

OUT-OF-SCHOOL YOUTH ELIGIBILITY CHECKLIST

Participant Name:	Agency Name:	Last 4 of SS#
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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
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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 I-9

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
- Any other approved Social Security Document

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 OUT-OF-SCHOOL ELIGIBILITY GUIDE

Applicant Is: <input type="checkbox"/> Age 16-24 years old AND <input type="checkbox"/> Not attending school (as defined under State law) AND;	Out-of-School Youth Barriers <input type="checkbox"/> School Dropout; OR <input type="checkbox"/> Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year's calendar quarter; OR <input type="checkbox"/> Homeless or Runaway; OR <input type="checkbox"/> In foster care or aged out of foster care; OR <input type="checkbox"/> Pregnant or Parenting; OR <input type="checkbox"/> Subject to juvenile or adult justice system; OR <input type="checkbox"/> Has a disability; OR	<input type="checkbox"/> Meets Low Income Guidelines AND; <input type="checkbox"/> Requires Additional Assistance to complete an educational program, or secure and hold employment
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Participant Name:

Agency Name:

Last 4 of SS#

LOW-INCOME

Automatically Low Income

- Cash Welfare
- Food Stamps (SNAP)
- Homeless
- Foster Child
- 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 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

SCHOOL DROPOUT

- Dropout Letter
- Attendance Records
- WIOA Application (signed and dated)-not attending School

COMPULSORY SCHOOL ATTENDANCE

- Attendance Record
- Written verification from Educational Institution

BASIC SKILLS DEFICIENT

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

SECONDARY DIPLOMA OR EQ.

- Copy of secondary diploma or recognized equivalent
- Letter from Educational Institution verifying graduation and date of graduation
- HS Graduate or Equivalent: WIOA Application (signed and dated)

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

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

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

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 disability records
- Veterans Administration Disability Determination letter/Records
- Vocational Rehabilitation Letter
- School Records
- Psychiatrist or Psychologist Diagnosis
- Case Notes regarding observable condition by Case Manager

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

ADDITIONAL ASSISTANCE

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