

IN-SCHOOL YOUTH ELIGIBILITY CHECKLIST

Participant Name:

Agency Name:

Last 4 of SS#

Note: Only one selection required for each section. One document can be used for multiple sections, if applicable.

AUTHORIZATION TO WORK IN US

- | | | |
|--|---|---|
| <input type="checkbox"/> Birth Certificate with place of birth
<input type="checkbox"/> U.S. Social Security card (work eligible)
<input type="checkbox"/> Alien Registration card (Right-to-Work)
<input type="checkbox"/> Baptismal Certificate with place of birth
<input type="checkbox"/> DD-214/Report of Transfer or Discharge
<input type="checkbox"/> United States Passport
<input type="checkbox"/> Foreign Passport stamped Eligible to work
<input type="checkbox"/> Hospital Birth Record indicating US Citizenship
<input type="checkbox"/> U.S. Naturalization Certificate
<input type="checkbox"/> IDES or other State's UI (UI Claimant only) | <input type="checkbox"/> E-Verify with documentation
<input type="checkbox"/> Self-Attestation on How to Meet DACA requirements outlined in DOL TEGL 02-14
<input type="checkbox"/> Certificate of U.S. Citizenship (INS Form N-560 or N-561)
<input type="checkbox"/> Consular Report of Birth Abroad or Certificate of Birth
<input type="checkbox"/> Certification of Birth Abroad issued by the Dept. of State (Form FS-545 or Form DS-1350)
<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or I-551) | <input type="checkbox"/> Unexpired Foreign Passport, with I-551 stamp or attached INS Form I-94
<input type="checkbox"/> Unexpired Temporary Resident Card (INS Form I-688)
<input type="checkbox"/> Unexpired Employment Authorization Document (INS Form I-688A or I-688B) with or without photograph
<input type="checkbox"/> Unexpired Reentry Permit (INS I-327)
<input type="checkbox"/> Unexpired Refugee Travel Document (INS Form I-571)
<input type="checkbox"/> ID card for use of Resident Citizen in the U.S. (INS Form I-179)
<input type="checkbox"/> Acceptable Documents used for INS Form I-9 |
|--|---|---|

- ### AGE
- Birth Certificate
 - Baptismal Certificate with DOB
 - DD-214/Report of Transfer or Discharge with DOB
 - Driver's License
 - IL State ID or other Federal, State or Local Gov't issued ID
 - Hospital Birth Record
 - Passport
 - Public Assistance/Social Service records
 - School Records/Identification
 - IDES UI printout (showing DOB)
 - Court Records (showing DOB)
 - Youth Only-Work Permits
 - Workers Compensation Record with DOB
 - Acceptable Documents for INS form

- ### SELECTIVE SERVICE
- MALES ONLY**
- Selective Service Verification (www.sss.gov printout)
 - Selective Service Registration Card
 - Selective Service Registration Record (form 3A)
 - Stamped Post Office Receipt of Registration
 - Locally Approved Selective Service Waiver
 - Veteran's ID Card
 - Other approved document (see Career Connect):

- ### SOCIAL SECURITY
- Social Security Card (Must be signed)
 - Social Security Printout
 - Other approved document (see Career Connect):

- ### RESIDENCY
- Driver's License/State I.D.
 - Food Stamp Award Letter
 - Homeless-DHS Letter
 - Homeless-Shelter/Temp Residence Letter (on Letterhead)
 - Housing Authority Verification
 - Insurance Policy (Residence or Auto)
 - Landlord Statement or Lease
 - Letter from Social Service Agency or School (on Letterhead)
 - Medicaid/Medicare Card
 - Pay Stub
 - Public Assistance Records (current)
 - Current Utility Bill w/ Customer's Name
 - Applicant statement/self attestation, in limited cases
 - Other, Requires Partnership approval:

NOTE: Only one selection is required in each section, unless indicated.

WIOA IN-SCHOOL ELIGIBILITY GUIDE

- Applicant Is:**
- Age 16-21 years old **AND**:
 - Attending High School or College **OR**
 - Attending a High School Equivalency Program (Alternative HS) **OR**
 - An Individual with a disability, under 21, who is receiving services through school

- In-School Eligibility:**
- Low-Income individual **AND**:
 - Basic Skills deficient; **OR**
 - English Language Learner; **OR**
 - Offender; **OR**
 - Homeless, Runaway, Foster Care or Aged out of Foster Care; **OR**
 - Pregnant or Parenting; **OR**
 - Individual with disability; **OR**
 - Additional Assistance-if applicant qualifies for any barrier except low-income guidelines, contact RM for 5% consideration

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LOW-INCOME

Automatically Low Income

- Cash Welfare
- Food Stamps (SNAP)
- Homeless
- Foster Child
- Free or reduced priced lunch
- Living in a high-poverty area

Based on Income Calculation for Family

- Gross wages/Salary
- Unemployment Insurance
- Child Support
- Social Security Disability
- Pension
- Financial Support
- Alimony
- Rental Income
- Insurance Annuities
- Applicant Statement
- Other income source not listed in "Excluded Income"

Select Income Documentation Items Provided from List

- Medical Card indicating Cash Payment
- Public Assistance Records (Printout)
- Letter of Support from Welfare Recipient Family Member
- Food Stamps Authorization Letter/Food Stamp Recipient
- Letter from DHS, Shelter, or Temporary Residency Letter (on Letterhead)
- Court Documentation, Medical Card, or Payment Verification with child(ren)'s name
- Social Security Award Letter (Printout)
- Pay Stub/Income Taxes
- Employer Letter
- Documentation from School verifying free or reduced priced lunch
- Documentation verifying high poverty area
- Applicant Statement
- Other: _____

Note: Check all documents that apply. If checked, copy of documents must be in customer's physical file.

DOCUMENTATION VERIFICATION

ATTENDING SCHOOL

- Verification of Enrollment from Educational Institution
- WIOA Application (signed & dated)- Attending school

FOSTER CARE

- Court contract
- Court documentation
- Medical Card showing Foster Child
- Verification of payments made on behalf of child
- Written statement from State/Local agency

BASIC SKILLS DEFICIENT

- Results from authorized assessment test
- School Records verifying applicant unable to take assessment test

ENGLISH LANGUAGE LEARNER

- Results from authorized assessment test
- WIOA application (signed and dated)
- Case notes from Career Planner

HOMELESS/RUNAWAY

- Written statement from shelter
- Written statement from an individual providing temporary assistance
- Written statement from Social Service agency-homeless shelter/runaway services
- Signed applicant statement

JUVENILE or ADULT JUSTICE SYSTEM

- Police records
- Court Documents
- Halfway house resident
- Letter of parole
- Letter from probation officer
- Applicant statement/self attestation, in limited cases

PREGNANT/PARENTING

- Child's Birth certificate
- Hospital record of birth
- Medical Card
- Physician's Statement
- Referral from official agencies
- School program for pregnant teens
- School Records
- Signed applicant statement
- Public Assistance/Social Service records
- Case Notes regarding observable condition

INDIVIDUAL WITH A DISABILITY

- Letter from drug or alcohol rehabilitation agency
- Medical Records
- Social Service records/Referral
- Physician's statement
- Rehabilitation evaluation records
- Individual Education Plan from school
- Sheltered workshop certification
- Worker's Compensation Record
- Social Security Administration Disa. records
- Veterans Administration Disability Determination letter/Records
- Vocational Rehabilitation Letter
- School Records
- Psychiatrist or Psychologist Diagnosis
- Case Notes regarding observable condition by Case Manager

ADDITIONAL ASSISTANCE

- School records
- Testing by WIOA Grantee
- Testing records from another organization
- Other evidence of requiring additional assistance
- Locally determined documentation/policy