

TANF SYEP Worksite Agreement Affidavit

A. Authorized Worksite Representative

I hereby affirm that:

I, [name] _____, am the [title] _____
and the duly authorized representative of [name of business] _____ and
that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am
acting.

B. Certification that Worksite Supervisor's Salary is not paid with Federal Funds

I further affirm that:

The salaries and benefits of the following Worksite Supervisors and Alternate Supervisors for the TANF
Summer Youth Employment Program are not paid either fully or in part with federal funds:

Name: _____	Title: _____

C. Signature

I certify that, to the best of my knowledge and belief, the information contained in this Affidavit is accurate
and complete. I understand that knowingly making any false or fraudulent statement or representation in this
Affidavit may result in the above mentioned business being financially responsible for costs deemed
unallowable by auditors or monitors.

Signature of Authorized Worksite Representative

Date

TANF SYEP MOE Category Documentation

Instructions: Mark only ONE applicable MOE category and the corresponding source documentation used to verify the participant's status. Attach the source documentation to this form and place in the participant's paper case file. Using the codes listed in OETI 06-2010, enter this category into the Other Agency Client ID field of the Demographic Information section in OSL when enrolling the participant.

MOE Category	Source Documentation Used	
<input type="checkbox"/> Receives TANF or is a member of a household that receives TANF	<input type="checkbox"/> Copy of authorization to receive TANF benefits <input type="checkbox"/> Telephone Verification Form from OETI 22-2009 (Form 22-2009/03)	<input type="checkbox"/> Public Assistance or Social Service Agency record/printout/letter (including OKDHS TW-3 form)
<input type="checkbox"/> Living with parent or relative caretaker	<input type="checkbox"/> Public Assistance or Social Service Agency record/printout/letter <input type="checkbox"/> Public Housing Authority records	<input type="checkbox"/> Statement from parent or relative caretaker
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Medical records <input type="checkbox"/> Observable condition recorded in participant's notes (attach printout of case note)	<input type="checkbox"/> Benefit letter stating participant receives Medicaid (SoonerCare) pregnancy services
<input type="checkbox"/> Non-Custodial Parent	<input type="checkbox"/> Child's birth certificate <input type="checkbox"/> Copy of custody agreement <input type="checkbox"/> Divorce decree or similar court documentation	<input type="checkbox"/> Court order establishing paternity <input type="checkbox"/> Child support order
<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Child's birth certificate <input type="checkbox"/> Copy of custody agreement <input type="checkbox"/> Divorce decree or similar court documentation <input type="checkbox"/> Public Assistance or Social Service Agency record/printout/letter	<input type="checkbox"/> Court order establishing paternity <input type="checkbox"/> Child support order <input type="checkbox"/> Copy of most recent tax return showing child is claimed as dependent <input type="checkbox"/> School or daycare records
<input type="checkbox"/> Living in publicly supported foster care	<input type="checkbox"/> Public Assistance or Social Service Agency record/printout/letter <input type="checkbox"/> Telephone Verification Form from OETI 22-2009 (Form 22-2009/03)	<input type="checkbox"/> Verification of payments made on behalf of participant

Certification

WIA Representative Signature: _____

Date: _____

TANF SYEP Participation Verification

To: _____

Date: _____

From: _____

Phone: _____

Participant Information

Participant: _____ Participant ID: _____

Address: _____ City: _____ Zip Code: _____

The individual identified (check all that apply):

Was enrolled in the WIA Youth Program on: _____

Was placed in a work experience at: _____

Estimated Start Date: _____

Estimated End Date: _____

Schedule: _____

Position: _____

Wage: _____

Has received or will receive the following additional services:

Pre-employment skills/job readiness training

Academic enrichment

Other: _____

Comments/Additional Information:

Certification

WIA Representative Signature: _____

Date: _____