

INTAKE CHECKLIST:

(Please make sure you have completed and included everything before submitting)

- Signed copy of Social Security Card
- Form of ID (Passport, Drivers License, School ID with picture if under 18)
- Income Eligibility
 - Free/ Reduced lunch verification
 - Weekly Wages (last 4 paystubs or if bi-weekly last 2)
 - Benefit Statement for SSI, DTA, SNAP etc.
 - 2022 Taxes (first two pages)

If interested in Direct Deposit:

Include bank authorization form; must include your name, account number and routing number.

- If uncomfortable submitting through email, please schedule a time to drop off application with Rute Vales or your available case manager.

If you have any questions regarding your application, please reach out to

rvales@wcac.net.



Worcester Community Action Council, Inc.
Professional Development & Jobs Program
INTAKE FORM

Applicant Information

Last Name: _____ First Name: _____ MI: _____

Preferred Name: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

Address: _____ City, State: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender: _____ U.S. Citizen? Yes No

Gender Pronouns: (Circle One) He/Him/His She/Her/Hers They/Them/Theirs Other

Do you speak a second language? Yes No If yes, what language? _____

Do you need translation/interpretation services? Yes No

Have you participated in YouthWorks before? Yes No

If yes, when: _____ and where (worksite): _____

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino
 Unknown/Not Disclosed

Race:

- American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White
 Other
 Unknown/Not Disclosed

Program Eligibility

Income Verification (DOCUMENTATION REQUIRED) Please circle if you or your family receives any of the following:

Wages (paycheck) Social Security Income DTA Benefits Food Stamps Other: _____

Number of people living in the household: _____

(Examples: Weekly Wages, By-Weekly Wages, Benefit Statement Summary for SSI, DTA, SNAP or Other, 2019 Tax Forms)

Preference will be given to youths who meet at least one of the following: (Check all that apply to you)

- Court-involved youth Department of Youth Services(DYS) Involved Homeless or being a run away
 Foster Care Department of Children and Families (DCF) Involved Children Requiring Assistance(CRA formerly CHINS)
 Aged out of Foster Care

Secondary preference will be given to youths who meet at least one of the following: (Check all that apply to you)

- Low academic performance School dropout Child of a single parent
 Teen Parent Lack of English fluency Having a disability

Please continue onto opposite side



Job Interests

Please **rank Top (3)** occupations you are interested in applying for: (1: Most Interested, 3: Least Interested)

___ Arts/Media/Communications	___ Admin/Office/Clerical	___ Health Care
___ Food Service	___ IT/Computers	___ Maintenance/Landscaping
___ Warehousing/Manufacturing	___ Child Care	___ Youth Program Aide/Camp
		___ Other: _____

Education

Please provide as much information as possible.

Name High School attending/attended: _____ Last Grade: _____

Graduated from High School? Yes No

Attending WPS Transition Program? Yes No

Name of HiSET® Program attended/attending: _____

Currently in College? Yes No Name of College Attended/attending: _____

Program Eligibility Cont.

SOCIAL SECURITY CARD REQUIRED

Are you authorized to work in the United States? Yes No

Are you currently working? Yes No

Do you have a Driver’s License/Permit/Mass ID? Yes No

Referred by:

Please tell us who referred you to this program

First Name: _____ Last Name: _____

Relationship to Person _____

I hereby certify that the information on this form is complete and accurate. The completion of this form is for application purposes only and does not guarantee me a position in the WCAC YouthWorks Year-Round Jobs Program.

Applicant Signature: _____ **Date:** _____

Parent Signature (If under age 18): _____ **Date:** _____

Staff Verification: _____ **Date:** _____

Worcester Community Action Council, Inc. is an equal employment opportunity employer. It is the policy of WCAC to grant equal employment opportunity to all qualified persons without regard to race, color, sex, age, national origin, religion, physical or mental disability, sexual orientation, gender identification, genetic

For Office Use Only

CSBG-Eligible:	Monthly Income \$ _____ or Yearly Income \$ _____
Yes/No	Family Size: _____ City: _____
_____ % FPL	Proof Used: _____

Verified by: _____ Date: _____

information, membership in the uniformed services or any other classification which is protected under state or federal law.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/>	1. A citizen of the United States
<input type="checkbox"/>	2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date <i>(mm/dd/yyyy)</i>		
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>			
Address <i>(Street Number and Name)</i>			City or Town	State	ZIP Code

STOP Employer Completes Next Page STOP

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Worcester Community Action Council, Inc.
Professional Development and Jobs Program
PHOTO/ APPLICATION INFORMATION/CONFIDENTIALTY STATEMENT RELEASE FORM

YouthWorks Confidentiality Statement and Release Form

The program you are about to enter is paid for by the state of Massachusetts; Commonwealth Corporation runs the program for the state and needs to be able to report how well the program is working and whether or not it is meeting its goals.

Being able to show that teens and young adults who take part in work-readiness training and temporary job placements are succeeding in the workplace and in related educational programs is important. It helps continue the program funding. We will keep this information confidential. Thank you for your assistance.

To be completed by the participant:

I, _____, agree to allow **Worcester Community Action Council, Inc. (WCAC)** to give information about my job placement, my pay, as well as other information from interviews, reports from career counselors, employers, or other sources to Commonwealth Corporation. I understand that information I give to project staff about myself will be kept confidential while also being used to generate reports on how the program is running.

I understand that giving my social security number is part of the program application. I further understand that this information will be used to get state employment information necessary to evaluate the program; my identity (my name, address, etc.) will not be connected to the information obtained by the state.

MEDIA RELEASE

I, _____ [**Participant (if over 18) or Parent/Guardian Name (if under 18)**], allow Worcester Community Action Council, Inc. (WCAC) and Commonwealth Corporation use of my photo and/or quotes for various marketing efforts including but not limited to: agency print materials such as brochures and annual reports, as well as non-print media including the agency’s website, agency videos, social media and other widespread marketing efforts.

Please Circle Yes or No for Each:

- Yes / No **Use of photo/video footage**
- Yes / No **Use of quotes**

APPLICATION INFORMATION RELEASE

I, _____ [**Participant (if over 18) or Parent/Guardian Name (if under 18)**] agree to allow WCAC to share information about my job placement, my pay and name with the City of Worcester, and the Central MA Workforce Investment Board to generate reports on youth career pathways.

Participant Signature: _____ **Date:** _____
Parent/Guardian Signature (if under age 18): _____ **Date:** _____



**Worcester Community Action Council, Inc.
Professional Development & Jobs Program
Medical Release Form**

MEDICAL RELEASE

I, _____ **[Participant (if over 18) or Parent/Guardian Name (if under 18)]**, hereby give permission to be treated/for my son/daughter to be treated for an accident or a medical emergency occurring during working hours at any hospital and/or medical facility in Worcester or any of the surrounding towns. I am a participant/my son/daughter is a participant in the Worcester Community Action Council, Inc.'s (WCAC) YouthWorks Summer Youth Employment Program.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under age 18): _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

Emergency Contact Relationship to Participant: _____

Known Allergies: _____

Note to medical facility: The above named participant is an employee of WCAC and is covered by the agency's workers compensation insurance carrier.



WORCESTER COMMUNITY ACTION COUNCIL, INC.
 484 Main Street, 2nd Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810
 Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: www.wcac.net

DIRECT DEPOSIT FORM

Employee Name:	Date of Request:
Address:	
City, State, Zip:	

To Sign Up or Change Your Direct Deposit, Complete & Sign This Section:

CHECK ONE: This is a **NEW Direct Deposit Sign-up** *~or~* This is a **CHANGE** in my Direct Deposit

YOU MUST ATTACH A VOIDED CHECK OR A SPEC SHEET FROM YOUR BANK

Bank Routing #	Account Number	Amount	✓ One:		Full Dep
			CKG	SAV	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

NOTES:

You can deposit into three separate accounts at three separate banks.

Please be sure to check either “CKG” for a checking account or “SAV” for a savings account. If you would like your entire check deposited you must also check “FULL DEP” and leave the “amount” blank.

Employee Signature: _____ Date: _____

JS

If you wish to cancel your direct deposit, please check here and sign below:

PLEASE CANCEL MY DIRECT DEPOSIT

Signature: _____ Date: _____

<i>For Office Use Only:</i>	
Employee File #: _____	Week Ending Date: _____
Entered by: _____	Anticipated Effective Date: _____