

ELIGIBILITY INFORMATION		
Application Date		<input type="checkbox"/> Adult Basic Career Services Eligibility
Local Area/Region	Virginia Career Works – Piedmont Region	<input type="checkbox"/> Adult Eligibility
Office Location	<input type="checkbox"/> VCW - Culpeper Center	<input type="checkbox"/> Dislocated Worker Eligibility
	<input type="checkbox"/> VCW- Charlottesville Center	<input type="checkbox"/> Youth Eligibility
	<input type="checkbox"/> VCW- Albemarle Center	Eligibility Date
	<input type="checkbox"/> VCW- Orange Center	

CONTACT INFORMATION			
First Name			
Middle Initial			
Last Name			
S.S. Number	<p>Social Security Numbers (SSNs) are not required for eligibility determination. However, AJC staff must request an individual's SSN for performance reporting purposes. AJC Staff may contact Virginia Works for an alternate unique identifier if an individual fails to provide an SSN.</p> <p>A copy of source documentation or Attachment C WIOA Title I Telephone Verification and document inspection form must be uploaded into VAWC.</p>	<input type="checkbox"/> DD-214 Report of Transfer or Discharge Employment Records <input type="checkbox"/> Letter from Social Service agency Pay Stub <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> W-2 Form <input type="checkbox"/> Letter/Printout from Social Security Office <input type="checkbox"/> Self Attestation <input type="checkbox"/> Other Applicable Documentation	
Address		<input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Computer Printout from Government Agency <input type="checkbox"/> Driver's License <input type="checkbox"/> Food Stamp Award Letter <input type="checkbox"/> Homeless – Primary Nighttime Residence Housing Authority Verification <input type="checkbox"/> Insurance Policy (Residence and Auto) <input type="checkbox"/> Landlord Statements <input type="checkbox"/> Lease <input type="checkbox"/> Letter from Social Service Agency or School <input type="checkbox"/> Library Card <input type="checkbox"/> Medicaid/Medicare Card <input type="checkbox"/> Phone Directory <input type="checkbox"/> Property Tax Record <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Rent Receipt <input type="checkbox"/> School Identification Card <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Utility Bill <input type="checkbox"/> Applicant Statement w/ Witness <input type="checkbox"/> Postmarked Mail Addressed to Applicant <input type="checkbox"/> Other Applicable Documentation (specify)	
City			
State	Virginia		
Zip Code			
Country	United States		
Phone Number			<input type="checkbox"/> Home <input type="checkbox"/> Mobile
Email			

ALTERNATIVE CONTACTS

Workforce Innovation and Opportunity Act (WIOA) Youth Eligibility Application

Alternate Contacts:	Contact Name		Contact Name	
	Address		Address	
	City		City	
	State		State	
	Zip		Zip	
	Phone #		Phone #	
	Email Address		Email Address	
	Relationship		Relationship	

DEMOGRAPHIC INFORMATION

Age/Date of Birth		<input type="checkbox"/> Baptismal Record with Date of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Driver's License <input type="checkbox"/> Federal, State, Local Gov't, or Tribal ID Card <input type="checkbox"/> Hospital Birth Record <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Record <input type="checkbox"/> School Records/ID Card <input type="checkbox"/> Work Permit Decree of Court <input type="checkbox"/> Report of Transfer or Discharge Paper <input type="checkbox"/> Cross-Match w/ State Agency Records <input type="checkbox"/> Justice System Records <input type="checkbox"/> Selective Service Registration <input type="checkbox"/> Signed Letter from parent/guardian <input type="checkbox"/> Medical Records <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Family Bible <input type="checkbox"/> A copy of source documentation or Attachment C WIOA Title I Telephone Verification and Document Inspection Form must be uploaded into VAWC.
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Registered for the Selective Service?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Selective Service Acknowledgement Letter Contact <input type="checkbox"/> Selective Service Telephone Verification (847) 688-6888 <input type="checkbox"/> DD-214, Report of Separation <input type="checkbox"/> Selective Service Status Information Letter <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Selective Service Verification Form <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> Selective Service Request for Registration <input type="checkbox"/> Acknowledgement Letter <input type="checkbox"/> Internet www.sss.gov – Screen printout <input type="checkbox"/> Selective Service Registration Card For individuals who did not register with the Selective Service System by their 26th birthday or who believe they were exempt from registering both source documents from the following list: <ul style="list-style-type: none"> • Status Information Letter https://www.sss.gov/verify/sil/ AND • Self-attestation-signed statement that explains why the

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		individual's failure to register was not knowing and willful. A copy of source documentation or Attachment C WIOA Title I Telephone Verification and Document Inspection Form must be uploaded into VaWC.
Selective Service Registration #		
Selective Service Registration Date		

Authorization to Work in US	<input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to the U.S. <input type="checkbox"/> None of the Above	<input type="checkbox"/> Alien Registration Card (USCIS Forms I-151, I- 551, I- 94, I-668A, I-197, I-179) <input type="checkbox"/> Baptismal Certificate with Place of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Food Stamps Records <input type="checkbox"/> Foreign Passport Stamped Eligible to Work <input type="checkbox"/> Hospital Birth Record <input type="checkbox"/> Naturalization Certification Public <input type="checkbox"/> Assistance Records United <input type="checkbox"/> States Passport <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Alien Registration Card Indication Right to Work <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Other Applicable Documentation (specify) <input type="checkbox"/> E-Verify is an internet-based system that compares information on an I-9 form to records available to the US Department of Homeland Security and the Social Security Administration to confirm employment eligibility. E-Verify may be used as a data validation tool. https://www.e-verify.gov/
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Considered to be of Hispanic Heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I do not wish to answer.	

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<p>Considered to have a disability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Letter from drug/alcohol rehabilitation agency <input type="checkbox"/> Letter from child study team stating specific disability <input type="checkbox"/> Medical Records <input type="checkbox"/> Social Service Records/Referral <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Psychiatrist's Statement <input type="checkbox"/> Psychologist's Diagnosis <input type="checkbox"/> Rehabilitation Evaluation School <input type="checkbox"/> Records <input type="checkbox"/> Sheltered Workshop Certification Workers' Compensation Record <input type="checkbox"/> Social Security Admin. Disability Records <input type="checkbox"/> Veterans Administration Letter/Records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Certification <input type="checkbox"/> Observable and/or obvious conditions (Applicant Statement with the interviewer serving as the corroboration witness) <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Type of Disability</p>	<p><input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Individual did not disclose</p>	
<p>Transitioning Service Member?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Type of Transitioning Service Member</p>	<p><input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 months of retirement <input type="checkbox"/> Within 12 months of discharge</p>	
<p>Estimated Discharge Date</p>		

VETERAN INFORMATION		
<p>Eligible Veteran Status</p>	<p><input type="checkbox"/> Yes - <= 180 days <input type="checkbox"/> Yes – Eligible Veteran <input type="checkbox"/> Yes – Other Eligible Person <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Self Attestation <input type="checkbox"/> DD-214 <input type="checkbox"/> Military Document (ID, other DD form) indicating dependent spouse <input type="checkbox"/> VA records/printout <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Served more than 1 tour of duty</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Military Service Entry Date</p>		
<p>Military Service Discharge Date</p>		
<p>Campaign Veteran</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Disabled Veteran</p>	<p><input type="checkbox"/> Yes – Disabled <input type="checkbox"/> Yes – Special Disabled (greater than 30%) <input type="checkbox"/> No</p>	
<p>Recently Separated Veteran (within the last 48 months)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Attended a Transition Assistance Program (TAP) workshop within the last 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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EMPLOYMENT INFORMATION		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Employed – but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed	<input type="checkbox"/> Self Attestation <input type="checkbox"/> UI Records <input type="checkbox"/> Employer Contact <input type="checkbox"/> Other Applicable Documentation (specify)
If Employed, Individual is Under-Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receiving Unemployment Compensation	<input type="checkbox"/> No – Neither Claimant nor Exhaustee <input type="checkbox"/> Yes – Claimant Referred by RSO <input type="checkbox"/> Yes – Claimant Not Referred by RSO <input type="checkbox"/> Yes – Exhaustee <input type="checkbox"/> Unknown	<input type="checkbox"/> UI Records (Benefit History, Wage Record) <input type="checkbox"/> Other Applicable Documentation (specify)
Meets Long Term Unemployment Definition	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Current or Most Recent Hourly Rate of Pay		
Occupation of Most Recent Employment Prior to WIOA Participation		
Farmworker Status	<input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> No	
Type of Qualifying Farmwork	<input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishments	

EDUCATION INFORMATION		
	<input type="checkbox"/> No School Grade Completed <input type="checkbox"/> 1 st Grade Completed <input type="checkbox"/> 2 nd Grade Completed <input type="checkbox"/> 3 rd Grade Completed <input type="checkbox"/> 4 th Grade Completed <input type="checkbox"/> 5 th Grade Completed <input type="checkbox"/> 6 th Grade Completed <input type="checkbox"/> 7 th Grade Completed <input type="checkbox"/> 8 th Grade Completed <input type="checkbox"/> 9 th Grade Completed	

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<p>Current Highest School Grade Completed (from Registration)</p>	<input type="checkbox"/> 10 th Grade Completed <input type="checkbox"/> 11 th Grade Completed <input type="checkbox"/> 12 th Grade Completed & Did not Receive Diploma <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> 1 year at College/Technical/Vocational School <input type="checkbox"/> 2 years at College/Technical/Vocational School <input type="checkbox"/> 3 years at College/Technical/Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS)	<input type="checkbox"/> Self Attestation <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> School Records
<p>Federally Reported Highest School Grade Completed</p>	<input type="checkbox"/> 1 Elem./Sec. School Grades Completed <input type="checkbox"/> 2 Elem./Sec. School Grades Completed <input type="checkbox"/> 3 Elem./Sec. School Grades Completed <input type="checkbox"/> 4 Elem./Sec. School Grades Completed <input type="checkbox"/> 5 Elem./Sec. School Grades Completed <input type="checkbox"/> 6 Elem./Sec. School Grades Completed <input type="checkbox"/> 7 Elem./Sec. School Grades Completed <input type="checkbox"/> 8 Elem./Sec. School Grades Completed <input type="checkbox"/> 9 Elem./Sec. School Grades Completed <input type="checkbox"/> 10 Elem./Sec. School Grades Completed <input type="checkbox"/> 11 Elem./Sec. School Grades Completed <input type="checkbox"/> 12 Elem./Sec. School Grades Completed <input type="checkbox"/> Attained High School Diploma <input type="checkbox"/> Attained GED or Equivalent <input type="checkbox"/> Attained Certificate of Attendance/Completion <input type="checkbox"/> Associate's Diploma or Degree <input type="checkbox"/> 1 year of College/Vocational School Completed <input type="checkbox"/> 2 years of College/Vocational School Completed <input type="checkbox"/> 3 years of College/Vocational School Completed <input type="checkbox"/> Bachelor's Degree or Equivalent <input type="checkbox"/> Education Beyond a Bachelor's Degree	<input type="checkbox"/> Self Attestation <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> School Records
<p>School Status</p>	<input type="checkbox"/> In School – High School or Less <input type="checkbox"/> In School – Alternative School <input type="checkbox"/> In School – Post High School <input type="checkbox"/> Not Attending School or HS Dropout <input type="checkbox"/> Not Attending School <input type="checkbox"/> High School Graduate	<input type="checkbox"/> School Records from education institution (GED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) <input type="checkbox"/> Intake Application or Enrollment Form <input type="checkbox"/> Electronic Records <input type="checkbox"/> Case Note titled "Eligibility" to include status of criteria, date information obtained, and name of AJC Staff who obtained information <input type="checkbox"/> Attendance <input type="checkbox"/> Drop-out Letter <input type="checkbox"/> Applicant Statement or Attestation <input type="checkbox"/> Other Applicable Documentation (specify)

Enrolled in education leading to a Diploma, ED/High School Equivalency Diploma or Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attending any School (per state definition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> School Records <input type="checkbox"/> Self Attestation <input type="checkbox"/> Other Applicable Documentation (specify)
Most Recent Date Attended Secondary School		
Within compulsory school age and did not attend the most recent complete school year calendar quarter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> School Records <input type="checkbox"/> Self Attestation <input type="checkbox"/> Other Applicable Documentation (specify)

PUBLIC ASSISTANCE		
<i>Individual or member of a family that is receiving, or in the past 6 months has received, the following:</i>		
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance information card showing cash grant status <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Refugee Assistance Records <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify)
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Public assistance records/printout (SSI) <input type="checkbox"/> Copy of authorization to receive cash public assistance (SSI) <input type="checkbox"/> Copy of public assistance check (SSI) <input type="checkbox"/> Medical card showing cash grant status (SSI) <input type="checkbox"/> Public assistance information card showing cash grant status (SSI) <input type="checkbox"/> Statement from Social Service Agency (SSI) <input type="checkbox"/> Other Applicable Documentation (specify)
State or Local Income-Based Public Assistance (General Assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance information card showing cash grant status <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Other Applicable Documentation (specify)

<p>Supplemental Nutrition Assistance Program (SNAP)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Current authorization to obtain food stamps Current food stamp receipt <input type="checkbox"/> Food stamp card with current date <input type="checkbox"/> Letter from food stamp disbursing agency Postmarked food stamp mailer with applicable name and address <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Self-certification <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Refugee Cash Assistance (RCA)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance identification card showing cash grant status <input type="checkbox"/> Statement from Social Service agency <input type="checkbox"/> Refugee assistance <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Individual receives, or in the last 6 months received:</p>		
<p>Receiving Social Security Disability Insurance (SSDI)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance information card showing cash grant status <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Foster Child (State or local payments are made for applicant)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Court Contact <input type="checkbox"/> Court Documentation <input type="checkbox"/> Medical Card <input type="checkbox"/> Verification of Payments made on behalf of child <input type="checkbox"/> Written Statement from State/Local Agency <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Youth currently living in a high-poverty area</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Staff verified based upon address <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Youth currently receives, or is eligible to receive, free or reduced lunch</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> School Documentation <input type="checkbox"/> Self Attestation <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Receiving, or has been notified will receive, Pell Grant</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>INDIVIDUAL BARRIERS</p>		
<p>English Language Learner</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Test Scores <input type="checkbox"/> Staff Observation <input type="checkbox"/> Other Applicable Documentation (specify)</p>

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<p>Basic Skills Deficient</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Copy of any generally accepted standardized test <input type="checkbox"/> School record of reading and/or math skills determined within the previous 12 months of application <input type="checkbox"/> Other indication that the applicant cannot read sufficiently to complete forms and/or indicating applicant has math skills below the ninth grade level <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Homeless</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Written statement from shelter <input type="checkbox"/> Written statement from an individual providing temporary assistance <input type="checkbox"/> Written statement from Social Service agency <input type="checkbox"/> Applicant Statement/Self Attestation, in limited cases <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Runaway</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Written statement from Social Service agency <input type="checkbox"/> Written statement from an individual providing temporary residence <input type="checkbox"/> Written statement from shelter <input type="checkbox"/> Applicant Statement/Self Attestation, in limited cases <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Youth in, or aged out of, Foster Care</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Statement/Referral from Social Service agency <input type="checkbox"/> Foster care facility resident <input type="checkbox"/> Court/Guardianship documents <input type="checkbox"/> Applicant Statement/Self Attestation, in limited cases <input type="checkbox"/> Other Application Documentation (specify)</p>
<p>Offender – individual has been arrested/convicted of a crime</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Police records <input type="checkbox"/> Court documents <input type="checkbox"/> Halfway house resident <input type="checkbox"/> Letter of parole <input type="checkbox"/> Letter from probation officer <input type="checkbox"/> Applicant Statement/Self Attestation, in limited cases <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Pregnant/Parenting Youth</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> School program for pregnant teens <input type="checkbox"/> Medical Card <input type="checkbox"/> Physician's Note <input type="checkbox"/> Referrals from Official Agencies <input type="checkbox"/> Statement from Social Services agency <input type="checkbox"/> School Records <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Applicant Statement/Self Attestation, in limited cases <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Youth Requires Additional Assistance to complete an educational program or to secure/hold employment</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> LWDA/Region Definition <input type="checkbox"/> Individual Service Strategy <input type="checkbox"/> Case Notes <input type="checkbox"/> WIOA Registration <input type="checkbox"/> Self Attestation <input type="checkbox"/> State MIS</p>

Out-of-Home Placement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Letter from appropriate state/local social service agency <input type="checkbox"/> Self Attestation <input type="checkbox"/> Other Applicable Documentation (specify)
Eligible under Section 477 of the Social Security Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive public cash assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance identification card showing cash grant status <input type="checkbox"/> Statement from Social Services agency <input type="checkbox"/> Other Applicable Documentation (specify)

BARRIERS TO EMPLOYMENT		
Displaced Homemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Divorce decree or legal separation <input type="checkbox"/> Employer Statement <input type="checkbox"/> Statement from family member or ex-spouse of non-support (Notarized) <input type="checkbox"/> Applicant Statement and Unemployment Wage Record <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Applicant Statement of the continuous effort to seek employment and a recent job search that shows a minimum of ten (10) employer contacts documenting that a reasonable effort has been made to obtain employment <input type="checkbox"/> In depth assessment with Case Manager <input type="checkbox"/> Other Applicable Documentation (specify)
Within 2 years of exhausting TANF lifetime eligibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hawaiian Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Single Parent (including single pregnant women)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual facing substantial cultural barriers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligible Migrant Season Farmworker as defined in WIOA Sec 167 (i)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meets Governor's special barriers to employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME INFORMATION

<p>Due to the individual's disability, they qualify as a Family of 1</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Family Size</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15</p>	<p><input type="checkbox"/> Public Assistance/S.S. Agency Records <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Decree of court <input type="checkbox"/> Disabled <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Medical Card <input type="checkbox"/> Most recent tax return supported by IRS documents (e.g. form letter 1722) <input type="checkbox"/> Public housing letter (if resident or waiting list) <input type="checkbox"/> Written statement from a publicly supported 24-hour care facility or institution (e.g. mental, prison) <input type="checkbox"/> Applicant Statement/Self Attestation, in limited cases <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify)</p>
<p>Annualized Family Income</p>		<p><input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Unemployment Insurance documents and/or printout <input type="checkbox"/> Award letter from Veterans Administration <input type="checkbox"/> Bank statements (direct deposit) <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Court award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Farm or business financial records <input type="checkbox"/> Housing authority verification <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension/Annuity statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C) <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Applicant Statement/Self Attestation, in limited cases <input type="checkbox"/> Business Financial Records <input type="checkbox"/> Workers' Compensation Records <input type="checkbox"/> Other Applicable Documentation (specify)</p>

APPLICANT CERTIFICATION

I certify that the information provided in the attached application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information) and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature of WIOA Applicant

Date

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I have reviewed all of the attached information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of the interview.

Signature of WIOA Case Manager

Date

I certify that I have reviewed the source document(s) indicated or have made contact with the individual listed to verify eligibility of this customer.

Signature of Eligibility Reviewer

Date

Supplemental Income Verification

List all members of the family who have had income in the past 6 months.

Family Member	Source/Type of Income	Excluded Income	Included Income

Total Income 6 Months: _____

Annualized Income: _____

Comments:
