

## WIOA Youth Self-Attestation Form

### Applicant Information:

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

### Individuals entering WIOA services may self-attest to the information below:

1. Are you low-income? (please explain below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Explanation:				
2. Are you legally entitled to employment within the U.S. and territories?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Have you dropped out of school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Are you homeless or did you run away from home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Are you pregnant or currently parenting a child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Are you an offender?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Locally established criteria for "Requires Additional Assistance" may allow for self-attestation.				
a. An Individual having one or more disabilities, including learning disabilities; or				
b. Personal or family substance abuse issue; or				
c. Gang involvement; affiliated/affected; or				
d. Victim of domestic violence/sexual or child abuse; or				
7.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e. Lacking a significant or positive work history; or				
f. Individual or a member of a family who recently exhausted TANF benefits; or				
g. At-risk of dropping out of school; or				
h. Other needing additional assistance for education or employment (a request can be submitted to the WDC staff for consideration prior to program participation.				
8. Are you one or more grade levels below the appropriate grade level for your age? (Only applies to the 5% not meeting the low income criteria)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Self-Attestation Statement:

*I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.*

**SIGNATURE OF PARTICIPANT**

**DATE**

X

### Staff Verification Statement:

*I certify that the individual whose signature appears above provided the information recorded on this form.*

**SIGNATURE OF STAFF**

**DATE**

X