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| Spokane WorkSource System Registration FormSelf-Attestation – WIOA Youth Eligibility This form is to be used only when access to state MIS is unavailable, as self-attestation to these items should be done electronically whenever possible. All self-attested data collected on this form must be entered into the Washington State management information system as soon as possible. | | | | | | | | |
| **Applicant Information:** | | | | | | | | |
| **Last Name:** | | **First Name:** | | | | | **Middle Initial:** | |
|  | |  | | | | |  | |
| **Address:** | | **City:** | | | **State:** | | **Zip:** | |
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| **Individuals applying for youth services through the Spokane WorkSource system may self-attest to the information below:** | | | | | | | | |
|  | What is your date of birth? | | | | |  | | |
|  | Are you legally entitled to employment within the U.S. and its territories? | | | | | Yes | | No |
|  | Are you an individual whose native language is a language other than English, or who lives in an environment where a language other than English is the dominant language, and who has limited ability in speaking, reading, writing, or understanding the English language? | | | | | Yes | | No |
|  | Are you an individual with a disability, defined as a physical or mental impairment that substantially limits one or more of a person’s major life activities? | | | | | Yes | | No |
| Decline to Answer | | |
|  | Are you currently enrolled in or attending school? | | | | | Yes | | No |
|  | **5a.** If yes, what kind of school are you attending? | | | | |  | | |
|  | **5b.** If no, have you received your high school diploma or equivalent? | | | | | Yes | | No |
|  | Are you listed on a Temporary Assistance for Needy Families (TANF) grant or have you received cash assistance or other support services from a TANF agency in the last six months? | | | | | Yes | | No |
|  | Are you currently receiving, or have you received in the last 6 months, assistance from the Supplemental Nutrition Assistance Program (SNAP)? | | | | | Yes | | No |
|  | Are you receiving or have you received Supplemental Security Income (SSI) in the last six months? | | | | | Yes | | No |
| Decline to Answer | | |
|  | Are you currently receiving or are you eligible to receive free or reduced-price lunch? | | | | | Yes | | No |
|  | Are you currently in foster care or have you participated in the foster care system? | | | | | Yes | | No |
|  | I have a family size of    and have received an includable income in the last 6 months totaling approximately  $  Note: family size includes yourself and if applicable, your spouse and legal dependents. Includable and excludable income is identified in attachment B of SWC Policy WS816, R4. | | | | | | | |
|  | Do you lack a fixed, regular, and adequate nighttime residence or do you have a primary nighttime residence that is in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings? | | | | | Yes | | No |
|  | Are you an individual who has been subject to any stage of the criminal justice process or requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction? | | | | | Yes | | No |
| Decline to Answer | | |
|  | Are you a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 (including a single pregnant woman)? | | | | | Yes | | No |
|  | Are you pregnant, or are you (male or female) providing custodial care for one or more dependents under age 18? | | | | | Yes | | No |
|  | Do you require additional assistance due to a reason not listed above?  Note: Locally established criteria for “Requires Additional Assistance” may allow for self-attestation (see SWC Policy WS816 R4, Attachment A – Services and Program Eligibility Handbook).  Explanation: | | | | | Yes | | No |
|  | Are you currently in foster care or have you aged out of the foster care system? | | | | | Yes | | No |
| **Applicant Certification:** | | | | | | | | |
| *I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.* | | | | | | | | |
| **SIGNATURE OF APPLICANT**  **X** | | | **DATE** | | | | | |
| **Staff Verification Statement:** | | | | | | | | |
| *I certify that the individual whose signature appears above provided the information recorded on this form.* | | | | | | | | |
| **SIGNATURE OF STAFF**  **X** | | | | **DATE** | | | | |

**Types of Includable and Excludable Income**

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| **Included Income** | |
|  | Gross wages and salaries before deductions received from work performed as an employee, including wages earned while in On-the-Job Training (OJT), on reserve duty in the Armed Forces, and severance pay. |
|  | Net receipts from non-farm self-employment (receipts from a person’s own unincorporated business, professional enterprise or partnership, after deductions for business expenses). Any business losses will off-set wage earnings. |
|  | Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses). Any farm losses will off-set wage earnings. |
|  | Regular payments from railroad retirement benefits, strike benefits from union funds, worker’s compensation (not lump sum) and training stipends. |
|  | Alimony. |
|  | Military family allotments or other regular support from an absent family member or someone not living in the household, except child support payments and military payments indicated below which are excluded from family income calculations. |
|  | Pensions whether private or government employee (including military retirement pay). |
|  | Regular insurance or annuity payments received by the individual or family member. |
|  | College or university grants or scholarships based on merit, fellowships and assistantships (other than needs-based scholarships). |
|  | Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts and net gambling or lottery winnings. |
|  | Regular payments from Social Security Disability (SSDI), old-age, and survivors insurance received under the Social Security Act (TEGL 19-16). |
|  | Unemployment insurance payments (TEGL 19-16). |
|  | Child support payments (TEGL 19-16). |

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| **Excluded Income** | |
|  | **Needs-based** scholarship assistance, and financial assistance under Title IV of the Higher Education Act, i.e., Pell Grants, Federal Supplemental Educational Opportunity Grants and Federal Work Study, PLUS (Stafford and Perkins loans, like any other kind of loans, are debt and not income). |
|  | Non-cash benefits such as employer-paid or union-paid portion of health insurance or other employee fringe benefits, Medicare, Medicaid, food stamps, school meals, food or housing received in lieu of wages and housing assistance. |
|  | Allowance, earnings and payments made to individuals participating in WIOA programs or any other workforce development program (except OJT participants) for which eligibility is based upon a needs and/or income test. |
|  | Certain one-time cash payments including: tax refunds; one-time gifts; loans, which are debt and not income; assets from the sale of a home, property, or car; one-time insurance settlements; lump-sum inheritances; one-time compensation for injury; etc. |
|  | Capital gains and losses. |
|  | Assets drawn down as withdrawals from a bank and IRA withdrawals. |
|  | Amounts paid while on active duty or paid by the Department of Veterans Affairs (VA) for vocational rehabilitation, disability payments, or related VA-funded programs (20 CFR 680.650). |
|  | Cash payments received under Title V of the Older American’s Act. |
|  | Payments received under the Trade Readjustment Act of 1974. |
|  | Job Corps payments. |
|  | U.S. Housing and Urban Development (HUD) rental assistance subsidies. |
|  | Stipends received in the following programs: VISTA, Peace Corps, Foster Grandparent Program, YouthWorks/AmeriCorps Programs and Retired Senior Volunteer Program. |
|  | Any federal statute that specifically provides that income or payments received under the statute shall be excluded in determining eligibility for the level of benefits received under any other federal statute. |