

WIOA Eligibility Policy #266 - Attachment D

In-School Youth Program Eligibility Criteria Form

NAME: _____

SEEKER ID# _____

A. Eligibility Requirements (Check applicable Criteria and Source Documentation)

Item	Criteria	Source Documentation <i>(Only 1 option listed is needed to document the criteria selected.)</i>
1. Citizenship or Eligible Non-Citizen & Age	<input type="checkbox"/> A citizen or eligible non-citizen legally entitled to work in the United States. AND Is 14 – 21 years of age.	<input type="checkbox"/> I-9 or Accepted I-9 Documentation combinations, such as: passport; driver's license / ID card & Social Security card; driver's license / ID card & birth certificate; etc. See I-9 handbook for guidance.
2. Selective Service Registration	<input type="checkbox"/> Must be registered, or exempt from registering, with the U.S. Selective Service system. With only a few exceptions, the Selective Service Registration requirement applies to all male U.S. citizens and male aliens living in the U.S. who are 18 through 25. All men born <u>on or after</u> January 1, 1960 are required to register. Not applicable to females or males born prior to 1960	<input type="checkbox"/> Selective Service acknowledgement letter <input type="checkbox"/> Form DD-214 "Report of Separation" <input type="checkbox"/> Screen printout of the Selective Service Verification site <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Verification (Form 3A); or Stamped Post Office Receipt of Registration <input type="checkbox"/> EWP WDC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

B. Income Eligibility

Category	Criteria	Source Documentation <i>(Check all documents used to verify income status for the criterion selected)</i>
1. Low-income	<input type="checkbox"/> <p>1.1.1 An individual who receives, or is a member of a family that receives, cash payments under federal, state, or local income-based public assistance program;</p> <p>OR</p> <p>1.1.2 Is a member of a household that receives (or has been determined within the 6-month period prior to application for the program to be eligible to receive) food stamps.</p> <p>OR</p> <p>1.1.3 Is a foster child on behalf of whom State or local government payments are made.</p>	<input type="checkbox"/> Housing authority verification <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Self-attestation (<u>cannot</u> use for foster youth, food stamps or TANF)
	<input type="checkbox"/> <p>1.2.1 An individual who received an income, or is a member of a family that received a total family income, for the 6-month period prior to application for the program that, in relation to family size, does not exceed the higher of:</p> <ul style="list-style-type: none"> • the poverty line • 70% of the lower living standard income level (LLSIL) <p>OR</p> <p>1.2.2 An individual with a disability whose own income, for the 6-month period prior to application for the program, does not exceed the higher of:</p> <ul style="list-style-type: none"> • the poverty line • 70% of the lower living standard income level (LLSIL) 	<input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Award letter from veteran's administration <input type="checkbox"/> Bank statements <input type="checkbox"/> Court award letter <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Pension statement <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Pay stubs <input type="checkbox"/> Quarterly estimated tax for self-employed persons <input type="checkbox"/> Social Security benefits <input type="checkbox"/> UI documents <input type="checkbox"/> Veterans Adm. Letter or Records <input type="checkbox"/> Self-attestation
	<input type="checkbox"/> <p>1.3.1 Qualifies as a homeless individual, as defined in the McKinney Homeless Assistance Act;</p>	<input type="checkbox"/> Written statement from an individual providing residence <input type="checkbox"/> Verification from shelter or social service agency <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Self-attestation
2. Not Low-income	<input type="checkbox"/> <p>2.3.1 Qualifies as a youth who is being served by the 5% not low-income exception.</p>	<input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Case notes

Youth Program Requirements (choose only one category)

Category	Criteria	Source Documentation <i>(Only 1 option listed is needed to document the criteria selected.)</i>
1. Basic Literacy Skills Deficiency	<input type="checkbox"/> 1.1 An individual who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test or a comparable score on a criterion-referenced test.	<input type="checkbox"/> Standardized assessment test <input type="checkbox"/> School records <input type="checkbox"/> Case notes
2. English Language Learner	<input type="checkbox"/> 2.1 English Language Learner	<input type="checkbox"/> Standardized assessment test <input type="checkbox"/> School records <input type="checkbox"/> Case notes <input type="checkbox"/> Self-attestation
3. Offender	<input type="checkbox"/> 3.1 An individual who is or has been subject to any stage of the criminal justice process, for whom services may be beneficial; <u>OR</u> <input type="checkbox"/> 3.2 An individual who requires assistance overcoming artificial barriers to employment resulting from a record of arrest or conviction.	<input type="checkbox"/> Documentation from juvenile or adult criminal justice system <input type="checkbox"/> Documented phone call with court or probation representatives <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Self-attestation
4. Homeless, Runaway, or Foster Child	<input type="checkbox"/> 4.1 An individual who is homeless as defined in the Violence Against Women Act of 1994 or the McKinney Homeless Assistance Act; <u>OR</u> <input type="checkbox"/> 4.2 Runaway: An individual under 18 years of age whose absent from the home or place of legal residence without the permission of parents or legal guardian; <u>OR</u> <input type="checkbox"/> 4.3 An individual who is in foster care or has been in the foster care system.	<input type="checkbox"/> Written statement from an individual providing residence <input type="checkbox"/> Verification from shelter or social service agency <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Case notes <input type="checkbox"/> Self-attestation (<u>cannot</u> use for foster care)
5. Pregnant or Parenting	<input type="checkbox"/> 5.1 An individual who is pregnant, or a youth (male or female) who is providing custodial care of r one or more dependents under age18.	<input type="checkbox"/> Child's birth certificate <input type="checkbox"/> Baptismal record <input type="checkbox"/> Observation of pregnancy status <input type="checkbox"/> Doctor's note confirming pregnancy <input type="checkbox"/> Self-attestation
6. Disability	<input type="checkbox"/> 6 An individual having one or more disabilities, including learning disabilities	<input type="checkbox"/> Individual Service Strategy <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Case notes <input type="checkbox"/> Self-attestation
7. Needing Additional Assistance	<input type="checkbox"/> 7.1 Personal or family substance abuse issue; <u>OR</u> <input type="checkbox"/> 7.2 Gang involved/affiliated/affected; <u>OR</u> <input type="checkbox"/> 7.3 Victim of domestic violence/sexual or child abuse; <u>OR</u> <input type="checkbox"/> 7.4 Lacking a significant or positive work history; <u>OR</u> <input type="checkbox"/> 7.5 Individual or member of a family who recently exhausted TANF benefits; <u>OR</u> <input type="checkbox"/> 7.6 At-risk of dropping out of school <u>OR</u> <input type="checkbox"/> 7.7 Other needing additional assistance for education or employment (a request can be submitted to the WDC staff for consideration prior to program participation.	<input type="checkbox"/> Individual service strategy <input type="checkbox"/> Case notes <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> State MIS <input type="checkbox"/> Self-attestation

NOTE: Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIOA data element validation requirements. Reference Washington State WorkSource Systems Policies and Procedures: <http://www.wa.gov/esd/policies/systems.htm>

C. Registration Documents

1. Nondiscrimination – Notice of Rights & Complaint Process - Equal Opportunity is the law Form	<input type="checkbox"/> Documented that participant has been notified of rights and process
2. Summary of Rights and Complaint and Grievance Procedures Form	<input type="checkbox"/> Documented that participant has been notified of rights and process
3. Veteran status (if applicable) - Veterans and other covered persons are eligible for Priority of Service (POS) as described in POS Policy 1009 Rev 1.	<input type="checkbox"/> DD-214 for Veteran or Veteran of Eligible Spouse <input type="checkbox"/> DD-214 has been requested and will be received within 60 days <input type="checkbox"/> Veterans' Administration Letter or Records <input type="checkbox"/> Any other documentation of veteran status from an official source, such as from any branch of the armed forces, veterans agency or DOL veterans rep.

(Complete Section A, B, C, and D above.)

Initial Eligibility: ELIGIBLE or NOT ELIGIBLE

Signature of Person Determining Eligibility: _____

Date: _____

VALIDATION OF ELIGIBILITY: Applicant is: ELIGIBLE or NOT ELIGIBLE

Signed by: _____

Date: _____

Validation must be by staff other than the one who initially determined eligibility and completed the application.