
Youth DET Contract Policy 1 – Youth Program Documentation for Program Eligibility

I. Purpose

To provide the necessary guidance and policy for eligibility determination to staff who determine eligibility for enrollment into a Youth Program. This policy was created using WIOA Public Law 113-128, WIOA Final Regulations, appropriate TEGs, and existing DET policy.

II. Definitions

Many terms found within this policy are defined in the Definitions Section of the current Contractor's Procedures Guide or as they have been updated and disseminated.

III. Enrollment

A youth is considered enrolled in the program and applicable to federal and state reporting when all the following occur in Delaware JobLink (DJL):

1. Four services are in the Service and Training Plan which are:
 - a. Eligibility Determination
 - b. Objective Assessment
 - c. Individual Service Strategy (ISS)
 - d. One of the 14 mandated elements
2. Enrollment is approved. When the enrollment is approved, all eligibility documents must be uploaded in DJL. This policy provides the guidance on eligibility determination and what documents are required.

IV. Verification Requirements

All participants must be registered with a Jobseeker account in Delaware JobLink (DJL). Certain data elements entered during registration must be verified while others must be documented.

Verification and documentation are different.

Verification means to confirm eligibility requirements through examination of official documents: for example, social security card, birth certificates, or public assistance records.

Documentation means to provide and maintain physical evidence, which is obtained during the verification process. Such evidence would be copies of documents (listed in Attachment A) and completed forms provided for in this policy.

All eligibility items are documented at the time of enrollment. While the Self-Certification Form may be allowed as documentation for some eligibility items, Contractors must obtain prior approval to use this form from the Contract Specialist. The one exception is when this form is used to document additional barriers.

A participant must be determined eligible and documentation supporting eligibility must be uploaded in DJL consistent with General DET Policy 3 and 5. For youth, this means the following items should be uploaded to DJL to document eligibility:

1. Documentation of Citizenship or Eligible to Work (Attachment E)
2. Documentation of Date of Birth
3. Documentation of Residency
4. Documentation of Selective Service, (if male over 18)
5. Documentation of Barrier
6. Documentation of Low Income (In-School Youth **WIOA**)

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This policy contains a list of acceptable documents or methods for verifying and documenting each required eligibility factor. This list is attached as Attachment A. This list is extensive but not all inclusive. Before using a document or method to verify eligibility that is not included in this policy, approval must be obtained from your Contract Specialist.

This policy also includes several attachments that are required forms for documenting eligibility.

V. **General Eligibility**

In accordance with DET General Policy 4, during the first meeting with the participant, staff must look up potential participant in DJL to review other program involvement and take any necessary steps outlined in General DET Policy 4.

Eligibility factors described in this section are common to both In and Out of School Youth Programs. B-E must be documented. See Attachment A for the list of acceptable documentation.

A. Registered in DJL

Registration is the process of collecting information to support a determination of eligibility. This is complete when the participant or staff have completed all the following demographic sections:

- Personal. This includes:
 - Social Security Number. Social Security Number is not required but is requested in order to obtain employment outcomes. If a participant does not want to provide their Social Security number, **Attachment B will be completed.**
- Veteran Status. It is important that the client answers these questions accurately so they can benefit from applicable services/priority.
- Wounded Warrior Caregiver
- Migrant Worker
- Employment Status
- Eligibility to Work in the US
- Dislocated Worker
- Work Wanted
- Low Income
- Includable Form of Income (used to determine low-income as defined in VI.A.ii and v).
- Public Assistance Information
- Needs and Barriers
- Work Wanted. *For youth this should be the career goal of the youth at the time of enrollment.*

Staff will review the sections with participants and edit as appropriate during their first appointment with participant.

Releases in Delaware JobLink:

- The Equal Opportunity Notification (found on the Enrollment Details screen under “EEO Printable Version” shall be reviewed with participant, signed, and placed in file.
- Delaware JobLink Authorization for the Release of Information (found on the Universal Screen under “Printable Client Releases”).
- The Provider may have additional releases unique to their program not found in DJL.

B. Citizenship or Eligible to Work

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A participant must be authorized to work in the United States to receive services. Participation in programs and activities or receiving funds shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States.

C. Date of Birth (Age)

In School Youth	Out of School Youth
14-21 at the time of enrollment	16-24 at the time of enrollment

D. Residency

Preference shall be given to Delaware residents. Exceptions to this are when:

- Participant lives in a town split by state boundaries (e.g. Delmar); or
- Participant lives in a bordering state*; or
- Participant lives in another state and is collecting/exhausted Delaware Unemployment Insurance.

*In-school youth shall be enrolled in a Delaware school.

E. Selective Service Registrant

Men born after December 31, 1959 must register with Selective Service within 30 days of their 18th birthday or at least before they reach the age of 26. This includes males who are:

- Citizens of the U.S.;
- Non-citizens, including illegal aliens, legal permanent residents, seasonal agricultural workers, and refugees, who take up residency in the U.S. before their 26th birthday; and/or
- Dual nationals of the U.S. and another country regardless of whether they live in the U.S.

For U.S. citizens, Selective Service registration is not required if the man falls within one of the following categories:

- Men who are serving in the military on full-time active duty;
- Men attending the service academies;
- Disabled men who are continually confined to a residence, hospital or institution; and/or
- Men who are hospitalized, institutionalized, or incarcerated are not required to register during their confinement; however, they must register within 30 days after being released if they have not yet reached their 26th birthday.

For non-U.S. citizens, Selective Service registration is not required if the man falls within one of the following categories:

- Non-U.S. male who came into this country for the first time after his 26th birthday.
- Non-U.S. male who entered the U.S. illegally after his 26th birthday.
- Non-U.S. male on a valid non-immigrant visa.

See Attachment C for a desk aid of who should register.

Any male who is between the ages of 18 and 26 and has not registered would be required to register prior to WIOA enrollment.

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Any youth who turns 18 while enrolled in a program, shall be registered for Selective Services.

VI. In School Youth

In School Youth is defined as an individual who:

1. Meets the General Eligibility (section V)
2. Attends any school, including an alternative school, when that education leads to a State of Delaware High School Diploma;
3. Meets the definition of a low-income individual (section A below and WIOA enrollments only); and
4. Meets the definition of at least one (1) of the barriers (section B below).

A. Low Income (WIOA Enrollments Only)

One of the following criteria must be documented in order to be considered Low Income:

- i. Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through SNAP, TANF, SSI, Refugee Cash Assistance, or state funded General Assistance;
- ii. Is in a family with total family income that does not exceed the established income limits in relation to family size. This income chart takes the most recent poverty line or 70% of the lower living standard income level whichever is greater to establish income limits per family size. This chart can be found as Attachment D.
- iii. Is a homeless individual (as defined in the section 41403(6) of the Violence Against Women Act of 1994, or a homeless child or youth (as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act*);
- iv. A foster child (as defined in the Definitions)*;
- v. Is an individual with a disability whose own income meets the income requirements in ii, but who is a member of a family whose income does not meet this requirement*;
- vi. If the youth's address is considered to be a high poverty area as found on www.factfinder.census.gov. Visit this website for additional information on determining if a youth is living in a high poverty area.

**** Youth who meet these criteria for low income, are automatically eligible since these criteria are also a Barrier.***

B. Barrier

Meets the definition of at least one (1) of the following barriers:

- i. Basic Skills Deficient;
- ii. An English Language Learner;
- iii. An offender;
- iv. A homeless individual;
- v. A foster child;
- vi. Pregnant or parenting;
- vii. An individual with a disability; or
- viii. Needs Additional Assistance-Limited to 5% of total enrollment - see Attachment I for definition.

VII. Out of School Youth

Out of School Youth is defined as an individual who:

1. Meets the General Eligibility;
2. Not attending any school leading to a secondary school diploma; and
3. Meets the definition of at least one (1) of the following barriers:
 - i. A school dropout;
 - ii. Within the age of compulsory school attendance but has not attended school for at least the most recent complete school year calendar quarter. A school year calendar quarter is defined as 45 days;
 - iii. Recipient of a secondary school diploma or its recognized equivalent who is a low-income individual (see Low Income under In School Youth) and is basic skills deficient or an English language learner;
 - iv. An offender;
 - v. A homeless or runaway youth;
 - vi. A foster child;
 - vii. Pregnant or parenting;
 - viii. An individual with a disability; or
 - ix. Needs Additional Assistance – *Limited to youth who are also documented as low income* (see Low Income under In School Youth) - see Attachment I for definition.

7. Attachment List

- A. List of Acceptable Documentation
- B. Client Acknowledgement for no SSN
- C. Selective Service Desk Aid
- D. Income and Family Size Chart and Guidance
- E. Citizenship or Eligible to Work Form
- F. Self –Certification Form
- G. Statement of Family Size
- H. Needs Additional Assistance Barrier Guidance and Definition

List of Acceptable Documentation

The following is a list acceptable documents for each required eligibility factor. All documents must be current. This list is extensive but not all inclusive. Before using a document or method to verify eligibility that is not included in this policy, approval must be obtained from your Contract Specialist.

The use of electronic signatures on eligibility documentation is permissible.

<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
General Eligibility	Citizenship or Eligible to Work	Documents listed in accordance with the I-9 found at https://www.uscis.gov/i-9 must be verified. Attachment E shall be completed as documentation that items were verified.
General Eligibility	Age/Date of Birth	<ul style="list-style-type: none"> • Driver's License • State or Federal ID • Birth Certificate • Baptismal record (if date of birth shown) • DD-214 or Report of Transfer or Discharge Paper • Passport • Hospital Record of birth • Public Assistance/Social Service Records • School Records/Identification Card • Work Permit
General Eligibility	Residency	<ul style="list-style-type: none"> • Driver's License or State ID • Utility Bill • Lease or Landlord Statement • Rent Receipt • Voter Registration Card • Public Assistance/Social Service Records • Document from a School / School District
General Eligibility	Selective Service Registrant Documentation should support registration or that Participant was not required to register	<ul style="list-style-type: none"> • Internet Verification https://www.sss.gov/ • Selective Service Acknowledgement Letter • Selective Service Registration Card • Selective Service Verification Form (Form 3A) • DD-214, "Report of Separation" • Stamped Post Office Receipt of Registration • Selective Service Telephone Verification (847) 688-6888 • Date of entry stamped on passport • I-94 with date of entry stamp • Letter from U.S. Citizenship and Immigration Services (USCIS) indicating the date the man entered the U.S. • Proof he was not living in the U.S. from 18-25 (for those who entered illegally after 26th birthday).

<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
Low Income	Public Assistance	<ul style="list-style-type: none"> • Copy of authorization for assistance from Social Services/Social Security (SSI) • Copy of Public Assistance Check • SNAP Benefit Card • Medical Card or Public Assistance Card showing cash grant status • Public Assistance Records/Printout • Refugee Assistance Records • Email from DSS representative • Department of Education or LEA certification of Low Income Status • Other
Low Income	Family Income (must also document family size-see next block)	<p>Family income and family size must be documented if the customer meets the definition of Low Income outlined in section the In School Youth, Low Income, ii or v. No other criteria in Low-income (e.g. SNAP recipient) requires the family income or size to be documented. When documenting income, all income sections in Delaware JobLink shall be completed.</p> <ul style="list-style-type: none"> • Paystubs • Statement of Family Size/Family Income (Attachment G) • Bank statements • Alimony agreement • Award letter from Veterans Administration • Compensation award letter • Court award letter • Employer statement/contact • Farm or business financial records • Housing authority verification • Pension statement • Public assistance records • Quarterly estimated tax for self-employed persons (Schedule C) • Social Security Benefits • UI Documents and/or Printouts • Department of Education or LEA certification of Low Income Status • Other
Low Income	Family Size	<ul style="list-style-type: none"> • Statement of Family Size/Family Income (Attachment G) • Disabled (family of one) • Foster Child (family of one) • Department of Education or LEA certification of Low Income Status • Most Recent Tax Return supported by IRS Documents (e.g., Form Letter 1711)

<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
Low Income and Barrier	Homeless	<ul style="list-style-type: none"> • Written statement from an individual providing temporary residence • Written statement from shelter • Written statement from Social Service Agency • Self-Certification Form • Other
Low Income and Barrier	Foster Care	<ul style="list-style-type: none"> • Written confirmation from the Department of Services for Children, Youth and their Families http://kids.delaware.gov/fs/fostercare.shtml • Court Documentation • Verification of Payment made on Behalf of the Child • Other (need Contract Specialist prior approval)
Low Income and Barrier	Individual with a Disability Must also document individual's income.	<ul style="list-style-type: none"> • Letter/Document from Division of Vocational Rehabilitation • Letter/Document from Division for the Visually Impaired • Letter/Document from Veteran Administration • Letter/Document from Drug or Alcohol Rehabilitation Agency • Medical Records • Observable Condition in conjunction with (Self-Certification Form Needed) • Letter from Child Study Team stating Specific Disability • Physician's Statement • Psychiatrist's Diagnosis • Psychologist's Diagnosis • Rehabilitation Evaluation • Sheltered Workshop Certification • Social Service Records/Referral • Social Security Administration Disability Records • Signed Documentation from School Official • Workers Compensation Record • Other (Need Contract Specialist's prior approval)
Barrier	Basic Skills Deficient	<ul style="list-style-type: none"> • Assessments provided by the local education agency (e.g. Smarter Balance, PSAT, and SAT) • Assessment approved by the National Reporting System • Other Approved Assessment • School or Department of Education Records/Letter • Other (need Contract Specialist's approval prior)

<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
Barrier	Pregnant or Parenting	<ul style="list-style-type: none"> • Birth Certificate • Hospital Record of Birth • Physician's Note • Referrals from Official Agencies • School Program for Pregnant Teens • School Records • Statement from Social Service Agency • Other (need Contract Specialist's approval prior)
Barrier	School Dropout or age of compulsory school attendance (16), but has not attended school	<ul style="list-style-type: none"> • Attendance Record • Documentation from school, district, or Department of Education (email accepted) • Referral received from school, district, or Department of Education (email accepted) • Other (need Contract Specialist's prior approval)
Barrier	Offender	<ul style="list-style-type: none"> • Court Documents • Halfway House Resident • Letter from Probation Officer • Police Records • Other (need Contract Specialist's prior approval)
Barrier	Homeless, Runaway Youth	<ul style="list-style-type: none"> • Written Statement from an Individual providing Temporary Residence • Written Statement from Shelter • Written Statement from Social Service Agency • Self-Certification Form (with contract manager approval) • Other (need contract manager's approval prior)
Barrier	Foster Care	See Low Income, Foster Care
Barrier	Disability	See Low Income, Individual with Disability
Barrier	Secondary School diploma or its recognized equivalent who is a low-income individual and is basic skills deficient	See Low Income and Basic Skills Deficient
Barrier-Needs Additional Assistance	<ul style="list-style-type: none"> i. Excessive school absences and/or chronic tardiness; ii. Recipient of School/Department of Education issued disciplinary actions or violations; and iii. Failing grades in Math, English Language Arts, Science, or Social Studies in the current period, most recent completed school quarter, marking period, or appropriate reporting period 	<ul style="list-style-type: none"> • Documentation from school, district, or Department of Education (email accepted); • Other (need Contract Specialist's prior approval)

<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
Barrier-Needs Additional Assistance	Demonstrated behaviors that indicate mental health/safety concerns that include treatment for gunshot wound, stabbing, blunt weapon injury, physical fight, suicidal ideation/attempt, self-inflicted injury, or clinical encounter that involves police.	<ul style="list-style-type: none"> Statement (email or letter) or records from relevant entity (e.g. local police department, hospital, etc.) Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Individual who is a current or recovering drug and/or alcohol addict and is either participating in or recently participated in a rehabilitation/recovery program	<ul style="list-style-type: none"> Statement (email or letter) or records from rehabilitation/recovery program Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Enrolled or previously enrolled in an alternative school or detention center	<ul style="list-style-type: none"> Statement (email or letter) or records from relevant entity Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Demonstrating Behaviors of Multiple Acute, Chronic or Trauma-Centered Stressors	<ul style="list-style-type: none"> Completed appropriate assessment Contractor Staff written statement including observation and rationale for identifying this criterion. Shall require dual signatures of contractor staff to include staff and one level up (supervision). Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Individual who has been part of or a member of a family with a child welfare investigation history;	<ul style="list-style-type: none"> Written confirmation from the Department of Services for Children, Youth and their Families http://kids.delaware.gov/fs/fostercare.shtml Court Documentation Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Resides in a Promise Community	<ul style="list-style-type: none"> See residency requirements under General Eligibility and notate on documentation the zip code that is included in the definition of Promise Communities; Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Individual whose parent/guardian is anyone of the following: <ol style="list-style-type: none"> currently or was previously incarcerated; current or recovering drug and/or alcohol addict; or has recently been treated for mental health issues 	<ul style="list-style-type: none"> Statement (email or letter) or records from relevant entity (e.g. local police department, correctional facility, treatment center, etc.) Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Poor work history, or no work history, or who has been fired from a job within the last six months prior to enrollment	<ul style="list-style-type: none"> Contractor Staff written statement including rationale for identifying this criterion and up to date resume or work experience outline. Shall require dual signatures of contractor staff to include staff and one level up (supervision). Other (need Contract Specialist's approval prior)
Barrier-Needs Additional Assistance	Youth meets the definition of Low-Income found in the In School Youth Section of this policy	See Low Income sections of this chart

I, _____ have opted to not provide my social security number. The program in which I am applying for uses social security numbers to report employment outcomes to the United States Department of Labor and the Delaware Workforce Development Board. I understand that my employment will not be reported in this manner and therefore I will provide the program staff with my employment information, including copies of paystubs when I obtain employment and as they are requested, for no less than one year after I am no longer in the program. This is required in order for my employment outcomes and success to be reported and ensures that free youth programs continue to be available.

Participant Signature

Date

Parent/Guardian Signature (if youth under 18)

Date

SELECTIVE SERVICE-WHO MUST REGISTER FOR?

Note: With only a few exceptions, the registration requirement applies to all male U.S. citizens and male immigrants residing in the United States who are 18 through 25 years of age.

Category	Yes	No
All male U.S. citizens born after December 31, 1959, who are 18 but not yet 26 years old, except as noted below:	X	
Military Related		
Members of the Armed Forces on active duty (active duty for training does not constitute "active duty" for registration purposes)		X*
Cadets and Midshipmen at Service Academies or Coast Guard Academy		X*
Cadets at the Merchant Marine Academy	X	
Students in Officer Procurement Programs at the Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&M University, Virginia Polytechnic Institute and State University		X*
National Guardsmen or Reservists not on active duty/Civil Air Patrol members	X	
Delayed Entry Program enlistees	X	
ROTC Students	X	
Separatees from Active Military Service, separated for any reason before age 26	X*	
Men rejected for enlistment for any reason before age 26	X	
Immigrants**		
Lawful non-immigrants on current non-immigrant visas. A complete list of acceptable documentation for exemption may be found at https://www.sss.gov/portals/0/pdfs/documentationlist.pdf		X
Permanent resident immigrants (USCIS Form I-551)	X	
Seasonal agricultural workers (H-2A Visa)		X
Refugee, parolee, and asylee immigrants	X	
Undocumented immigrants	X	
Dual national U.S. citizens	X	
Confined		
Incarcerated, hospitalized, or institutionalized for medical reasons		X*
Handicapped physically or mentally		
Able to function in public with or without assistance	X	
Continually confined to a residence, hospital, or institution		X
Transgender People		
U.S. citizens or immigrants who are born male and have changed their gender to female	X	
Individuals who are born female and have changed their gender to male		X

*Must register within 30 days of release unless already age 26

NOTE: To be fully exempt you must have been on active duty or confined continuously from age 18 to 25

**Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when they are habitual residents in the United States or reside in the U.S. for at least one year. Habitual residence is presumed and registration is required whenever a national or a citizen of the Republic of the Marshall Islands or the Federated States of Micronesia, or Palau resides in the U.S. for more than one year in any status, except when the individual resides as an employee of the government of his homeland or as a student who entered the U.S. for purpose of full-time studies, as long as such person maintain that status.

Income and Family Size Chart and Guidance

The below chart should be used to determine if a youth is low income due to the total family income not exceeding the established income limits in relation to family size. The maximum income per family size is calculated as the greater of the LLSIL and HHS Poverty Levels issued annually. For the LLSIL the South Metro region is used in this calculation. This chart is subject to change as updates are received at least annually

Family Size	Maximum Income
1	\$12,760
2	\$17,240
3	\$22,060
4	\$27,234
5	\$32,143
6	\$37,593
Add for each additional family member	\$5,450

Guidance:

This shall only be used when documenting low income when the participant meets the definition of low income as defined in either VI.A.ii or v. When contractors enter a participant's income in Delaware Job Link in the Demographic section, the includable income is totaled and used to determine if the participant meets the low-income. Contractors will enter the past 6 months' income in whole dollars in the Client fields. In the Family fields, if applicable, enter the family's past 6 months' income in whole dollars in a single amount. The amounts in the Includable Forms of Income section will be multiplied by two to obtain the annual income for the family which should be used to compare to the chart above. The Excludable Forms of Income section is for information only. All includable income and family size should be documented in accordance with Attachment A.

Citizenship/Eligible to Work Form

The following is a list of acceptable documents. All documents must be unexpired and originals (no copies). In order to document a participant’s United States citizenship or eligibility to work in the United States, staff must verify one of the documents listed in List A or a combination of one document listed in List B with one document in List C. This form is required to be completed and uploaded in Delaware JobLink to document citizenship and/or eligibility to work.

Please circle the document(s) verified.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		9. Driver's license issued by a Canadian government authority		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Staff Complete: I have reviewed the official documents circled in the lists above to verify participant is a citizen or eligible to work.

Staff Signature: _____

Participant Complete: I have supplied these documents circled in the lists above to the Program in order to verify that I am a United States citizen or eligible to work in the United States.

Printed Name: _____

Student Signature _____

IDENTIFYING INFORMATION

Applicant's Name: _____

Item being Documented: _____

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE FOLLOWING INFORMATION IS TRUE:

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANT'S SIGNATURE and DATE

APPLICANT'S PHONE NUMBER

SIGNATURE OF PARENT OR GUARDIAN (as needed)

CERTIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

Staff Signature/Date:

Supervisor or Reviewer Signature/Date:

Attached email approval from DET Contract Specialist

STATEMENT OF FAMILY SIZE

IDENTIFYING INFORMATION			
Applicant's Name	_____	_____	_____
	Last	First	MI
Address	_____		

PID:	_____	Application Date:	_____

To be completed by applicant with staff assistance

For use in completing this form, the definitions of FAMILY and FAMILY INCOME can be found on the previous pages. Please provide information regarding the applicant's FAMILY as requested below.

FAMILY MEMBER'S NAME	RELATIONSHIP TO APPLICANT
Student	Self
Total Number in Family:	

If applicable, please complete the following information for FAMILY MEMBERS not currently residing in the applicant's residence (see instructions).

NAME	LOCATION	REASON

I attest to the best of my knowledge that the information above is true and correct.

Signature of Applicant _____
Date

CORROBORATING WITNESS (cannot be family member listed above) – I attest to the best of my knowledge that the information is true and correct.

Name _____ Signature _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Relationship to Applicant _____

Additional Assistance Barrier Guidance and Definition

Purpose: TEGL 21-16 provides the following regarding the additional assistance barrier: “A state may establish definitions and eligibility documentation requirements for criteria for "an individual who requires additional assistance to enter or complete an educational program or to secure or hold employment." If the state does not establish these definitions and eligibility documentation, the local area must do so if it uses this criterion. These policies established at the state or local level should be reasonable, quantifiable, and based on evidence that the specific characteristic of the youth identified in the policy objectively requires additional assistance.”

In addition, the state defined definition for this barrier must be provided and approved in the WIOA state plan. This definition may change as may be edited with each WIOA state plan approval process.

Acceptable documentation items are provided in Attachment A.

In School Youth

Limitation: this barrier may be used for up to 5% of the total enrollment defined in the Agreement. Contractors shall manage this limitation during their enrollment process, and it will be monitored by the assigned Contract Specialist.

Definition: An individual who requires additional assistance to enter or complete an educational program or to secure or hold employment is a youth who has any of the following:

- i. Excessive school absences and/or chronic tardiness;
- ii. Recipient of School/Department of Education issued disciplinary actions or violations;
- iii. Failing grades in Math, English Language Arts, Science, or Social Studies in the current period, most recent completed school quarter, marking period, or appropriate reporting period;
- iv. Demonstrated behaviors that indicate mental health/safety concerns that include treatment for gunshot wound, stabbing, blunt weapon injury, physical fight, suicidal ideation/attempt, self-inflicted injury, or clinical encounter that involves police;
- v. Individual who is a current or recovering drug and/or alcohol addict and is either be participating in or recently participated in a rehabilitation/recovery program;
- vi. Enrolled or previously enrolled in an alternative school or detention center;
- vii. Demonstrating Behaviors of Multiple Acute, Chronic or Trauma-Centered Stressors;
- viii. Individual who has been part of or a member of a family with a child welfare investigation history;
- ix. Resides in a Promise Community; or
- x. Individual whose parent/guardian is anyone of the following:
 1. currently or was previously incarcerated;
 2. current or recovering drug and/or alcohol addict; or
 3. has recently been treated for mental health issues.

Out of School Youth

Limitation: this barrier can only be used for those youth who are also documented as low income. Contractors shall manage this limitation during their enrollment process, and it will be monitored by the assigned Contract Specialist.

Definition: An individual who requires additional assistance to enter or complete an educational program or to secure or hold employment a youth who has any of the following:

- i. Resides in a Promise Community;
- ii. Poor work history, or no work history, or who has been fired from a job within the last six months prior to enrollment;
- iii. Individual who has been part of or a member of a family with a child welfare investigation history;
- iv. Demonstrated behaviors that indicate mental health/safety concerns that include treatment for gunshot wound, stabbing, blunt weapon injury, physical fight, suicidal ideation/attempt, self-inflicted injury, or clinical encounter that involves police;
- v. Individual who is a current or recovering drug and/or alcohol addict and is either be participating in or recently participated in a rehabilitation/recovery program;
- vi. Previously enrolled in an alternative school or detention center;
- vii. Demonstrating Behaviors of Multiple Acute, Chronic or Trauma-Centered Stressors;
- viii. Meets the definition of Low-income; or
- ix. Individual whose parent/guardian is anyone of the following:
 1. currently or was previously incarcerated;
 2. current or recovering drug and/or alcohol addict; or
 3. has recently been treated for mental health issues.