

GLOW WDB WIOA Out-of-School Youth Eligibility

Applicant Name: _____

SSN or NY#: _____

Date: _____

Must be between the ages of 16 and 24.

Age: _____

Registered with Selective Service? (Males 18 and over)

Yes _____ No N/A
(record Sel. Service #)

WIOA School Status and Barrier Eligibility

School Status:

- Not in-school (if youth is in school, use the in-school youth eligibility form – this includes youth in secondary or post-secondary education)

Barriers (youth must have one or more barriers):

- A school dropout
- A youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter
- Subject to the juvenile or adult justice system
- A homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))
- A homeless child or youth (as defined in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))
- A runaway
- A child eligible for assistance under section 477 of the Social Security Act (42 U.S.C. 677), or in an out-of-home placement
- A foster child on behalf of whom State or Local governments are paid or has aged out of the foster care system
- Pregnant or parenting
- Is an individual with a disability
- *A recipient of a secondary school diploma or its recognized equivalent and is basic skills deficient (youth also has to be low income – go to **Low Income** section if using this for eligibility)
- *A recipient of a secondary school diploma or its recognized equivalent and is an English language learner (youth also has to be low income – go to **Low Income** section if using this for eligibility)
- *Requires additional assistance to enter or complete an educational program or to secure or hold employment (youth also has to be low income – go to **Low Income** section if using this for eligibility)
(Local definition qualification: _____)

Low Income Eligibility (only required for the last three Barriers listed above):

Within the last 6 months youth has received or is a member of a family household that received:

- TANF
- General Assistance (State/Local) Specify: _____
- RCA – Refugee Cash Assistance
- Social Security Insurance (SSI)
- Food Stamps
- Homeless (as defined under the **Barriers** section of this document)
- Is a foster child
- Lives in a high-poverty area

(use <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>) to see if address qualifies.

Youth's Address: _____

Low Income Eligibility continued:

Is a member of a family household that receives a total family income that is equal to or less than:

- Lower Living Standard (Poverty Level)
- 70% Lower Living Standard Income Level

**Note - If none of the allowable hard copy documentation can be obtained, then the youth can provide an applicant statement to satisfy eligibility; it should be documented in the hard file and OSOS that the case manager made an attempt to obtain all other allowable hard copy documentation, but was unsuccessful and led to the applicant statement.

FAMILY HOUSEHOLD INCOME WORKSHEET (only required if using the Poverty Level, LLSIL or family size of 1 for youth with disabilities to prove low income)

Participant Family Household Size: _____ <input type="checkbox"/> Check if Participant is Disabled (Family of One)	INCLUDED INCOME	EXCLUDED INCOME
	Gross Wages	U.I.
Enter the 70% LLSIL or Poverty Level for the Family Size: (use the higher of the current LLSIL or poverty chart) _____	Retirement/Pension/ Military Retirement	P.A.
	Alimony	Child Support
	Workmen's Comp	S.S.I.
	Black Lung Benefits	S.S.D.I.
	Rental Income	S.S. Survivor
		Military pay and allowances received by a family member on active duty

Family Member Name (only list members in the same household)	Relationship	Income
1.	SELF	
2.		
3.		
4.		
Total Family Income For The Past Six Months =		_____
Annualized (multiply by 2)=		_____

Participant or Guardian Signature and Date Required for Valid Self-Attestation

I attest that all the information I have provided on this form is true and correct.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____