

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

This form is to be completed for the identified out-of-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: _____

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: _____

Out-of-School Youth: Yes ___ No ___

Verification Source: _____

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

BARRIER – INCOME CALCULATION NOT REQUIRED

The youth qualifies based on one (1) or more of the following categories:

(Check only if in evidence and verified)

School Dropout: _____ Within Compulsory Age, Not in Attendance _____ Offender _____ Homeless _____

Foster Child _____ Runaway _____ Pregnant/Parenting _____ Disability _____

Verification Source: _____

NOTE: If eligibility is based on one of the above categories, family income and family size need not be determined and verified for eligibility purposes. Go to the end of the form and complete the Attestations section. If eligibility is not based on one of the above categories, proceed to the next section.

BARRIER – INCOME CALCULATION REQUIRED

The youth qualifies based on one (1) or more of the following categories:

(Check only if in evidence and verified)

Secondary School Diploma/Equivalent Recipient who is also Basic Skills Deficient or an English Language Learner : _____

Requires Additional Assistance _____

Verification Source: _____

NOTE: If eligibility is based on one of the above categories, family income needs to be determined and verified for eligibility purposes. Proceed to verify income on the next page.

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 _____

Lives in a high poverty area _____

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. Go to the end of the form and complete the Attestations section. If low income status is not based on one of the above categories, family income and family size need to be determined and verified for eligibility purposes. Proceed to the next section.

LOW INCOME STATUS – FAMILY INCOME CALCULATION

Total six month family income
 \$ _____

x2

Total annualized family income
 \$ _____

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 - _____

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