

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER  
MAYOR



DR. UNIQUE MORRIS-HUGHES  
INTERIM DIRECTOR

DCPS/Office of Youth Programs

CAREER BRIDGE

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Photo ID  |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Social Security Number                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Date of Birth                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of DC Residency                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-Attestation Letter and or Parental Consent |

Participant Name: \_\_\_\_\_ Last 4 SSN# \_\_\_\_\_ Date: \_\_\_\_\_

Intake Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER  
MAYOR



ODIE DONALD II  
DIRECTOR

EQUAL OPPORTUNITY IS THE LAW

The Department of Employment Services (DOES) does not discriminate against any individual on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief. Furthermore, DOES does not discriminate against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA) on the basis of the beneficiary's citizenship status as a lawfully admitted immigrant authorized to work in the United States or his or her participation in any WIOA Title I – financially assisted program or activity.

If you think you have been discriminated against under any WIOA Title I – financially assisted program or activity, you may file a complaint, within one-hundred-eighty (180) days from the date of the alleged violation, with the DOES Office of Equal Opportunity, 4058 Minnesota Avenue NE, Suite 5800, Washington, DC 20019 or you may file a complaint with the United States Department of Labor Civil Rights Center, 200 Constitution Avenue NW, Washington DC 20210.

If you elect to file your complaint with DOES, the EEO Counselor shall, insofar as is practicable, conduct the final interview no later than thirty (30) calendar days after the date of which the matter was called to the Counselor's attention.

For more information concerning the DOES Equal Opportunity Program or to file a complaint, please contact Gehrrie D. Bellamy, Equal Opportunity Manager at (202) 671-0391 or [gehrrie.bellamy2@dc.gov](mailto:gehrrie.bellamy2@dc.gov).

I acknowledge having read and understood the above disclaimer.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Department of Employment Services provides auxiliary aids and services upon request.

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FOR OFFICIAL USE ONLY



Government of the District of Columbia  
Department of Employment Services  
Office of Youth Programs

## ***Waiver for Release of Information***

Date: \_\_\_\_\_

I, \_\_\_\_\_, Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, hereby authorize release of information regarding my education or employment. I understand that this information will be used strictly to determine my placement and eligibility and will be kept in my personal file.

I also give the Department of Employment Services (DOES) permission to gather and share information (oral & written) about me relating to the design, delivery and receipt of services. I understand that my records are protected under confidentiality laws and information about my family or me cannot be disclosed without my written consent. I authorize employees and representatives of DOES to gain access to any and all confidential files about myself and/or family or any other related party. I also make the same consent for exchange of information with any Service Provider I am enrolled in through DOES. This consent will include information placed in my records after the date signed below.

This consent will remain in effect for the period of my participation with DOES. Consent may be terminated at any time upon receipt of a "Withdrawal of Consent" letter to the assigned case manager.

### **Signature for Confirmation**

I understand that the information obtained, gathered, discussed, and shared is to assist me with attaining my education or employment goals. I further understand that such actions are part of the development, design, and delivery of educational/vocational services as a participant in programs of the Department of Employment Services. I hereby certify that I understand this consent and that I have signed it of my own free will.

**Participant's Name:** \_\_\_\_\_  
(Please Print)

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_  
(Please Print)

**Parental Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required if participant is under 18 years of age)

**Certifier's Name:** \_\_\_\_\_  
(Please Print)

**Certifier Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF EMPLOYMENT SERVICES  
OFFICE OF YOUTH PROGRAMS

YEAR ROUND PROGRAM

RESPONSIBILITY CONTRACT

I, \_\_\_\_\_, agree to honor the responsibilities listed below for the duration of my enrollment in the Office of Youth Programs' Year Round Program.

- To actively take part in the academic enrichment, skills-building, and training activities conducted by my assigned service provider.
- To learn and follow my assigned site's rules and regulations, including dress code.
- To treat my supervisor(s), service-provider staff members, fellow participants, and all Department of Employment Services staff members with the utmost courtesy and respect.
- To build and maintain an excellent attendance record.
- To sign in and out at the agreed upon time each day.
- To sign my Time and Attendance Sheet on the appropriate day.
- To be on time for all activities.
- I understand that any evidence of substance abuse, volatile behavior, willful destruction of property, excessive absenteeism, theft, insubordination, or falsification of documents is grounds for immediate termination from the program.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

## Department of Employment Services

MURIEL BOWSER  
MAYOR



ODIE A. DONALD, II  
ACTING DIRECTOR

### DOES Office of Youth Programs (OYP) Parent Consent Form

Applicant's Full Name

Applicant's Last 4 of SSN

Applicant's Signature

Date

I, \_\_\_\_\_, certify that I am the parent/guardian of the minor applicant whose name appears above, and hereby give my consent for the minor to participate in youth employment programs administered by the D.C. Department of Employment Services (DOES) Office of Youth Programs (OYP) which include the Marion S. Barry Summer Youth Employment Program (SYEP), the Marion Barry Youth Leadership Institute (MBYLI), the Year-Round In-School and Out-of-School Programs, the High School Internship Program (HSIP), the College Internship Program (CIP), and the Pathways for Young Adults Program (PYAP), from the date on the bottom of this consent form until such time the minor is no longer eligible to participate in youth employment programs or I revoke this consent in writing. I further certify that all of the information contained within the minor's application is correct and true and that by enrolling my child in any OYP programs I hereby give permission to DOES and its partner organizations to photograph/interview my child. It is my understanding that this photograph/interview or portions may be used by DOES and its partner organizations to describe, promote, and publicize its programs. I agree to participate in this project without financial remuneration, and I understand that this releases DOES and its partner organizations from any future claims, as well as from any liability arising from the use of said photograph/interview. I understand that by signing this form and enrolling my child in programs offered by OYP in accordance with the *District of Columbia Official Code of Regulations, Title 32, Chapter 2*, I consent to the release of certain education records related to my child to DOES as of the date of my signature below for the purpose of verifying my child's eligibility for these programs. I understand that the specific education records to be released to DOES include my child's first name, last name, date of birth, address, enrollment status, grade level, and attendance data. I further understand that DOES will use this information for no other purpose than verifying that my child is eligible for its programs and will safeguard it against further disclosure. I further understand that I have a right to inspect, review and challenge any of my child's education records and that I may request a copy of the records to be released to DOES pursuant to this consent by contacting the registrar or other responsible school official at my child's school. Further, I understand that by enrolling my child in programs offered by DOES, I consent to my child participating in an on-going independent evaluation of the effectiveness of these programs. Further, I understand that DOES may contact my child's school for up to two years after their participation to obtain certain education records showing their progress, including my child's enrollment status, grades, test scores, suspensions, and attendance data and that DOES may survey or interview my child about its programs as part of this evaluation. I understand that any information collected will be used solely to assess DOES programs and to track general group trends. Individual responses will not be made public and neither my child's name nor any identifiers will be used in any report. Further, I understand that participation in any DOES evaluation activity is completely voluntary and my child may withdraw at any time with no consequences and may opt out of participating in the evaluation by emailing [youth@dc.gov](mailto:youth@dc.gov), or by contacting DOES via the contact information included on this form.

Parent/Guardian Signature

Relationship to Applicant

Date

**ATTENTION: You must submit a signed Parent Consent Form to DOES Office of Youth Programs, 4058 Minnesota Avenue NE, Washington, DC, 20019. You may also fax it to (202) 698-5813 or send a scanned copy to [summerjobs@dc.gov](mailto:summerjobs@dc.gov). All applications for any programs offered by OYP will be considered INCOMPLETE until this form is signed and submitted.**

DO NOT WRITE BELOW THIS LINE

SIGNED PARENTAL CONSENT FORM RECEIVED BY

Staff Name (Printer)

Staff Signature

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER  
MAYOR



ODIE A. DONALD II  
ACTING DIRECTOR

DOES Office of Youth Programs (OYP)  
Participant Consent Form (for youth ages 18 and older)

Applicant's Full Name

Applicant's Last 4 of SSN

I, \_\_\_\_\_ certify that I am the applicant whose name appears above, and hereby give my consent to participate in youth employment programs administered by the D.C. Department of Employment Service (DOES) Office of Youth Programs (OYP), which include the Marion S. Barry Summer Youth Employment Program (MBSYEP); The Marion Barry Youth Leadership Program (MBYLI) the Year Round In-School Program and Year Round Out-of-School Programs; High School Internship Program (HSIP); and the Pathways for Young Adults Program (PYAP) from the date at the bottom of this consent form until such time that I am no longer eligible to participate in youth employment programs or I revoke this consent in writing. I further certify that all of the information contained within my application is correct and true and that by enrolling in any OYP programs I hereby give permission to DOES and its partner organizations to photograph/interview me. It is my understanding that this photograph/interview or portions may be used by DOES and its partner organizations to describe, promote, and publicize its programs. I agree to participate in this project without financial remuneration, and I understand that this releases DOES and its partner organizations from any future claims, as well as from any liability, arising from the use of said photograph/interview. In accordance with the District of Columbia Official Code Division V, Title 32, Chapter 2, I understand that by enrolling in programs offered by OYP I consent to the release of my education records and school attendance data to DOES for the purpose of verifying my eligibility for these programs. I understand that education records include first name, last name, date of birth, address, enrollment status, grade level, and any additional fields. I further understand that DOES will use this information for no other purpose than verifying that I am eligible for its programs and will safeguard it against further disclosure. Further, I understand that by enrolling in programs offered by DOES, I consent to participating in an on-going independent evaluation of the effectiveness of these programs. Further, I understand that DOES may contact my school for up to two years after their participation to obtain records showing my progress including information about enrollment, grades, test scores, suspensions, and attendance and that DOES may survey or interview me about its programs as part of this evaluation. I understand that any information collected will be used solely to assess DOES programs and to track general group trends. Individual responses will not be made public and neither my name nor any identifiers will be used in any report. Further, I understand that participation in any DOES evaluation activity is completely voluntary and I may withdraw at any time with no consequences and may opt-out of participating in the evaluation by emailing youthjobs@dc.gov or by contacting DOES via the contact information included on this form.

Applicant Signature

Date

ATTENTION: You must submit a signed Participant Consent Form to DOES Office of Youth Programs, ATTN: Consent Form, 4058 Minnesota Avenue NE, Washington DC 20019. You may also fax it to (202) 693-5813 or send a scanned copy to summerjobs@dc.gov. All applications for any programs offered by OYP will be considered INCOMPLETE until this form is signed and submitted.

DO NOT WRITE BELOW THIS LINE

SIGNED PARTICIPANT CONSENT FORM RECEIVED BY:

Staff Name (Printed)

Staff Signature

Date

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

#### Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2018</span>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)				Date	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)