

## 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 <sup>1</sup>	
2. Citizenship / Alien Status <sup>1</sup>	
3. Selective Service Registration <sup>1</sup>	<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 <sup>3</sup>	
2. School Dropout	
3. Pregnant / Parenting	
4. Offender	
5. Homeless / Runaway / Foster Child	
6. Requires Additional Assistance <sup>2</sup> – 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 <sup>3</sup>	
2. School Dropout	
3. Below Grade Level	
4. Pregnant / Parenting	
5. Offender	
6. Homeless / Runaway	
7. Disability	
8. Serious Barrier to Employment <sup>2</sup> – Indicate Local Criteria Used	

<sup>1</sup>Universal Client Note required.

<sup>2</sup>OSL Program Note required.

<sup>3</sup>Enrollment Details Testing Information Screen input required.



## WIA Youth Telephone Verification Form

IDENTIFYING INFORMATION		
Applicant's Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 30%; text-align: center;">Last</span> <span style="width: 30%; text-align: center;">First</span> <span style="width: 30%; text-align: center;">MI</span> </div>	
Participant ID:	_____	Application Date: _____

**NOTE:** In addition to eligibility items, this form may be used to document other information. Be sure to clearly mark the appropriate reason for using the Telephone Verification – either eligibility or other.

TELEPHONE VERIFICATION	
<b>TELEPHONE VERIFICATION USED FOR:</b> <input type="checkbox"/> ELIGIBILITY ITEM <input type="checkbox"/> OTHER _____	
<b>PRIMARY ITEM TO BE VERIFIED:</b> _____	<b>DATE VERIFIED:</b> _____
<b>AGENCY PROVIDING VERIFICATION:</b> _____	
<b>CONTACT NAME:</b> _____	<b>PHONE NUMBER:</b> _____
<b>COMMENTS:</b> _____	
_____	
_____	
_____	

CERTIFICATION	
I attest that the information recorded by me on this form was obtained through telephone contact on the above date. As indicated by the agent, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.	
_____ Case Manager Signature	_____ Date

**Agencies which may assist in verifying eligibility via telephone contact/documentation are:**

- Local schools;
- Social Security Administration;
- Veterans Administration;
- Medical and health facilities;
- Vocational rehabilitation facilities;
- Drug and alcohol rehabilitation facilities;
- Housing authorities;
- Homeless shelters;
- Judicial agencies and institutions; or
- Other state or local government agencies.

**Telephone Verification may be used for the following eligibility items:**

- Public Assistance
- Food Stamps
- Publicly Supported Foster Child
- Homeless
- Runaway
- School Dropout
- Below Grade Level
- Foster Care Child
- Offender

## 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):** \_\_\_\_\_

**NOTE – Family Income Calculation:** Complete and attach Part II: Income Calculation, for each family member with earned income during the 6 month income review period. **Documentation of income source(s), family size, and Parts I & II of this form must be in the participant paper case file.**

**Family Composition:** List each family member. Refer to *WIA Youth Program Eligibility and Data Validation Policy* for help in determining dependent status of applicant. If applicant lives with parents but claims family size of 1 due to providing more than 50 percent of his/her support, then the appropriate section of Attachment C, WIA Youth Support Form, must also be completed.

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 calculations INCLUDE the following:	Family income calculations EXCLUDE 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>Cash value of food or housing received in lieu of wages</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.

1	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.

1	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.

1	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.

1	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					=

