



Primetime Youth Application
 Erie County Department of Social Services
 Division of Youth Services
 B-6068 (4/2026)

| | |
|------------|---------------|
| Youth Name | Date of Birth |
|------------|---------------|

| | | |
|---------|------|----------|
| Address | City | Zip Code |
|---------|------|----------|

Does the youth receive Public Assistance, Medicaid, SNAP, HEAP or SSI? Yes No

If not in receipt of Public Assistance, Medicaid, SNAP, HEAP or SSI, is the combined gross income of the youth's household below the maximum amount for their family size? Please see chart below. Yes No

| Household Size | Annual | Monthly |
|------------------------|-----------|---------|
| 1 | \$31,920 | \$2,660 |
| 2 | \$43,280 | \$3,607 |
| 3 | \$54,640 | \$4,553 |
| 4 | \$66,000 | \$5,500 |
| 5 | \$77,360 | \$6,447 |
| 6 | \$88,720 | \$7,393 |
| 7 | \$100,080 | \$8,340 |
| 8 | \$111,440 | \$9,287 |
| Each Additional Member | \$11,360 | \$947 |