

## WIA Youth Eligibility Form

IDENTIFYING INFORMATION			
Applicant's Name:	_____	_____	_____
	Last	First	MI
Participant ID: _____	Application Date: _____		

\*Acceptable source documents for eligibility items can be found in the *WIA Youth Program Eligibility and Data Validation* policy Attachment A.

\*\*You must list the Local Board criteria being used for the categories "Requires Additional Assistance" and "Serious Barrier to Employment."

**General Eligibility – Verify all of the following criteria.**

CRITERIA	SOURCE DOCUMENT(S) ATTACHED
1. Age / Date of Birth	
2. Citizenship / Alien Status	
3. Selective Service Registration	<input type="checkbox"/> N/A – female <input type="checkbox"/> N/A – male under 18

**Income Eligibility – Verify one of the following criteria.**

CRITERIA	SOURCE DOCUMENT(S) ATTACHED
1. Family Size and Low Income	
2. Public Assistance	
3. Food Stamps	
4. Homeless	
5. Publicly Supported Foster Child	
6. Disability and Low Income	

**Barriers – Verify one of the following criteria if income eligibility is met.**

CRITERIA	SOURCE DOCUMENT(S) ATTACHED
1. Basic Skills Deficient	
2. School Dropout	
3. Pregnant / Parenting	
4. Offender	
5. Homeless / Runaway / Foster Child	
6. Requires Additional Assistance – Indicate Local Criteria Used	

**5% Exceptions Barriers – Verify one of the following criteria if income eligibility is not met.**

CRITERIA	SOURCE DOCUMENT(S) ATTACHED
1. Basic Skills Deficient	
2. School Dropout	
3. Below Grade Level	
4. Pregnant / Parenting	
5. Offender	
6. Homeless / Runaway	
7. Disability	
8. Serious Barrier to Employment – Indicate Local Criteria Used	





## WIA Youth Income Eligibility Form: Part I

### IDENTIFYING INFORMATION

Applicant's Name: \_\_\_\_\_  
Last First MI

Participant ID: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Income Period – From (6 months prior to application):** \_\_\_\_\_ **To (application date):** \_\_\_\_\_

**Family Composition:** List each family member. Refer to WIA *Youth Program Eligibility and Data Validation Policy* for help in determining dependent status of applicant.

Family Member	Name	Relationship	Date of Birth	Age	Income Source(s)	6-Month Income
1		Self/Applicant				
2						
3						
4						
5						
6						
7						
8						

<b>Income Review</b>	Family Size: _____	Income Limit: <small>* to be taken from 'at or below Poverty Line or 70% LLSIL'</small>	Total 6-Month Income: _____
			6-Month Income X 2: <small>* to be compared to INCOME LIMIT</small>
<b>Certification</b>	I attest that to the best of my knowledge the above information is true and correct.		

Applicant Signature	Date
Parent/Guardian Signature (if applicant is under 18)	Date
Case Manager Signature	Date

**Family Income Calculation:** Complete and attach Part II: Income Calculation, for each family member with earned income during the 26-week income review period. **Attach documentation of income source(s) and family size.**

Family income calculations <b>INCLUDE</b> the following:	Family income calculations <b>EXCLUDE</b> the following:
<ul style="list-style-type: none"> <li>Gross wages and salaries before deductions</li> <li>Net income (gross income minus operating expenses) from a business or other non-farm enterprise</li> <li>Net income from farm self-employment (income from a farm which operates as an owner, renter, or sharecropper, after deductions from farm operating expenses)</li> <li>Social Security Disability Insurance (SSDI)</li> <li>Governmental and non-governmental pensions (including military retirement pay)</li> <li>Regular payments from railroad retirement benefits, strike benefits from union funds, worker's compensation and training stipends</li> <li>Alimony</li> <li>Merit based scholarships, fellowships, and assistantships i.e. the recipient may be determined by students' athletic, academic, artistic or other abilities</li> <li>Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings</li> <li>Terminal leave pay, severance pay, or a cash out of accrued vacation leave</li> <li>Disaster Relief Employment wages</li> <li>On-the-Job Training (OJT) wages</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment compensation</li> <li>Child support payments and foster child care payments</li> <li>Old age and survivors' insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402)</li> <li>Income earned while the veteran was in Active Military Duty, and certain other Veteran's Benefits</li> <li>Federal non-cash benefits such as: Medicare, Medicaid, food stamps, school lunches, and housing assistance</li> <li>Assets drawn down as withdrawals from a bank</li> <li>Public Assistance payments: TANF, SSI, GA, and RCA</li> <li>One time cash payment, which includes: tax refunds, loans, one-time insurance payments or compensation for injury, gifts and lump sum inheritances</li> <li>Job Corps payments</li> <li>Cash value of employer-paid or union-paid portion of health insurance or other employee fringe benefits</li> <li>Payments received under the Trade Readjustment Act of 1974</li> <li>Needs-based scholarship assistance</li> <li>Financial assistance under Title IV of the Higher Education Act</li> <li>Stipends received from the following programs: VISTA, Peace Corps, Foster Grandparents Program, Retired Senior Volunteer Program, Youth Works/Americorps Program</li> <li>All WIA payments except OJT</li> </ul>

## WIA Youth Income Eligibility Form: Part II

IDENTIFYING INFORMATION			
Applicant's Name: _____			
Last	First	MI	
Participant ID: _____		Application Date: _____	

**Income Period – From (6 months prior to application):** \_\_\_\_\_ **To (application date):** \_\_\_\_\_

**Family Member:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Straight Pay Method:** Use this method if family member provides all pay stubs covering income review period.

#	Employer	Pay Date	# Weeks in Pay Period	=	Pay Period Gross Pay
1				=	
2				=	
3				=	
4				=	
5				=	
6				=	
7				=	
8				=	
<b>a) 6-Month Income:</b> Sum of all Pay Period Gross Pays				=	

**Average Pay Method:** Use this method if family member provides at least 2 pay stubs.

#	Employer	Pay Date	Gross Pay	÷	# Weeks in Pay Period*	=	Weekly Gross Income
1				÷		=	
2				÷		=	
3				÷		=	
<b>a) Average Weekly Gross:</b> Sum of Weekly Gross Income ÷ # of Pay Stubs						=	
<b>b) 6-Month Income:</b> Average Weekly Gross x # Weeks Worked During Income Review						=	

\* Pay period: weekly = 1; bi-weekly = 2; monthly = 4.3

**Year-to-Date Method:** Use this method if the family member provides a recent pay stub with the cumulative year-to-date gross earnings indicated on it.

#	Employer	Pay Date	Cumulative Gross Pay	÷	# Cumulative Weeks Worked	=	Weekly Gross Income
1				÷		=	
2				÷		=	
3				÷		=	
<b>a) Average Weekly Gross:</b> Sum of Weekly Gross Income ÷ # of Pay Stubs						=	
<b>b) 6-Month Income:</b> Average Weekly Gross x # Weeks Worked During Income Review						=	

**Intermittent Work/Other Income Method:** Use this method if the family member has not had steady work with one or more employers during the review period.

#	Employer	Description of Work	Start Date	End Date	Total Gross Income
1					
2					
<b>a) 6-Month Income:</b> Sum of all Total Gross Incomes					=