WIA Eligibility Policy #W401 - Attachment B

Youth Program Eligibility Criteria Form

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SKIES ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Eligibility Requirements** (Check applicable Criteria and Source Documentation)

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| **Item** | **Criteria** | | **Source Documentation**  *(Only 1 option listed is needed to document the criteria selected*.) |
| **1.**  **Citizenship or Eligible Non-Citizen & Age** | ❑ | A citizen or eligible non-citizen legally entitled to work in the United States.  **AND**  Is 14 – 21 years of age. | ❑ 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. |
| **2.**  **Selective Service Registration** | ❑ | 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 | ❑ 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); or Stamped Post Office Receipt of Registration  ❑ SAWDC Selective Service exception letter  ❑ Not applicable. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3.**  **Social Security Number** | ❑ | Visual Inspection of Social Security Number from official document is necessary for MIS & Performance. | ❑ Visual inspection of an official document, such as Social Security Card, Public Assistance Record, etc.  Document Inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Income Eligibility**

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| **Category** | **Criteria** | | **Source Documentation**  *(Check all documents used to verify income status for the criterion selected)* |
| **Low-income** | ❑ | * + 1. An individual who receives, or is a member of a family that receives, cash payments under Federal, State, or local income-based public assistance program;   **OR**   * + 1. Is a member of a household that receives (or has been determined within the 6-month period prior to application for the program to be eligible to receive) food stamps.   **OR**   * + 1. Is a foster child on behalf of whom State or local government payments are made. | ❑ Housing authority verification  ❑ Supplemental Security Income (SSI)  ❑ Authorization to receive cash public assistance  ❑ Public assistance check  ❑ Medical card showing cash grant status  ❑ Public assistance records  ❑ Refugee assistance records  ❑ Cross-match with public assistance database  ❑ Self-attestation |
| ❑ | * + 1. 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 higher of: * the poverty line * 70% of the lower living standard income level (LLSIL)   **OR**   * + 1. An individual with a disability whose own income, for the 6-month period prior to application for the program, does not exceed the higher of: * the poverty line * 70% of the lower living standard income level (LLSIL) | ❑ Alimony Agreement  ❑ Award letter from veteran’s administration  ❑ Bank statements  ❑ Court award letter  ❑ Compensation award letter  ❑ Pension statement  ❑ Employer statement/contact  ❑ Family or business financial records  ❑ Pay stubs  ❑ Quarterly estimated tax for self-employed persons  ❑ Social Security benefits  ❑ UI documents  ❑ Veterans Adm. Letter or Records  ❑ Self-attestation |
| ❑ | * + 1. Qualifies as a homeless individual, as defined in the McKinney Homeless Assistance Act; | ❑ Written statement from an individual providing residence  ❑ Verification from shelter or social service agency  ❑ WIA intake or registration form  ❑ Self-attestation |
| **2. Not low- income** | ❑ | * + 1. Qualifies as a youth who is being served by the 5% not low-income exception. | ❑ WIA intake or registration form  ❑ Case notes |

1. **Youth Program Requirements (choose only one category)**

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| --- | --- | --- | --- |
| **Category** | **Criteria** | | **Source Documentation**  *(Only 1 option listed is needed to document the criteria selected*.) |
| **Basic Literacy Skills Deficiency** | ❑ | * 1. An individual who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test or a comparable score on a criterion-referenced test. | ❑ Standardized assessment test  ❑ School records  ❑ Case notes |
| **School Dropout** | ❑ | * 1. An individual who is no longer attending school and who has not received a secondary school diploma or recognized equivalent. | ❑ Applicable records from education institution (attendance record, transcripts, drop out letter, school documentation)  ❑ WIA intake or registration form  ❑ State MIS |
| **Homeless, Runaway, or Foster Child** | ❑ | * 1. An individual who is homeless as defined in the McKinney Homeless Assistance Act;   **OR**   * 1. Runaway: An individual under 18 years of age who absents from home or place of legal residence without the permission of parents or legal guardian.   **OR** | ❑ Written statement from an individual providing residence  ❑ Verification from shelter or social service agency  ❑ WIA intake or registration form  ❑ Self-attestation |
| ❑ | * 1. An individual who is in foster care or has been in the foster care system. | ❑ Written confirmation from social services  ❑ Case notes |
| **Pregnant or Parenting** | ❑ | * 1. An individual who is pregnant, or a youth (male or female) who is providing custodial care for one or more dependents under age 18. | ❑ Child’s birth certificate  ❑ Baptismal record  ❑ Observation of pregnancy status  ❑ Doctor’s note confirming pregnancy  ❑ Self-attestation |
| **Offender** | ❑ | * 1. An individual who is or has been subject to any stage of the criminal justice process, for whom services may be beneficial;   **OR**   * 1. An individual who requires assistance overcoming artificial barriers to employment resulting from a record of arrest or conviction. | ❑ Documentation from juvenile or adult criminal justice system  ❑ Documented phone call with court or probation representatives  ❑ WIA intake or registration form  ❑ Self-attestation |
| **Needing Additional Assistance** | ❑ | * 1. An individual having one or more disabilities, including learning disabilities; **OR**   2. Personal or family substance abuse issue; **OR**   3. Gang involved/affiliated/affected; **OR**   4. Victim of domestic violence/sexual or child abuse; **OR**   5. Lacking a significant or positive work history; **OR**   6. Individual or member of a family who recently exhausted TANF benefits; **OR**   7. At-risk of dropping out of school (defined by SAWDC policy); **OR**   8. OTHER: additional assistance for education or employment can be submitted to the SAWDC for consideration prior to program participation. | ❑ Individual service strategy  ❑ Case notes  ❑ WIA intake or registration form  ❑ State MIS  ❑ Self-attestation |

NOTE: Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIA data element validation requirements. Reference Washington State WorkSource Systems Policies and Procedures: <http://www.wa.gov/esd/policies/systems.htm>

1. **Registration Documents**

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| 1. Nondiscrimination – Notice of Rights & Complaint Process - Equal Opportunity is the law Form | ❑ Documented that participant has been notified of rights and process |
| 1. Summary of Rights and Complaint and Grievance Procedures Form | ❑ Documented that participant has been notified of rights and process |
| 1. Veteran status (if applicable) **-** Veterans and other covered persons are eligible for Priority of Service (POS) as described in POS Policy 1009 Rev 1. | ❑ DD-214 for Veteran or Veteran of Eligible Spouse  ❑ DD-214 has been requested and will be received within 60 days  ❑ Veterans’ Administration Letter or Records  ❑ Any other documentation of veteran status from an official source, such as from any branch of the armed forces, veterans agency or DOL veterans rep. |

(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.*

*Participants must be eligible on the day the first WIA Intensive Service is entered into SKIES.*