

# In-School Youth Eligibility Criteria

NAME: \_\_\_\_\_

Seeker ID# \_\_\_\_\_

**A. General Eligibility Requirements** (Check applicable criteria and source documentation)

Criteria	Explanation	Source Documentation
<b>1. Eligible to Work &amp; Age</b>	<input type="checkbox"/> A citizen or eligible non-citizen legally entitled to work in the United States <b>AND</b> Is 16 – 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.
<b>2. School Status</b>	<input type="checkbox"/> Attending school as defined by state law.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Applicable records from education institution (HED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> State MIS (WorkSourceWA/ETO)
<b>4. Selective Service Registration</b>	<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) <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> SWC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

**B. Income Eligibility (choose only one category)**

Category	Criteria	Source Documentation
<b>1. Low-income</b>	<input type="checkbox"/> <b>1.1.</b> An individual who receives or is eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act.	<input type="checkbox"/> School verification letter
	<input type="checkbox"/> <b>1.2.</b> An individual who a member of a family that is receiving or in the past 6 months has received, assistance through SNAP, TANF, supplemental security income, or State or local income-based public assistance.	<b>If eligibility is based on receipt of TANF:</b> <input type="checkbox"/> Cross-match with public assistance records <b>If eligibility is based on receipt of cash support from GA, RCA, or SNAP:</b> <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Public assistance records <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Cross-match with public assistance database <b>If eligibility is based on any other type of income-based public assistance:</b> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Award letter from veteran's administration <input type="checkbox"/> Bank statements <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Public assistance records <input type="checkbox"/> Social Security benefits (Supplemental Security Income only)
	<input type="checkbox"/> <b>1.3.</b> 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 corresponding income standard established in SWC Policy WS816 Attachment B – WIOA Income Guidelines	<b>Use the following list for Criteria 1.2 and 1.3</b> <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Award letter from veteran's administration <input type="checkbox"/> Bank statements <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Pay stubs <input type="checkbox"/> Social Security benefits <input type="checkbox"/> UI documents
	<input type="checkbox"/> <b>1.4.</b> An individual with a disability whose own income, for the 6-month period prior to application for the program, does not exceed the does not exceed the corresponding income standard established in SWC Policy WS816 Attachment B – WIOA Income Guidelines	
	<input type="checkbox"/> <b>1.5.</b> Is a homeless individual or runaway youth as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> WIOA intake or registration form
	<input type="checkbox"/> <b>1.6.</b> A foster child on behalf of whom State or local government payments are made.	<input type="checkbox"/> Case notes <input type="checkbox"/> Written statement from an individual providing residence, shelter, or social service agency

<b>2. 5% Low-income Exception</b> (OSY Categories 3 or 9)	<input type="checkbox"/>	<b>2.1.</b> Qualifies as a youth who is being served by the 5% not low-income exception.	<input type="checkbox"/> Case Notes <input type="checkbox"/> WIOA intake or registration form
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**C. In-School Youth Eligibility (choose only one category)**

Category	Explanation	Source Documentation
<b>1. Basic Skills Deficient</b>	<input type="checkbox"/> <b>2.2.</b> A youth who is basic skills deficient as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook.	<input type="checkbox"/> Case notes <input type="checkbox"/> Standardized assessment test(s) <input type="checkbox"/> School records
<b>2. English Language Learner</b>	<input type="checkbox"/> <b>3.1.</b> A youth who is an English language learner as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook.	<input type="checkbox"/> Case notes <input type="checkbox"/> Standardized assessment test(s) <input type="checkbox"/> School records
<b>3. Subject to Justice System</b>	<input type="checkbox"/> <b>4.1.</b> Is an individual who is or has been subject to any stage of the criminal justice process; <b>OR</b> <input type="checkbox"/> <b>4.2.</b> An individual who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.	<input type="checkbox"/> Self-attestation <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
<b>4. Homeless or Runaway</b>	<input type="checkbox"/> <b>5.1.</b> Is a homeless individual or runaway youth as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> WIOA intake or registration form
<b>5. Foster Care Youth</b>	<input type="checkbox"/> <b>6.1.</b> An individual in foster care, who has aged out of the foster care system, who has attained 16 years of age and left foster care for kinship guardianship or adoption, is eligible for assistance under the Foster Care Independence Program (Section 477 of the Social Security Act), or is in an out of home placement.	<input type="checkbox"/> Case notes <input type="checkbox"/> Written confirmation from social services agency
<b>6. Pregnant or Parenting</b>	<input type="checkbox"/> <b>7.1.</b> A mother or father who is parenting (custodial or non-custodial) or a pregnant mother.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Copy of child's birth certificate <input type="checkbox"/> Observation of pregnancy status <input type="checkbox"/> Doctor's note confirming pregnancy
<b>7. Individual with a Disability</b>	<input type="checkbox"/> <b>8.1.</b> A youth who is an individual with a disability.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Individual Service Strategy (ISS) <input type="checkbox"/> Case notes <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> State MIS (WorkSourceWA/ETO)
<b>8. Needs Additional Assistance</b>	<input type="checkbox"/> <b>9.1.</b> An individual who requires additional assistance due to: personal/family substance abuse, gang affiliated/affected, lacks affordable housing, victim of domestic/sexual violence, social adjustment or mental health issue(s), lacking a significant or positive work history, family recently exhausted TANF, at-risk of dropping out of school, or other reason for additional assistance not listed but approved by the SWC prior to program participation.  <b>Note:</b> No more than 5% of all in-school youth can be registered in this category.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Individual Service Strategy (ISS) <input type="checkbox"/> Case notes <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> State MIS (WorkSourceWA/ETO) <input type="checkbox"/> SWC Approval Letter

**NOTE:** Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIOA data element validation requirements.

**D. Required 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

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

Initial Eligibility:  ELIGIBLE or  NOT ELIGIBLE

Signature of Person Determining Eligibility: \_\_\_\_\_ Date: \_\_\_\_\_

<b>VALIDATION OF ELIGIBILITY: Applicant is:</b> <input type="checkbox"/> ELIGIBLE or <input type="checkbox"/> NOT ELIGIBLE	
Signed by: _____	Date: _____ <i>Validation must be by staff other than the one who initially determined eligibility and completed the application.</i>