IN-SCHOOL YOUTH

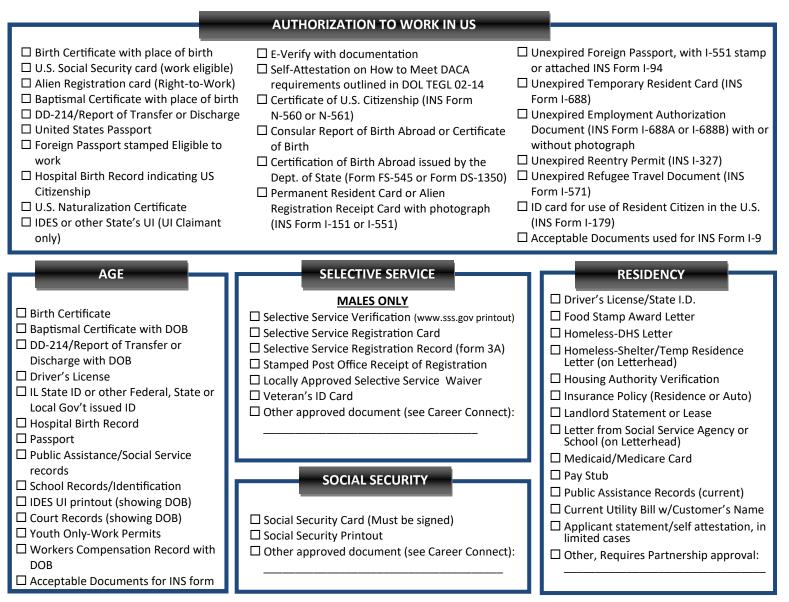
ELIGIBILITY CHECKLIST

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.



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

WIOA IN-SCH			
Applicant Is:	In-School Eligibility:		
□ Age 16-21 years old <u>AND;</u>	Low-Income individual AND;		
□ Attending High School or College <u>OR</u>	 Basic Skills deficient; OR English Language Learner; OR 		
Attending a High School Equivalency Program			
(Alternative HS) OR	□ Offender; <u>OR</u>		
An Individual with a disability, under 21, who is	Homeless, Runaway, Foster Care or Aged out of Foster Care; OR		
receiving services through school	Pregnant or Parenting; <u>OR</u>		
	Individual with disability; <u>OR</u>		
	Additional Assistance-if applicant qualifies for any barrier except low-		
	income guidelines, contact RM for 5% consideration		

Agency Name:

Last 4 of SS#

LOW-INCOME				
Automatically Low Income		Select Income Documentation Items Provided from List		
 Cash Welfare Food Stamps (SNAP) Homeless Foster Child Based on Income Calcul Gross wages/Salary Unemployment Insurance Child Support Social Security Disability Pension Financial Support 	□ Alimony	 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 FOSTER CARE BASIC SKIL		BASIC SKILLS DEFICIENT		
□ Verification of Enrollment f	rification of Enrollment from		\Box Results from authorized assessment test	

Educational Institution WIOA Application (signed & dated)-Attending school

ENGLISH LANGUAGE LEARNER

PREGNANT/PARENTING

- $\hfill\square$ Results from authorized assessment test
- UWIOA application (signed and dated)
- □ Case notes from Career Planner

Child's Birth certificate

□ Hospital record of birth

□ Physician's Statement

□ Referral from official agencies

□ Signed applicant statement

□ School program for pregnant teens

□ Public Assistance/Social Service records

Medical Card

□ School Records

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

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

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
- U Worker's Compensation Record
- Case Notes regarding observable condition 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

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

ADDITIONAL ASSISTANCE

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