In-School Youth Eligibility Criteria

NAME: ______________________________________________________________ Seeker ID#__________________

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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Explanation</th>
<th>Source Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eligible to Work &amp; Age</td>
<td>A citizen or eligible non-citizen legally entitled to work in the United States AND is 16 – 21 years of age</td>
<td>I-9 or accepted I-9 documentation combinations, such as: passport; driver’s license / ID card &amp; Social Security card; driver’s license / ID card &amp; birth certificate; etc. See I-9 handbook for guidance.</td>
</tr>
<tr>
<td>2. School Status</td>
<td>Attending school as defined by state law.</td>
<td>Self-attestation, Applicable records from education institution (HED certificate, diploma, attendance record, transcripts, drop out letter, school documentation), WIOA intake or registration form, State MIS (WorkSourceWA/ETO).</td>
</tr>
<tr>
<td>4. Selective Service Registration</td>
<td>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 on or after January 1, 1960 are required to register. Not applicable to females or males born prior to 1960.</td>
<td>Selective Service acknowledgement letter, Form DD-214 “Report of Separation”, Screen printout of the Selective Service Verification site, Selective Service Registration Card, Selective Service Verification (Form 3A), Stamped Post Office Receipt of Registration, SWC Selective Service exception letter.</td>
</tr>
</tbody>
</table>

B. Income Eligibility (choose only one category)

<table>
<thead>
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<th>Category</th>
<th>Criteria</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Low-income</td>
<td>1.1. An individual who receives or is eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act.</td>
<td>School verification letter</td>
</tr>
<tr>
<td></td>
<td>1.2. 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.</td>
<td>If eligibility is based on receipt of TANF: Cross-match with public assistance records, Copy of authorization to receive cash public assistance, Public assistance records, Refugee assistance records, Cross-match with public assistance database. If eligibility is based on receipt of cash support from GA, RCA, or SNAP: Copy of public assistance check, Public assistance records, Refugee assistance records, Cross-match with public assistance database. If eligibility is based on any other type of income-based public assistance: Self-attestation, Award letter from veteran’s administration, Bank statements, Compensation award letter, Public assistance records, Social Security benefits (Supplemental Security Income only).</td>
</tr>
<tr>
<td></td>
<td>1.3. 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.</td>
<td>Use the following list for Criteria 1.2 and 1.3: Applicant Statement, Award letter from veteran’s administration, Bank statements, Compensation award letter, Employer statement/contact, Pay stubs, Social Security benefits, UI documents.</td>
</tr>
<tr>
<td></td>
<td>1.4. 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5. Is a homeless individual or runaway youth as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook.</td>
<td>Self-attestation, WIOA intake or registration form.</td>
</tr>
<tr>
<td></td>
<td>1.6. A foster child on behalf of whom State or local government payments are made.</td>
<td>Case notes, Written statement from an individual providing residence, shelter, or social service agency.</td>
</tr>
</tbody>
</table>
2. 5% Low-income Exception (OSY Categories 3 or 9)

☐ 2.1. Qualifies as a youth who is being served by the 5% not low-income exception.

☐ Case Notes
☐ WIOA intake or registration form

C. In-School Youth Eligibility (choose only one category)

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</table>
| 1. Basic Skills Deficient | ☐ 2.2. A youth who is basic skills deficient as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook. | ☐ Case notes
☐ Standardized assessment test(s)
☐ School records |
| 2. English Language Learner | ☐ 3.1. A youth who is an English language learner as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook. | ☐ Case notes
☐ Standardized assessment test(s)
☐ School records |
| 3. Subject to Justice System | ☐ 4.1. Is an individual who is or has been subject to any stage of the criminal justice process; OR ☐ 4.2. An individual who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. | ☐ Self-attestation
☐ Documentation from juvenile or adult criminal justice system
☐ Documented phone call with court or probation representatives
☐ WIOA intake or registration form |
| 4. Homeless or Runaway | ☐ 5.1. Is a homeless individual or runaway youth as defined in SWC Policy WS816 Attachment A – Services and Program Eligibility Handbook. | ☐ Self-attestation
☐ WIOA intake or registration form |
| 5. Foster Care Youth | ☐ 6.1. 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. | ☐ Case notes
☐ Written confirmation from social services agency |
| 6. Pregnant or Parenting | ☐ 7.1. A mother or father who is parenting (custodial or non-custodial) or a pregnant mother. | ☐ Self-attestation
☐ Copy of child’s birth certificate
☐ Observation of pregnancy status
☐ Doctor’s note confirming pregnancy |
| 7. Individual with a Disability | ☐ 8.1. A youth who is an individual with a disability. | ☐ Self-attestation
☐ Individual Service Strategy (ISS)
☐ Case notes
☐ WIOA intake or registration form
☐ State MIS (WorkSourceWA/ETO) |
| 8. Needs Additional Assistance | ☐ 9.1. 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. | ☐ Self-attestation
☐ Individual Service Strategy (ISS)
☐ Case notes
☐ WIOA intake or registration form
☐ State MIS (WorkSourceWA/ETO)
☐ 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
   ☐ Documented that participant has been notified of rights and process

2. Summary of Rights and Complaint and Grievance Procedures Form
   ☐ 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: ________________

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.