# Southwest Minnesota Private Industry Council

Youth Programs

**General Eligibility for Youth Programs**

Any youth residing in our fourteen county service area that is 14-21 years old who meets established guidelines may be considered for services. Eligibility is determined by gross family income, **AND** an applicant falls into one or more of the following categories:

* Recovering Chemically Dependent**\***
* In Foster Care**\***
* Emotionally or Physically Challenged**\***
* Current IEP on File with School**\***
* Eligible for/or receiving Food Stamps
* MFIP Recipient (family)
* Receiving Social Services and/or Group Home Services
* Attending Alternative School
* Currently on Probation
* Pregnant or Parenting Youth
* Limited English Speaking
* Runaway Youth
* Homeless Youth

Those categories with a (\*) next to it are considered a family of one and only the youth’s income is taken into consideration.

**Benefits of Participating**

**Post-Secondary Education Assistance: Offer assistance in exploring, applying for and funding college expenses.**

**Career Exploration Activities: Staff acts as resources to eligible youth on an individual basis.**

**Career Exploration Activities: Resources included; labor market information, career assessment and interpretation, arranging field-trips, in-class speakers, one-on-one information interviews, and job shadowing.**

**Job Seeking and Keeping Skills: Staff acts as resources to both program eligible youth and teachers who request assistance in the classroom. Can be a formal presentation, small group discussions or on an individual basis.**

**Work Experience: Provides employment opportunities for eligible youth in both the public and private sector. Wages, FICA and Worker’s Compensation are funded by the Youth Program for a set period of time and amount of hours for the participant. Activity goal is to develop good work habits.**

**Workshops: A variety of workshops will be offered throughout the year facilitated by PIC staff and other professional trainers.**

**Expectations of the Referred Person**

In order to be considered to receive any level of assistance, for example, gas cards you must be involved and willing to do the following:

* Complete application and submit with documentation as indicated on page 2 of

the Youth Program Application.

* Meet with Youth Program Staff and complete the Initial Assessment.
* Complete any required activities necessary to identify challenges/barriers in order to create a plan.
* Compose a plan for career exploration, job seeking, job keeping, career development, etc.
* Participants will be expected to work towards goals indicated in the plan, which may include, but are not limited to:
  + Obtain employment
  + Obtain credential(s)
  + Increase literacy/numeracy levels

***Youth Staff****:*

*Eriann Faris, Manager Rebecca Barraza, Coordinator Cathy Ervin, Coordinator*

*Marshall Office Worthington Office Montevideo Office*

*Lincoln Cottonwood Big Stone*

*Lyon Jackson Chippewa*

*Pipestone Murray Lac qui Parle*

*(507) 537-6236 Office Nobles Redwood*

*(507) 828-8168 Cell Rock Yellow Medicine*

*(800) 818-9295 Toll-Free (507) 372-8494 (office) (320) 269-5561 (office)*

*efaris@swmnpic.org (507) 828-9352 (cell) (800) 422-1346 (toll-free)*

*rbarraza@swmnpic.org cervin@swmnpic.org*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Barriers** (check all that apply):

\_\_\_ Recovering Chemically Dependent

\_\_\_ Foster Child

\_\_\_ Eligible for or Receiving Food Stamps

\_\_\_ MFIP Recipient

\_\_\_ Emotionally or Physically Challenged

\_\_\_ Current IEP on File with School

\_\_\_ Pregnant or Parenting Youth

\_\_\_ Receiving Group Home and/or Social Services

\_\_\_ Attending Alternative School

\_\_\_ Currently on Probation

\_\_\_ Limited English Speaking

\_\_\_ Runaway youth

\_\_\_ Homeless Youth

\_\_\_ Other: Explain: **Referred by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_