service Provider)

data (including name, address, social security number, status in the program) Allegheny County Assistance Office, Allegheny County Department of Human Services, training institutions/schools or prospective employers, as deemed necessary for my participation in a TANF/WIOA program. I realize this information will be shared in the interest of providing the most appropriate services for me. I also give permission to including but not limited to; Allegheny County Assistance Office, Allegheny County Department of Human Services, training institutions/schools, or current, past, and prospective employers as it relates to my participation in a TANF/WIOA program; to release the following information to

\_\_\_\_\_ as well as Partner4Work.:

(TANF Service Provider)

Employment Verification	Public Assistance Eligibility
<ul style="list-style-type: none"> <li>- Employment Start Date</li> <li>- Job Title</li> <li>- Last Date of Employment</li> <li>- Hourly Wage</li> <li>- Reason for Termination</li> </ul>	<ul style="list-style-type: none"> <li>- Residency</li> <li>- Citizenship</li> <li>- Family Size</li> <li>- Amount of Family Income</li> <li>- Public Assistance Eligibility and Benefits Received</li> <li>- Disability Status</li> </ul>
Secondary and Post-Secondary Education Verification Including	
<ul style="list-style-type: none"> <li>- Copy of a GED</li> <li>- Copy of a Secondary School Transcript / Report Card or Post-Secondary Transcript</li> <li>- Copy of a High School Diploma</li> </ul>	

I have read this form, and/or had it explained to me and I understand its contents.

I release \_\_\_\_\_ from all legal responsibility or liability for disclosure of the above information  
(TANF Service Provider)

to the extent that the information was used for its stated purpose. I understand the release of my personal data will be used for my benefit, for program tracking and reporting purposes and will not be shared with any entity for any other purpose.



Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
(required if applicant is under 18 years of age.)



Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: This document must be retained in the Applicant/Participant file.