

**Workforce Innovation and Opportunity Act
Youth Program Eligibility Form – ISY**

This form is to be completed for the identified in-school youth and retained in the participant physical file by youth program staff along with the required eligibility verification documentation.

Youth: _____

SSN: ____/____/____

Jurisdiction of Residence: _____

SSN Verification Source: _____

LOW INCOME STATUS – INCOME CALCULATION NOT REQUIRED

The youth qualifies as low income based on one (1) or more of the following categories:
(Check only if in evidence and verified)

Snap: ____ TANF ____ SSI ____ Homeless ____ Foster Child ____

Lives in a high poverty area ____ Free/Reduced Price Lunch ____

Verification Source: _____

NOTE: If low income status is based on one of the above categories, family income and family size need not be determined and verified for eligibility purposes.

LOW INCOME STATUS – FAMILY INCOME CALCULATION

Total six month family income

Total annualized family income

\$ _____ x2

\$ _____

Income guidelines for a family size of: _____

Income guideline amount: \$ _____

Meets low income requirement based on family income?

Yes ____ No ____

Verification Sources: Family Size - _____

Family Income - _____

LOW INCOME STATUS – DISABLED YOUTH FAMILY SIZE OF ONE CALCULATION

Used for a youth with a verified disability whose family does not meet the income eligibility criteria under WIOA, based on family size/family income.

(NOTE: Full family income must be determined and verified first BEFORE the youth’s own income in relation to the family of one income guidelines may be considered for income eligibility purposes)

Total six month income for the youth

Total annualized income for the youth

\$ _____ x2

\$ _____

Meets low income requirement based on individual income?

Yes ____ No ____

Verification Sources: (Income) - _____

(Disability) - _____

ADDITIONAL ELIGIBILITY REQUIREMENTS

Birth Date: ___/___/___ Age: _____ **Verification Source:** _____

Meets Age Requirement? Yes ___ No ___ **Verification Source:** _____

MSSA Compliance: Yes ___ No ___ N/A ___ **Verification Source:** _____

Citizenship/Right to Work: Yes ___ No ___ **Verification Source:** _____

Youth Barrier: _____ **Verification Source:** _____

In-School Youth: Yes ___ No ___ **Verification Source:** _____

(The above are to be verified in accordance with the applicable definitions and verification/documentation rules.)

ATTESTATIONS

I attest that the information on which the above WIOA Youth Eligibility Determination was based is true and correct:

_____/_____/____ ___/___/___ _____/_____/____ ___/___/___
 Youth Date Parent/Guardian (If youth is under 18) Date

Based on the above eligibility determination which was conducted, verified and documented in accordance with the applicable WIOA and Opportunity Inc. requirements, the above identified youth has been determined to be:

WIOA Eligible _____ **Not WIOA Eligible** _____

_____/_____/____ ___/___/___ _____/_____/____
 Youth Program Staff Date Youth Program

COMMENTS