

SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
24-18	July 1, 2024	CMD, GMD	1 of 15
SUBJECT: WIOA TITLE I YOUTH ELIGIBILITY DETERMINATION			

I. PURPOSE

The purpose of this directive is to establish a procedure for determining eligibility for Youth services funded through the Workforce Innovation and Opportunity Act (WIOA) program administered by the Employment and Economic Development Department (EEDD).

II. GENERAL INFORMATION

WIOA was signed into law on July 22, 2014. The law superseded the Workforce Investment Act of 1998 and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973.

WIOA promotes a unified approach to serving youth, blending federal, state, and local resources to support both in-school (ISY) and out-of-school youth (OSY). It aims to streamline access to educational advancements, career exploration, and skills training aligned with market demands, culminating in meaningful employment or further education. This comprehensive framework is designed to foster sustainable career pathways and empower youth to successfully engage in today's competitive job market.

This directive supersedes PPD D-23 WIOA Title I Youth Eligibility Determination (Rev 2), dated July 1, 2023.

References

- [Workforce Innovation and Opportunity Act \(Public Law 113-128\) Sections 3 and 129](#)
- [WIOA Final Rule Section 681](#)
- [WSD17-07 WIOA Youth Program Requirements](#)
- [WSD16-18 Selective Service Registration](#)

YOUTH RELATED DEFINITIONS

ATTENDING SCHOOL – An individual who is **enrolled** in secondary or postsecondary school. If a youth is between high school graduation and postsecondary education, the youth is considered an ISY if they are registered for postsecondary education, even if they have not yet begun postsecondary classes. However, if a youth registers for postsecondary education, but does not follow through with attending classes, the youth is considered OSY if the eligibility determination is made after the youth decided not to attend postsecondary education. Youth on summer break are considered ISY if they are enrolled to continue school in the fall.

NOT ATTENDING SCHOOL – An individual who is not attending a secondary or postsecondary school. In addition, individuals enrolled in the following programs would be considered an OSY for eligibility purposes:

- WIOA Title II Adult Education, YouthBuild, Job Corps, high school equivalency program, or dropout re-engagement programs.
 - Youth attending high school equivalency programs funded by the public K-12 school system who are classified by the school system as still enrolled in school are the exception; they are considered ISY.
- Non-credit bearing postsecondary classes only.
- A charter school program that provides instruction exclusively in partnership with WIOA, federally funded YouthBuild programs, federal Job Corps training, instruction, California Conservation Corps or a state certified local conservation corp.

SECONDARY SCHOOL – A nonprofit institutional day or resident school, including a public secondary charter school, that provides secondary education, as determined under state law, except that the term does not include any education beyond grade 12.

POSTSECONDARY SCHOOL – Postsecondary education means a formal institutional educational program whose instruction is designed primarily for students who have completed or terminated their secondary education or are beyond the compulsory age of secondary education, including programs whose purpose is academic, vocational, or continuing professional education.

SCHOOL DROPOUT – An individual who is no longer attending any school and who has not received a secondary school diploma or its recognized equivalent. This term does not include individuals who dropped out of postsecondary school.

COMPULSORY SCHOOL AGE - Compulsory school attendance in California is between the ages 6 and 18. On a youth's 18th birthday, the youth is no longer subject to compulsory attendance, but they may continue to attend school until

high school graduation. A youth who chooses not to attend school after their 18th birthday may be reported as a dropout.

Dropout	Within compulsory school age
<ul style="list-style-type: none"> Age 16-24 years old 	<ul style="list-style-type: none"> Age 16-17 years old
<ul style="list-style-type: none"> Not attending school 	<ul style="list-style-type: none"> Not attending school
<ul style="list-style-type: none"> Has not received a secondary diploma or GED 	<ul style="list-style-type: none"> Has not received a secondary diploma or GED
<p>No specific wait time:</p> <ul style="list-style-type: none"> The school district identifies a youth who is under 18 years of age as a dropout. The youth is 18-24 years old and self-attests to dropout status. This includes 18-year-olds who attend school on the day previous to dropping out. 	<p>Must not have attended school for a school/calendar quarter.</p>

BASIC SKILLS DEFICIENT – Meets the following definition with respect to an individual:

- A youth who has English, reading, writing, or computing skills at or below the 8th grade level of a generally accepted standardized test.

In assessing basic skills, local programs must use assessment instruments that are valid and appropriate for the target population, and must provide reasonable accommodation in the assessment process, if necessary, for individuals with disabilities.

- A youth or adult who is unable to compute or solve problems, or read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society.

Criteria used to determine whether an individual is basic skills deficient includes the following:

- Lacks a high school diploma or high school equivalency and is not enrolled in secondary education.
- Enrolled in a Title II Adult Education/Literacy program.
- English, reading, writing, or computing skills at an 8.9 or below grade level.

- Determined to be Limited English Skills proficient through staff-documented observations.

OUT-OF-HOME PLACEMENT – Encompasses the placements and services provided to youths and families when a youth must be removed from their homes because of safety concerns, as a result of serious parent-youth conflict, or to treat serious physical or behavioral health conditions which cannot be addressed within the family. Youths in out-of-home care may live in several possible settings. These include kinship or relatives' homes, family foster homes, treatment foster homes, or group or residential care.

PREGNANT OR PARENTING YOUTH – An individual who is pregnant or a custodial or non-custodial parent including non-custodial fathers.

JUSTICE INVOLVED – Any adult or juvenile who meets the following criteria:

- Is or has been subject to any stage of the criminal justice process, for whom services under the WIOA may be beneficial.
- Requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.

FOSTER CHILD – A youth participant who is currently in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under the John H. Chafee Foster Care Independence Program, or in an out-of-home placement.

HOMELESS – Any adult or youth meeting the conditions as defined in the *Violence Against Women Act of 1994* or the McKinney-Vento Homeless Assistance Act. Conditions include the following:

- An individual who lacks a fixed, regular, and adequate night-time residence to include any of the following:
 - a. Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason.
 - b. Living in a motel, hotel, trailer park, or campground due to lack of alternative adequate accommodations.
 - c. Living in an emergency or transitional shelter.
 - d. Abandoned in a hospital.
 - e. Awaiting foster care placement.

- An individual who has primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation (e.g., cars, parks, public spaces, abandoned buildings, substandard housing, bus train station, or similar settings).
- A child who is a migratory agricultural worker or fisher or living with a parent who is a migratory agricultural worker or fisher and is living in circumstances described above.

INDIVIDUAL WITH A DISABILITY – The term disability means one of the following, with respect to an individual:

- A physical or mental impairment that substantially limits one or more of the major life activities:
 - a. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
 - b. Major life activities also include the operations of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- A record of such an impairment; or
- Being regarded as having such impairment.
 - a. The individual establishes that they have been subjected to an action prohibited under the Americans with Disabilities Act (ADA) because of an actual or perceived physical or mental impairment, whether or not the impairment limits or is perceived to limit a major life activity.
 - b. "Being regarded as having such an impairment" shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

OTHER RESPONSIBLE ADULT – For purposes of authorizing a minor to participate in WIOA programs, the signature of a parent, guardian, or other responsible adult is required. This provision allows the Local Areas to enroll minors with the authorization of individuals other than a parent or legal guardian.

The definition of "other responsible adult" includes the following:

- A relative with whom the individual resides.
- An adult who has been delegated custodial or administrative responsibilities in writing, either temporarily or permanently, by parents or by an appropriate agency.
- An agency or organization representative who is able to know the individual's circumstances (i.e., that they could not get a parent's or guardian's signature authorizing participation), for example, a clergy person, a teacher or other school official, a probation or other officer of the court, a foster parent.
- A representative of an agency which provided support services to the individual and who is aware of the individual's circumstances (i.e., that they cannot get a parent's or guardian's signature authorizing participation) for example, a social worker, a homeless shelter official, a child protective worker, a health clinic official.
- Other responsible adult determined by the Local Area as appropriate to authorize the individual's participation.

PUBLIC ASSISTANCE – Federal, state, or local government cash payments for which eligibility is determined by a needs or income test. The statutory definition of public assistance contains a two-part test:

- The program must provide cash payments.
- Eligibility for the program must be determined by a needs or income test.

FEDERAL POVERTY LINE – The income level at which families are considered to live in poverty, as annually determined by the US Department of Health and Human Services. The poverty level is published annually in the [Federal Register](#).

LOWER LIVING STANDARD INCOME LEVEL (LLSIL)– The income level determined annually by the US Department of Labor based upon the most recent lower living family budget. The LLSIL is published annually in the [Federal Register](#).

LOW-INCOME INDIVIDUAL - An individual, who meets the following criteria:

- Receives, or in the past six months has received, or is a member of a family that receives or in the past six months has received:
 - a. Supplemental nutrition assistance program (SNAP).
 - b. Temporary assistance for needy families (TANF).
 - c. Supplemental security income (SSI).

- d. Local income-based public assistance.
 - Is in a family with total family income that does not exceed the higher of the following:
 - a. The federal poverty line.
 - b. Seventy percent of the LLSIL.
 - Qualifies as a homeless individual.
 - Receives or is eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act.
 - Is a foster child on behalf of whom state or local government payments are made.
 - Is an individual with a disability whose own income meets the requirements of a program described in (2), but who is a member of a family whose income does not meet such requirements.

Low-Income Exceptions for Youth:

In addition to the above criteria, an ISY or OSY automatically qualifies as low-income if the youth lives in a high-poverty area. A high-poverty area is one of the following that has a poverty rate of at least 25 percent as set every 5 years using American Community Survey (ACS) 5-Year data:

- A County
- A Census tract
- A set of contiguous Census tracts
- An American Indian Reservation
- Other tribal land as defined by USDOL in guidance

Local Areas may access ACS 5-Year data on the US Census Fact Finder website to determine the poverty rate.

Determining Family Size:

FAMILY - Family is defined as two or more individuals related by blood, marriage (including same-sex marriages), or decree of court, who are living in a single residence and are included in one or more of the following categories:

- A married couple and dependent children.
- A parent or guardian and dependent children.
- A married couple.

When a youth is residing with family members (as defined above), the income of all family members must be considered when determining low-income status. Youth between the ages of 18-24 who reside with their parents may be considered individuals (i.e., only the youth's income would be considered for income verification purposes) unless they are still considered a dependent. For the purpose of calculating income, if a family member is residing at a separate residence than the youth, that individual is not considered a member of the family. When a youth's eligibility is income-based, all sources of the individual's personal income must be verified and included.

OUT-OF-FAMILY YOUTH – Court adjudicated youth separated from the family (including incarcerated youth), homeless, runaway, and emancipated youth. For purposes of determining income eligibility, out-of-family youth are considered a “family of one.”

DEPENDENT CHILDREN – Children who can be claimed as a dependent on their parent's income tax return. To meet the Internal Revenue Service (IRS) qualifications a child must meet relationship, age, residency, support, and joint return criteria:

- Relationship – A child must be as follows:
 - a. A son, daughter, stepchild, foster child, or a descendant (including adopted and foster child).
- Age – A child must meet one of the following conditions:
 - a. Under age 19 at the end of the calendar year.
 - b. A student under age 24 at the end of the calendar year.
 - c. Permanently and totally disabled at any time of the year regardless of age.
- Residency – A child must have lived with the WIOA participant for more than half the year (Exception to the time requirement include temporary absences, children who were born or died during the year, kidnapped children and children of divorced or separated parents).
 - a. Temporary absences include illness, education, business, vacation, military service, and detention in a juvenile facility.
- Support – A child pays less than half of their own support for the year.
- Joint return – A child cannot file a joint tax return for the year unless the joint return is only to claim a refund of income tax withheld or estimated tax paid:

- a. Example of joint return exception: A WIOA participant's 18-year-old son and his 17-year-old wife had \$800 of wages from part-time jobs and no other income. They lived with the WIOA participant all year. Neither is required to file a tax return, but taxes were taken out of their pay, so they filed a joint return only to get a refund of the withheld taxes.

III. POLICY

It is the policy of the EEDD that all WIOA youth services be provided to individuals who are registered with the CalJOBS system and have been determined as eligible for WIOA funded activities. Eligibility determination will be conducted according to the guidelines specified in this directive, which include completing the CalJOBS WIOA Application, gathering and verifying eligibility documentation, and performing a suitability review to ensure comprehensive eligibility for the program.

When a youth seeks WIOA-funded services, eligibility determination is required.

General Eligibility Criteria

Under WIOA Section 129(a)(1), eligibility for the youth program is contingent upon meeting the following federal legal requirements:

1. Verification of identity.
2. Authorization to work in the U.S.
3. Compliance with Selective Service registration requirements if applicable. Refer to [PPD 24-05 Selective Service](#)

To qualify for the WIOA youth program, applicants must be categorized as either out-of-school youth (OSY) or in-school youth (ISY) and meet all the above criteria.

Out-of-School Youth (OSY) Eligibility:

To receive services as an OSY, an individual must meet the following eligibility criteria:

1. Not attending any secondary or post-secondary school (not including Title II Adult Education, Job Corps, Youth Build, high school equivalency programs, non-credit bearing postsecondary classes, or charter schools with federal and state workforce partnerships).
2. Age 16-24 years old
3. One or more of the following barriers:

- a. A school dropout.
- b. A youth who is within the age of compulsory school attendance but has not attended school for at least the most recent complete school year calendar quarter. (Note that, “school year quarter” is defined by the local school district calendar).
- c. A recipient of a secondary school diploma or its recognized equivalent who is a low-income youth (as defined below under Low Income Guidelines) and is either basic skills deficient or an English language learner.
- d. Justice involved youth.
- e. A homeless youth, a runaway, or in an out-of-home placement (Including couch-surfing)
- f. A youth who is in foster care or has aged out of the foster care system. A youth that has attained 16 years of age and left foster care for kinship, guardianship, or adoption. A youth eligible for assistance under section 77 of the Social Security Act (42 USC 677).
- g. Pregnant or parenting (including custodial and non-custodial parents).
- h. A youth with a disability.
- i. A low-income youth who requires additional assistance to enter or complete an educational program or to secure or hold employment.

In-School Youth (ISY) Eligibility:

To receive services as an ISY, an individual must meet the following eligibility criteria:

- 1. Attending school, including secondary and post-secondary schools.
- 2. Age 14-21 years old (A youth with disabilities who are in an individualized education program at the age of 22 may be enrolled as an ISY).
- 3. Low-income youth
- 4. Meets one or more of the following barriers:
 - a. Basic skills deficient.

- A youth who has English, reading, writing, or computing skills at or below the 8th grade level of a generally accepted standardized test.
 - A youth who is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society.
- b. An English language learner.
 - c. Justice involved youth.
 - d. A homeless youth or a runaway.
 - e. A youth who is in foster care or has aged out of the foster care system, an individual who has attained 16 years of age and left foster care for kinship, guardianship, or adoption, a child eligible for assistance under section 477 of the Social Security Act, or an individual who is in an out-of-home placement.
 - f. Pregnant or parenting (including custodial and non-custodial parents).
 - g. Youth with a disability.
 - h. A low-income youth who requires additional assistance to complete an educational program or secure and hold employment.

Note - No more than five percent of ISY enrolled in a given program year may be found eligible based solely on meeting this category. WIOA Youth programs should only report ISY as having this barrier if it is their only barrier, and therefore the barrier is used for eligibility determination.

The San Joaquin County Workforce Development Board has defined ***“an individual who requires additional assistance to complete an educational program, or to secure and hold employment”*** as:

1. Youth with a disability.
2. Youth that are limited English speaking.
3. Youth that are “at-risk” of dropping out of school as defined by the County Superintendent of Schools.

4. Youth who are residents of high crime, high poverty or targeted employment area (TEA).
5. Youth with a GPA of less than 2.0.
6. Youth who has aged out of foster care.
7. Youth who lack skills in work experience, general job search, employment readiness, or is unable to obtain or retain employment; (Examples for OSY include having never held a job, having been fired from a job within the 12 months prior to application or having never held a full-time job for more than 13 consecutive weeks)
8. Youth with a family history of chronic unemployment, including long-term public assistance.

Five Percent Limitation for ISY Youth Eligibility

In each local area, not more than five percent of the ISY newly enrolled in a given program year (PY) may be eligible based on the “requires additional assistance to complete an educational program or to secure or hold employment” criterion. To ensure as many ISY as possible are served, Local Areas should only report a youth as having this barrier if it is their only barrier.

Note – The five percent limitation for ISY who require additional assistance is not the same as the five percent low-income exception.

Five Percent Low-income Eligibility Exception

The WIOA maintains a five percent low-income eligibility exception under which five percent of Local Area youth who ordinarily would need to be low-income do not need to meet the low-income provision. A program must calculate the five percent based on the percent of newly enrolled youth in the Local Area’s WIOA youth program in a given program year who would ordinarily be required to meet the low-income requirement.

To determine whether a youth must be low-income to qualify for the youth program, the Local Area should first consider whether the participant is an OSY or ISY. The low-income requirement applies only to OSY with certain barriers (see the section on Eligibility for Out-of-School Youth), whereas all ISY must be low income unless the five percent eligibility exception is applied.

The five percent low-income exception may include OSY, ISY, or a combination of both, but must not exceed five percent of all WIOA youth participants served in a given PY.

IV. PROCEDURE

Eligibility Determination

The following procedures will be used to determine eligibility:

1. Youth will meet with intake staff to determine if they are eligible for WIOA-funded services. The intake staff will provide the youth with a list of documents needed to verify eligibility. The Required Verification Document (RVD) will provide staff with a comprehensive list of documents necessary for verifying each eligibility factor. As documents are collected, intake staff will upload them into CalJOBS, ensuring each is correctly labeled with the appropriate document name, tag, category, and marked as 'medical' when necessary. To protect personal identifiable information, all physical copies of documents must be shredded.
2. Documentary evidence is required to verify eligibility factors. However, if obtaining this evidence is not feasible, verifiable, or would cause undue hardship for the youth, an 'Applicant Statement' may be used instead and justification must be documented. Intake staff must refer to the Required Verification Document (RVD) to ensure the accuracy and appropriateness of the documentation. Intake is also responsible for obtaining any documentation related to employment barriers later if not needed for eligibility purposes, ensuring the process does not impose undue hardship. In cases where obtaining additional documentation causes hardship, only the documents strictly necessary for determining eligibility will be required.

The following must be verified for all youth:

- Legally authorized to work in the United States.
- All males in compliance with the requirements for Selective Service. See [PPD 24-05 Selective Service](#)
- Age.
- Whether or not the youth is attending school.

The following must be verified as applicable:

- Low income (including eligible for free or reduced-price lunch). Family Size/Status when needed to help determine income. One source of public assistance, including but not limited to TANF, SSI, General Relief, Food Stamps is needed to verify low-income.

- Any other barrier, including foster child, homeless, disability, runaway, basic skills deficient, school dropout, pregnant or parenting, justice involved, limited English speaking, “at-risk” of dropping out of school, resident of a high crime or high poverty area.

Please note - Eligibility is determined at the time of enrollment. If an individual's situation changes while receiving services, the individual remains eligible until program exit. For example, an Out-of-School (OSY) youth who is 24 years of age (the cut off age for OSY youth) at the time of enrollment and subsequently turns 25 years of age, is still considered an OSY youth until exited from the program.

3. Intake staff will schedule an appointment with the youth to assess eligibility based on the collected documentation. During this session, they will complete the CalJOBS Application. Additionally, intake staff will arrange for the test to be completed to determine if the youth is basic skills deficient.
4. Staff will ensure that all documents are signed by the youth and, for youth under 18, any necessary documents are also signed by the parent or guardian. If a youth does not bring all documents needed to complete the eligibility process, a new appointment will be provided.
5. Upon completing all forms and documenting all eligibility items, intake staff will enter an eligibility case note in CalJOBS and forward the completed eligibility application summary to the designated EEDD review staff for final determination. Eligibility will be reviewed and determined within a minimum of 5 days from the Intake application completion date.
6. An individual becomes a youth participant in the Youth program after receiving an eligibility determination, completing an objective assessment, and completing an individual service strategy (ISS) with a Case Manager.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee will be responsible for updating this directive, as appropriate.

VII. APPROVED

A handwritten signature in cursive script that reads "Patricia Virgen".

PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV:mm

Attachment 1: Required Verification Document (RVD)

TABLE 1: GENERAL ELIGIBILITY REQUIREMENTS

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>SOCIAL SECURITY NUMBER DATA VALIDATION/PERFORMANCE ONLY Applicant Statement cannot be used</p> <hr/> <p><i>An identifying number unique to each individual</i></p> <hr/> <p>Note: A SSN is not required for WIOA eligibility. Right to Work documentation IS required. Some HR processes, as well as some employers, may require a SSN, so consider this when conducting eligibility.</p> <p>For individuals who are unable or refuse to provide a SSN, a pseudo-SSN may be assigned during the WIOA application process.</p> <p>WSD 20-11</p>	<ul style="list-style-type: none"> • Employment records • Form DD-214, Certificate of release or Discharge from Active Military Duty • Letter from a social services agency • Pay stub • Social Security Benefits • Social Security Card • W-2 Form • Telephone verification from cognizant agency • Unable provide a SSN (you must still verify right to work) <ul style="list-style-type: none"> ◦ A pseudo SSN will be provided for data validation in CalJOBS <p>NOTE: It is always preferable to get the actual signed Social Security Card but cannot be mandated. When a receipt is accepted, actual document must be presented within 90 days when used for right-to-work verification.</p>
<p>BIRTH DATE/AGE REQUIRED Applicant Statement cannot be used</p> <hr/> <p><i>A document identifying date of birth to determine age</i></p>	<ul style="list-style-type: none"> • Driver's license • Birth certificate (US or Non-US issued) • School Records or identification card (showing birthdate) • Passport (US or Non-US issued) • Federal, state, or local government issued identification card • Hospital record of birth (US or Non-US issued) • Public assistance/social service records <p>Less common</p> <ul style="list-style-type: none"> • Form DD-214 • Certificate of transfer, release or discharge from Active Military Duty
<p>RIGHT TO WORK REQUIRED Applicant Statement cannot be used</p> <p>You must collect the documents that would meet the requirements for an I-9. However, the I-9 form does not need to be completed.</p> <p>Documents must be current and not expired. One document from List A (Documents that establish identity and employment eligibility) must be collected; OR</p> <p>One document from List B (Documents that establish identity) AND List C (Documents that establish employment eligibility)</p> <p>Some items have been eliminated as they would not be applicable to the Youth population. You may view the complete I-9 at https://www.uscis.gov/sites/default/files/docum</p>	<p>List A Documents – one required</p> <ul style="list-style-type: none"> • U.S. Passport or U.S. Passport Card • Permanent Resident Card or Alien Registration Receipt Card (Form I-551) • Unexpired foreign passport with a temporary I-551 stamp • Unexpired Employment Authorization Document that contains a photograph (Form I-766) • Passport from the Federated States of Micronesia (FSM) or Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association <p>List B Documents – (one required plus one from List C)</p> <ul style="list-style-type: none"> • Driver's license or ID card (issued by federal, state or local government agencies or entities provided it contains photograph, or information such as name, date of birth, gender, height, eye color and address) • School ID with a photograph • U.S. Military card or draft record • Military dependent's ID card • U.S. Coast Guard Merchant Mariner Card • Native American tribal document • Driver's license issued by Canadian government authority <p>AND</p> <p>List C Documents – (one required plus one from List B)</p> <ul style="list-style-type: none"> • U.S. Social Security card issued by the Social Security Administration (other than a card stating not valid for employment, valid for work only with INS Authorization or

ent/forms/i-9-paper-version.pdf	<p>valid for work only with DHS authorization)</p> <ul style="list-style-type: none"> • Certification of report of birth issued by the Department of State • Original or certified copy of birth certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal • Native American tribal document • U.S. Citizen ID Card (Form I-197) • Identification card for Use of Resident Citizen in the United States (Form I-179) • Employment authorization document issued by the Department of Homeland Security
<p>SELECTIVE SERVICE REGISTRATION REQUIRED FOR MALES, AGES 18 AND OVER Applicant Statement cannot be used</p> <hr/> <p><i>Service in the armed forces under conscription</i></p> <hr/> <p>Note: For male applicants who will turn 18 while active in the WIOA program, the subrecipient must provide acceptable documentation within 30 days of the applicant's 18th birthday.</p> <p>State of California (EDD) Directive: WSD16-18</p>	<ul style="list-style-type: none"> • Selective Service acknowledgement letter. • Screen printout of the Selective Service Verification site. For males who already registered, this website can be used to confirm their Selective Service number as well as the date of registration, by entering a last name, social security number, and date of birth. • Selective Service registration card. • Selective Service verification form (Form 3A).

TABLE 2: ESTABLISHING VETERANS PRIORITY

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>A “covered person” under the Jobs for Veterans Act is one of the following: Applicant Statement cannot be used</p> <p>VETERAN</p> <hr/> <p><i>a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Active service includes full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes. Active service does not include full-time active duty performed by National Guard personnel who are mobilized by state rather than federal authorities</i></p> <hr/> <p>SPOUSE OF A VETERAN</p> <hr/> <p><i>the spouse (including the same-sex spouse) of any of the following:</i></p> <p><i>any veteran who died of a service-connected disability;</i></p> <p><i>any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: missing in action, captured in the line of duty by a hostile force, or Forcibly detained or interned in the line of duty by a foreign government or power;</i></p> <p><i>any veteran who has a total disability resulting from a service-connected disability, as evaluated by the U.S. Department of Veterans Affairs (VA);</i></p> <p><i>or</i></p> <p><i>any veteran who died while a disability, as indicated in category c. of this definition, was in existence</i></p> <hr/> <p>Note: A spouse whose eligibility is derived from a living veteran or service member would lose his or her eligibility if the veteran or service member were to lose the status that is the basis for the eligibility, or upon divorce from the veteran or service member.</p>	<p>State of California (EDD) Directive: WSD19-04</p> <p>VETERAN</p> <ul style="list-style-type: none"> • Form DD-214, Certificate of release or Discharge from Active Military Duty • Written communication with Department of Veterans Affairs or other veterans service agency, or • Telephone verification with a government veterans service agency <p>SPOUSE OF A VETERAN:</p> <p>Proof of marriage to veteran through:</p> <ul style="list-style-type: none"> • Military spouse’s ID Card • Marriage Certificate • Proof that the veteran fits one of the categories listed through: <ul style="list-style-type: none"> • Military records • Newspaper article • Obituary notice • Form DD-214, Certificate of release or Discharge from Active Military Duty • Written communication with federal or Department of Veterans Affairs or other veterans service agency, or • Telephone verification with a government veterans service agency • Death Certificate • Medical records

TABLE 3: SCHOOL STATUS ELIGIBILITY REQUIREMENTS

IN-SCHOOL YOUTH

1. Ages 14-21; **For San Joaquin County WorkNet – ages 16-21**
2. Attending school;
3. Low-income; and
4. Meets one or more of the following barriers:
 - a) Individual with a disability;
 - b) Offender;
 - c) A homeless individual who meets the criteria defined in sec. 41403(6) of the Violence Against Women Act of 1994, a homeless child or youth who meets the criteria defined in sec. 725(2) of the McKinney-Vento Homeless Assistance Act, or a runaway youth;
 - d) An individual who is in foster care or has aged out of the foster care system, or who has attained 16 years of age and left foster care for kinship guardianship or adoption, an individual who were formerly in foster care, but returned to their families before turning 18, a child eligible for assistance under section 477 of the Social Security Act, or in an out-of-home placement;
 - e) Pregnant or parenting;
 - f) Basic skills deficient;
 - g) English language learner;
 - h) Individual who requires additional assistance to complete an educational program or to secure and hold employment. **(No more than 5% of ISY youth can be enrolled under this barrier – 1 youth for every 20 ISY)**
This has been defined locally as a youth:
 1. Youth with a disability.
 2. Youth that are limited English speaking.
 3. Youth that are “at-risk” of dropping out of school as defined by the County Superintendent of Schools.
 4. Youth who are residents of high crime, high poverty or targeted employment area (TEA).
 5. Youth with a GPA of less than 2.0.
 6. Youth who has aged out of foster care.
 7. Youth who for lack of meaningful work experience and/or general job search, basic entry level or employment readiness skills is unable to obtain or retain employment; (Examples for OSY include having never held a job, having been fired from a job within the 12 months prior to application or having never held a full-time job for more than 13 consecutive weeks)
 8. Youth with a family history of chronic unemployment, including long-term public assistance.

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>ATTENDING SCHOOL</p> <ol style="list-style-type: none"> 1. <i>Public school</i> 2. <i>Private School</i> 3. <i>Charter schools</i> 4. <i>Homeschool</i> 5. <i>Community College</i> 6. <i>Private and Public Universities</i> <p><i>This category does not include Adult Education programs funded outside of the K-12 school system</i></p> <p>State of California (EDD) Directive: WSD17-07 Department of Labor TEGL 21-16</p>	<ul style="list-style-type: none"> • School records • Letters from school, counselor or probation officer to parent(s) • Telephone verification with relevant school personnel • Applicant statement if no other documents are available

TABLE 4: SCHOOL STATUS ELIGIBILITY REQUIREMENTS

OUT-OF-SCHOOL YOUTH

- Age 16-24;
- Not attending any school;
- Meets one or more of the following
 - a) barriers: Individual with a disability;
 - b) School dropout;
 - c) Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter (as defined by the local school district).
 - d) Offender;
 - e) A homeless individual who meets the criteria defined in sec. 41403(6) of the Violence Against Women Act of 1994, a homeless child or youth who meets the criteria defined in sec. 725(2) of the McKinney-Vento Homeless Assistance Act, or a runaway youth;
 - f) An individual who is in foster care or has aged out of the foster care system, or who has attained 16 years of age and left foster care for kinship guardianship or adoption, an individual who were formerly in foster care, but returned to their families before turning 18, a child eligible for assistance under section 477 of the Social Security Act, or in an out-of-home placement;
 - g) Pregnant or parenting;
- h) A **Low-income** individual who requires additional assistance to complete an educational program or to secure and hold employment. This has been defined locally as a youth:
 - Youth with a disability.
 - Youth that are limited English speaking.
 - Youth that are “at-risk” of dropping out of school as defined by the County Superintendent of Schools.
 - Youth who are residents of high crime, high poverty or targeted employment area (TEA).
 - Youth with a GPA of less than 2.0.
 - Youth who has aged out of foster care.
 - Youth who for lack of meaningful work experience and/or general job search, basic entry level or employment readiness skills is unable to obtain or retain employment; (Examples for OSY include having never held a job, having been fired from a job within the 12 months prior to application or having never held a full-time job for more than 13 consecutive weeks)
 - Youth with a family history of chronic unemployment, including long-term public assistance.
- i) A **Low-income** individual who is a recipient of a secondary school diploma or its recognized equivalent and:
 - basic skills deficient; or
 - an English language learner;

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>NOT ATTENDING SCHOOL</p> <ol style="list-style-type: none"> 1. Dropout Youth 2. A youth who has graduated or attained a Secondary School Diploma or Equivalent, but not currently attending any school 3. Enrolled in WIOA Title II Adult Education 4. Enrolled in YouthBuild 5. Enrolled in Job Corps 6. Enrolled in a high-school equivalency program not in a public K-12 school system (Title 20 CFR Section 681.230) 7. Enrolled in a drop out re-engagement program <p>Note: A youth attending a high school equivalency program funded by the public K12 school system who is classified by the school system as still enrolled in school are the exception; the youth would be considered an in-school youth (Title 20 CFR Section 681.230)</p> <p>State of California (EDD) Directive: WSD17-07 Department of Labor TEGL 21-16</p>	<ul style="list-style-type: none"> • School records • Diploma/GED or other recognized equivalent • Telephone verification with school/district officials • Applicant statement if no other documents are available

TABLE 5: BARRIERS AND ELIGIBILITY CATEGORIES

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>INDIVIDUALS WITH DISABILITIES</p> <hr/> <p><i>Has a physical (motion, vision, or hearing) or mental (learning or developmental) impairment which substantially limits one or more of such person's major life activities; and</i></p> <p><i>Has a record of such an impairment or is regarded as having such an impairment. and</i></p> <p><i>The individual's physical or mental impairment constitutes or results in a substantial impediment to employment.</i></p> <hr/>	<ul style="list-style-type: none"> • Letter from drug or alcohol rehabilitation agency • For ISY – current year IEP • Letter from child study team stating specific disability • Medical records/ Physician's statement • Psychiatrist or Psychologist diagnoses • School official records or statement • Social service records/referral • Telephone verification from cognizant agency • Applicant statement if no other documents are available <p>Less common for youth</p> <ul style="list-style-type: none"> • Veterans Administration letter/records • Vocational rehabilitation letter/statement • Workers' compensation record
<p>SCHOOL DROPOUT OSY ONLY</p> <hr/> <p><i>An individual who is no longer attending any school and</i></p> <p><i>who has not received a secondary school diploma or equivalent.</i></p> <p><i>WIOA Section 3[54]</i></p> <hr/> <p>Note: TEGL 8-15 - This does not include individuals who dropped out of post-secondary school</p>	<ul style="list-style-type: none"> • School attendance record(s) • School records • School letters identifying truancy status • Telephone verification with school/district officials confirming truancy or drop out status • Applicant statement if no other documents are available

<p>WITHIN THE AGE OF COMPULSORY SCHOOL ATTENDANCE, BUT HAS NOT ATTENDED SCHOOL FOR AT LEAST THE MOST RECENT COMPLETE SCHOOL YEAR CALENDAR QUARTER OSY ONLY</p> <hr/> <p><i>An individual not attending any school for the last calendar quarter, as defined by the local school district.</i></p> <hr/>	<ul style="list-style-type: none"> • ID showing age is below 18 AND: <ul style="list-style-type: none"> • School records regarding attendance for the most recent complete school year calendar quarter or later • Telephone verification with school personnel regarding attendance • Truancy citation(s) • Applicant statement if no other documents are available
<p>OFFENDER</p> <hr/> <p><i>A justice involved individual a) who is or has been subject to any stage of the criminal justice process, and for whom services under this Act may be beneficial; or b) who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.</i></p> <hr/> <p>Reference: Page 4 of TEGL 21-16</p>	<ul style="list-style-type: none"> • Court documents • Proof of being a halfway house resident (post-release) • Letter of parole • Letter from Probation Officer • Police records • Telephone verification from cognizant agency • Applicant statement if no other documents are available
<p>HOMELESS OR RUNAWAY (also verifies low income)</p> <p>Includes: Victims of the Violence Against Women Act (42 U.S.C. 14043e-2(6)); and The McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360 et seq.);</p>	<ul style="list-style-type: none"> • Written statement from an individual providing temporary residence • Written statement from shelter or a social service agency • Telephone verification from cognizant individual/agency • Applicant statement if no other documents are available

(a) A homeless individual for eligibility purposes is defined as:

- (1) an individual or family who lacks a fixed, regular, and adequate nighttime residence;*
- (2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;*
- (3) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);*
- (4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;*
- (5) an individual or family who—*
 - (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—*
 - (i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;*
 - (ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or*
 - (iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;*
 - (B) has no subsequent residence identified; and*
 - (C) lacks the resources or support networks needed to obtain other permanent housing; and*
- (6) unaccompanied youth and homeless families with children and youth defined as homeless under Federal statutes who—*
 - (A) have experienced a long-term period without living independently in permanent housing,*
 - (B) have experienced persistent instability as measured by frequent moves over such period, and*
 - (C) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.*

(b) Domestic violence and other dangerous or life-threatening conditions

Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

<p>CURRENT OR FORMER FOSTER CARE YOUTH (also verifies low income if currently in foster care)</p> <hr/> <p><i>A foster youth is defined as:</i></p> <p><i>An individual who is in foster care or has aged out of the foster care system, or</i></p> <p><i>Who has attained 16 years of age and left foster care for kinship guardianship or adoption, or</i></p> <p><i>An individual who was formerly in foster care up to the age of 16, but returned to their families before turning 18, or</i></p> <p><i>A child eligible for assistance under sec. 477 of the Social Security Act.</i></p>	<ul style="list-style-type: none"> • Written confirmation from a social services agency • Court documents which must be accompanied by court notes explaining the foster care situation • Telephone verification from cognizant agency • Verification of payments made on behalf of the child • Written statement from cognizant agency • Foster Care Agreement • Applicant Statement if no other documents are available
<p>OUT OF HOME PLACEMENT</p> <hr/> <p><i>Any legal arrangement made for a youth to live apart from his/her parent or legal guardian in an approved relative or non-related extended family member's home, in a licensed or certified home, or in a licensed residential facility on a 24- hour basis.</i></p> <hr/>	<ul style="list-style-type: none"> • Court records/documents • Telephone verification from cognizant agency • Applicant statement if no other documents are available
<p>PREGNANT OR PARENTING</p> <hr/> <p><i>A female individual who is under 24 years of age who is pregnant; or</i></p> <p><i>an individual (male or female) who is providing custodial or non-custodial care for one or more dependents under age 18.</i></p> <hr/>	<ul style="list-style-type: none"> • Birth Certificate of child • Hospital record of birth • Physician note • Referrals from official agencies • School program for pregnant teens or school records • Statement from a social services agency • Telephone verification from cognizant individual/agency • Applicant statement if no other documents are available
<p>BASIC SKILLS DEFICIENT Applicant Statement cannot be used</p> <hr/> <p><i>The term basic skills deficient, means an individual has English reading, writing, or computing skills at or below the 9th grade level (8.9 or lower) on a generally accepted standardized test or a comparable score on a criterion-reference test.</i></p> <p><i>The Act does not provide flexibility to local areas to further define basic skills deficient.</i></p> <hr/> <p>Note: OSY under this barrier must possess a High School Diploma or GED Equivalency</p>	<ul style="list-style-type: none"> • Assessment by a generally accepted standardized test (TABE or CASAS) • School records showing test scores from a generally accepted standardized test within the last year, academic assessments, transcripts, or other school documentation

ENGLISH LANGUAGE LEARNER

*A **low-income** individual who has a limited ability in speaking, reading, writing, or understanding the English language, **and***

A) whose native language is a language other than English; or

B) An individual who lives in a family or community environment where a language other than English is the dominant language.

Note: OSY under this barrier must possess a High School Diploma or GED Equivalency

Reference: Page 3 of [TEGL 21-16](#)

- School records
- Professional counseling records
- Assessment result through staff interviews or observation of inability to perform functions listed
- Assessment by a generally accepted standardized test
- Referrals from official agencies
- Written statement from a social service agency
- Telephone verification with cognizant agency
- Applicant statement if no other documents are available

REQUIRES ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM OR SECURE/RETAIN EMPLOYMENT

ISY - 5% ELIGIBILITY EXCEPTION (1 youth for every 20 enrolled)

-
- Youth with a disability
 - Youth that are limited English speaking
 - Youth that are “at-risk of dropping out of school as defined by the County Superintendent of Schools.
 - Youth who are residents of high crime, high poverty or targeted employment area (TEA)
 - Youth with a GPA of less than 2.0
 - Youth who has aged out of foster care.
 - Youth who lacks meaningful work experience/basic entry level skills of employment – unable to obtain/retain employment
 - Youth with a family history of chronic unemployment, including long-term public assistance.
-

Note: OSY under this barrier must possess a High School Diploma or GED Equivalency

Documentation must be sufficient to verify the particular barrier addressed. This is a list of recommended resources, not an exhaustive list of acceptable documents. To clarify if a document would be sufficient, the Youth Services Provider Program Manager/Supervisor should consult with the WDB Program Manager prior to document utilization, when unclear.

For items relating to school attendance/achievement:

- School Records
- Correspondence on school letterhead identifying applicable barrier
- Report cards indicating low educational achievement
- Documentation from school verifying attendance/discipline issues and/or credit deficiency

For items relating to work history:

- Letter of Termination
- Documentation of work history
- Applicant statement for lack of work history

TABLE 6: LOW-INCOME ELIGIBILITY REQUIREMENTS

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>PUBLIC ASSISTANCE Applicant Statement cannot be used</p> <hr/> <p><i>An applicant who receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past six months has received, assistance through the following:</i></p> <hr/> <p>Includes: 1. Supplemental nutrition assistance program established under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.) 2. Program of block grants to States for temporary assistance for needy family's program under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.) 3. Supplemental security income program established under Title XVI of the Social Security Act (42 U.S.C. 1381 et seq.) 4. State or local income-based public</p>	<ul style="list-style-type: none"> • SNAP Eligibility Verification • Copy of Authorization to Receive Food Stamps • Documentation of Food Stamp Benefit Receipt • Referral Transmittal from SNAP • Copy of Authorization to Receive Cash Public Assistance • Public Assistance Eligibility Verification from HSA such as Passport to Services • Supplemental Security letter
<p>FREE OR REDUCED LUNCH</p> <hr/> <p><i>Eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.)</i></p> <hr/> <p>Note: WIOA programs must base low-income status on an individual student's eligibility to receive free and reduced lunch, regardless of if the whole school automatically receives free and reduced lunch.</p>	<ul style="list-style-type: none"> • Verification of 6-months of income identifying the family income would meet the income threshold for free/reduced lunch. <p>https://www.cde.ca.gov/ls/nu/rs/scales2425.asp</p>
<p>RESIDES IN A HIGH POVERTY AREA Applicant Statement cannot be used</p> <hr/> <p><i>A Census tract, a set of contiguous Census tracts, an American Indian Reservation, Oklahoma Tribal Statistical Area (as defined by the U.S. Census Bureau), Alaska Native Village Statistical Area or Alaska Native Regional Corporation Area, Native Hawaiian Homeland Area, or other tribal land as defined by the Secretary in guidance or county that has a poverty rate of at least 25 percent as set every 5 years using American Community Survey 5-Year data.</i></p> <hr/>	<p>Resides in an area of High Poverty Area of 25% or greater</p> <ul style="list-style-type: none"> • Documentation identifying Census Tract at or above 25% poverty level • Verification of participant address is required. May include school/public assistance records, State ID or DL, utility bills, etc. <p>https://youth.workforcegps.org/resources/2021/03/09/14/03/Directions-for-Determining-High-Poverty-Areas-for-the-WIOA-Youth-Formula-Program</p>

TABLE 7: LOW-INCOME DETERMINATION ELIGIBILITY REQUIREMENTS

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>FAMILY SIZE/INDIVIDUAL STATUS</p> <hr/> <p><i>A family is defined as:</i></p> <p><i>A) Two or more persons related by blood, marriage (including same-sex marriages), or decree of court,</i></p> <p><i>B) who are living in a single residence, and</i></p> <p><i>C) are included in one or more of the following categories:</i></p> <p><i>a husband, wife, (including same sex spouses), and dependent children</i></p> <p><i>a parent or legal guardian and dependent children</i></p> <p><i>a husband and wife (including same sex-spouses)</i></p> <hr/> <p>Note: A stepchild or stepparent is considered related by marriage and must be included when determining family income.</p>	<ul style="list-style-type: none"> • Birth certificate • Decree of court • Divorce decree • Landlord statement/lease (identifying each individual and relationship) • Marriage certificate • Public assistance/social service agency records • Public Housing Authority (If resident of, or on waiting list) • Written statement from a publicly supported 24-hour care facility or institution (e.g., mental, prison) • Telephone verification • Applicant statement if no other documents are available
AND	
<p>FAMILY/INDIVIDUAL INCOME</p> <hr/> <p><i>The individual receives an income or is a member of a family that received a total family income, for the six-month period prior to WIOA registration that (in relation to family size) does not exceed the above 70% Low-Income Guidelines/Poverty Guidelines.</i></p> <hr/> <p>Document each family member and their corresponding income determination using the source attachment - Methods for Calculating Income/Family Size Determination.</p> <p>Note: ISY with a Disability only needs to provide individual, not family income.</p> <p>Reference: Page 7 of TEGL 21-16</p>	<p>Documentation is required for each source of income, whether income is countable or not. This is NOT an exhaustive list.</p> <ul style="list-style-type: none"> • Award letter from Veterans Administration • Bank statements/ Direct deposit if shows source and Gross income • Pay stubs – and dates of employment • Compensation award letter • Court award letter (Alimony/Child support) • Pension statement • Employer statement/contact verifying all 6-months income • Family or business financial records (Basic profit and loss for 6 months) • Public assistance records • Quarterly estimated tax for self-employed persons (Schedule C) • Social Security benefits records • Unemployment insurance documents and/or printout • Copy of Authorization to Receive Cash Public Assistance • Telephone verification with persons authorized to provide income verification • Applicant statement if no other documents are available

TABLE 8: FIVE PERCENT INCOME ELIGIBILITY EXCEPTION

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>5% INCOME ELIGIBILITY EXCEPTION</p> <p>Applicant Statement cannot be used</p> <hr/> <p><i>A person who meets all eligibility requirements except low income and requires additional assistance to enter or complete an educational program or to secure and hold employment.</i></p> <hr/> <p>Note: This may not be more than 5% (1 for every 20-youth enrolled based on low-income category) of the total youth enrolled per program year who would ordinarily be required to meet the low-income criteria. This includes ELL youth, Basic Skills Deficient Youth, and ISY in the calculation. OSY who do not require low-income determination are excluded.</p>	<ul style="list-style-type: none"> Exception request approved by Program Manager

<h2 style="margin: 0;">Workforce Innovation and Opportunity Act (WIOA) - Eligibility Application</h2> <p style="margin-top: 20px;">*SSN: _____ <input type="checkbox"/> Verified</p> <p>Case Manager: _____</p> <p>Application #: _____</p>		*Application Date: _____	
		Eligibility Dates:	
		Adult	Dislocated Worker
		Youth	
*Local Area/Region: _____			
*Office Location of Responsibility: _____	*Office Location: _____		Agency Code: _____
Contact Information			
*First Name _____		Middle: _____	*Last Name: _____
Residential Address: <i>Note – the address entered here will become the eligibility address which is captured on the application</i>			<input type="checkbox"/> Verified
<p>*Line 1: _____</p> <p>Line 2: _____</p> <p>City: _____ *State: _____ *County: _____</p> <p>*Zip Code: _____ *Country: _____</p>			
<p>*Primary Phone Number: _____</p> <p>Ext. _____</p>	<p>*Type: (Select 1)</p> <p><input type="checkbox"/> Cell/Mobile Phone</p> <p><input type="checkbox"/> Relative's Phone</p> <p><input type="checkbox"/> Work Phone</p> <p><input type="checkbox"/> Not identified</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Other</p>		<p>Alternate Phone Number: _____</p> <p>Ext. _____</p> <p>Type: (Select 1)</p> <p><input type="checkbox"/> Cell/Mobile Phone</p> <p><input type="checkbox"/> Relative's Phone</p> <p><input type="checkbox"/> Work Phone</p> <p><input type="checkbox"/> Not identified</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Other</p>
Fax Phone: _____	Email: _____		
Mailing Address: Check here if Mailing address is the same as residential address <input type="checkbox"/>		Staff reviewed for correctness <input type="checkbox"/>	
<p>*Line 1: _____</p> <p>Line 2: _____</p> <p>City: _____ *State: _____ *Zip Code: _____ *Country: _____</p>			
Alternate Contact Information			
<p>*Contact Name: _____</p> <p>Line 1: _____</p> <p>Line 2: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>*Phone Number: _____ Email Address: _____</p> <p>*Relationship: _____</p> <p>Date contact is no longer valid: _____</p>			

* - Denotes required field

Alternate Contact Information																				
<p>*Contact Name: _____</p> <p>Line 1: _____</p> <p>Line 2: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>*Phone Number: _____ Email Address: _____</p> <p>*Relationship: _____</p> <p>Date contact is no longer valid: _____</p>																				
Demographic Data																				
<p><input type="checkbox"/> Verified</p> <p>*Date of Birth: _____</p> <p>Age: _____</p>	<p>*Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Did not self-identify</p>	<p><input type="checkbox"/> Verified</p> <p>Registered for the Selective Service:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Documented exemption from registration</p> <p><input type="checkbox"/> Not Applicable</p> <p>Selective Service Registration #: _____</p> <p>Registration Date: _____</p>																		
<p><input type="checkbox"/> Verified</p> <p>*Authorization to Work in US:</p> <p><input type="checkbox"/> Citizen of U.S. or U.S. Territory</p> <p><input type="checkbox"/> U.S. Permanent Resident</p> <p><input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S.</p> <p><input type="checkbox"/> None of the above</p> <p>Alien/Visa Registration #: _____</p> <p>Alien/Visa Expiration Date: _____</p>	<p>*Considered to be of Hispanic Heritage:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Information Not Provided</p>																			
<p>*Race-Ethnicity (multiple selections are allowed when I do not wish to answer is not selected):</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to answer</p>	<p>*Race – Ethnicity – Asian (multiple selections are allowed)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Indian</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Pakistani</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Bangladesh</td> <td><input type="checkbox"/> Malaysian</td> </tr> <tr> <td><input type="checkbox"/> Sri Lankan</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td><input type="checkbox"/> Nepalese</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Sikkimese</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> Bhutanese</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Filipino</td> </tr> </table>		<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Korean	<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Thai	<input type="checkbox"/> Nepalese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Sikkimese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian		<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese																			
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Korean																			
<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Malaysian																			
<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Thai																			
<input type="checkbox"/> Nepalese	<input type="checkbox"/> Laotian																			
<input type="checkbox"/> Sikkimese	<input type="checkbox"/> Cambodian																			
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Vietnamese																			
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian																			
	<input type="checkbox"/> Filipino																			
<p>*Considered to have a disability:</p> <p>Protected by HIPAA regulations. See Attachment A for completed information.</p>	<p>*Race – Ethnicity – Hawaiian/Other Pacific Islander (multiple selections are allowed)</p> <p><input type="checkbox"/> Hawaiian/part Hawaiian</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Micronesian</p> <p><input type="checkbox"/> Palauan</p> <p><input type="checkbox"/> Marshallese</p> <p><input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Other Pacific Islander</p>																			
<p>Category of Disability:</p> <p>Protected by HIPAA regulations. See Attachment A for completed information.</p>																				

* - Denotes required field

Veteran Data			
Transitioning Service Member			
*Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		*Type of Transitioning Service Member: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 months of retirement <input type="checkbox"/> Within 12 months of discharge	
		Estimated Discharge Date	
Veteran Information Service			
*Eligible Veteran Status <input type="checkbox"/> Verified <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No		*Served more than 1 tour of duty: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Entry Date 1:	Discharge Date 1:
		Entry Date 2:	Discharge Date 2:
		Entry Date 3:	Discharge Date 3:
*Disabled Veteran: Protected by HIPAA regulations. See Attachment A for completed information.		Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Services from Veterans Vocational Rehabilitation: Protected by HIPAA regulations. See Attachment A for completed information.
Employment			
*Employment Status: <input type="checkbox"/> Verified <input type="checkbox"/> Employed Not in the Labor Force and not actively looking for work (<i>Including those incarcerated</i>) <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Employed			
*If employed, individual is under-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	In a Registered Apprenticeship Program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose	*Unemployment Eligibility Status: <input type="checkbox"/> Neither Claimant nor Exhaustee <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee	UI Referred by Status: <input type="checkbox"/> WPRS <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input type="checkbox"/> Not Applicable
Claimant has been exempted from work search: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date Claimant was exempted from work search:	Number of Weeks unemployed: _____	Long-Term Unemployed (27 or more consecutive weeks): <input type="checkbox"/> Yes <input type="checkbox"/> No	Current or most recent hourly rate of pay: \$ _____ <input type="checkbox"/> Verified
Occupation of Most recent Employment prior to WIOA participation (if available)			
Onet Code and title:			

* - Denotes required field

Dislocated Worker Information <i>The following prompts are only required for Dislocated Worker Eligibility</i>		
<div style="text-align: right;"><input type="checkbox"/> Verified</div> <p>Dislocated Worker Category:</p>		
<div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation.</div> <div><input type="checkbox"/> Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, <u>or</u> the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation.</div> <div><input type="checkbox"/> Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the Permanent closure of <u>or</u> substantial layoff at a plant, facility or enterprise.</div> <div><input type="checkbox"/> Category 4: Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below.</div> <div><input type="checkbox"/> Category 5: Individual was previously self-employed (including farmers, ranchers and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date.</div> <div><input type="checkbox"/> Category 6: Displaced Homemaker: An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income; <u>or</u> is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed <u>and</u> is experiencing difficulty in obtaining or upgrading employment.</div> <div><input type="checkbox"/> Category 7: The spouse of a member of the Armed Forces on active duty, <u>and</u> who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.</div> <div><input type="checkbox"/> Category 8: The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed <u>and</u> is experiencing difficulty in obtaining or upgrading employment.</div> <div><input type="checkbox"/> Category 12: Dislocated Worker Grant (DWG) eligibility: Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets DWG eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.</div> <div><input type="checkbox"/> None of the above. Individual does not meet the definition of Dislocated Worker.</div> </div>		
Is unemployed due to general economic conditions in the community lived in, or worked in, or related to a military installation realignment: - (Category 12 question only)	Is unemployed as result of an emergency or major disaster in the community lived in, or worked in: - (Category 12 question only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided	
Projected Date of Layoff	Actual Layoff Date <i>If date is in the future, please leave blank until actual layoff date.</i>	
Attended Group Orientation <i>(Rapid Response)</i>	<div style="display: flex; justify-content: space-between;"> <div>Most Recent Date Attended Rapid Response Service</div> <div>Dislocation Event #</div> </div>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: right;"><input type="checkbox"/> Verified</div>	
Dislocation Employer		
Employer Name _____		
Address 1: _____		
Address 2: _____		
City: _____	State: _____	Zip Code: _____
Dislocation Hourly Wage: \$ _____		
<input type="checkbox"/> Verified		

* - Denotes required field

Youth Eligibility Education Information		
Most Recent Date Attended Secondary School:	Within compulsory school age and did not attend the most recent complete school year calendar quarter (use most recent date attended secondary school): <input type="checkbox"/> Yes <input type="checkbox"/> No	Did not Attend (compulsory age) Verification: <input type="checkbox"/> School Records <input type="checkbox"/> Self Attestation <input type="checkbox"/> Other: _____
*Has secondary school diploma/equivalent at Youth Program eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: right;"><input type="checkbox"/> Verified</div> *School Status at Youth Program eligibility verification: <input type="checkbox"/> In-school, Secondary School or less <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, post Secondary School <input type="checkbox"/> Not attending school or Secondary School Dropout <input type="checkbox"/> Not attending school; Secondary School Graduate or has a reconized equivalent <input type="checkbox"/> Not attending school; within age of compulsory school attendance	*(WIOA) Attending any School (used for In-School/Out-of-school determination): <input type="checkbox"/> Yes <input type="checkbox"/> No
WIOA Education Information		
*Highest School Grade Completed: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No School Completed <input type="checkbox"/> 2nd Grade Completed <input type="checkbox"/> 4th Grade Completed <input type="checkbox"/> 6th Grade Completed <input type="checkbox"/> 8th Grade Completed <input type="checkbox"/> 10th Grade Completed <input type="checkbox"/> 12th Grade Completed </div> <div> <input type="checkbox"/> 1st Grade Completed <input type="checkbox"/> 3rd Grade Completed <input type="checkbox"/> 5th Grade Completed <input type="checkbox"/> 7th Grade Completed <input type="checkbox"/> 9th Grade Completed <input type="checkbox"/> 11th Grade Completed </div> </div>		
*High School Diploma or Equivalent Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<div style="text-align: right;"><input type="checkbox"/> Verified</div> *Highest Education Level Completed: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Attained secondary school diploma <input type="checkbox"/> See Attachment A to select this option <input type="checkbox"/> Attained a post-secondary technical or vocational certificate (non-degree) <input type="checkbox"/> Attained a Bachelor's degree <input type="checkbox"/> No educational level completed </div> <div> <input type="checkbox"/> Attained a secondary school equivalency <input type="checkbox"/> Completed one or more years of post-secondary education <input type="checkbox"/> Attained an Associate's degree <input type="checkbox"/> Attained a degree beyond a Bachelor's degree </div> </div>		
<div style="text-align: right;"><input type="checkbox"/> Verified</div> *School Status <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> In-school; Secondary School or less <input type="checkbox"/> In-school; Post Secondary School <input type="checkbox"/> Not attending school; Secondary School Graduate or has a recognized equivalent </div> <div> <input type="checkbox"/> In-school; Alternative School <input type="checkbox"/> Not Attending school or Secondary School Dropout <input type="checkbox"/> Not Attending school; within age of compulsory school attendance </div> </div>		

* - Denotes required field

Education Partner Services		
*Receiving Services from Adult Education (WIOA Title II): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify		
*Receiving Services from YouthBuild: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify YouthBuild Grant Number (If unknown, enter all 9s): _____ Format: AA-99999-99-99-A-99		
*Receiving services from Job Corps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify		
*Receiving services from Vocational Education (Carl Perkins): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify		
Public Assistance		
<i>Individual or member of a family that is receiving, or in the past 6 months has received, the following:</i>		
*TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown	*Supplemental Security Income (SSI) Protected by HIPAA regulations. See Attachment A for completed information.	*State or Local Income based public assistance (General Assistance) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown
*Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <input type="checkbox"/> Unknown	*Refugee Cash Assistance (RCA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown	*Social Security Disability Income (SSDI) Protected by HIPAA regulations. See Attachment A for completed information.
<i>Individual currently meets the following:</i>		
*Foster Child (State or local payments are made for applicant.) Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	*Youth currently living in high poverty area Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	*Youth currently receives or is eligible for Free or Reduced Lunch Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
*Receiving services under SNAP Employment & Training Program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	*Receiving or been notified will receive Pell Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	*Ticket to Work Holder issued by the Social Security Administration: Protected by HIPAA regulations. See Attachment A for completed information.
Barriers		
*English language learner: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <i>Verification is only required for Youth</i>	High School Drop Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Basic Skills Deficient/Low Levels of Literacy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
*Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	*Runaway Youth Only : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	*Youth in, or aged-out of Foster Care Youth Only : <input type="checkbox"/> No <input type="checkbox"/> Yes, currently in <input type="checkbox"/> Yes, aged out <input type="checkbox"/> Verified
*Ex-Offender – individual has been arrested/convicted of a crime: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	*Incarcerated at Program Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Released from Incarceration:	*Pregnant or parenting youth – Youth Only Protected by HIPAA regulations. See Attachment A for completed information.
*Youth Requires Additional Assistance to complete an educational program or to secure/hold employment - Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	*Out-of-Home Placement Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified	*Eligible under Section 477 of the Social Security Act Youth Only : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified

* - Denotes required field

Barriers to Employment			ti
*Displaced Homemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified ti	Meets Longterm Unemployment Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No		*Within 2 years of exhausting TANF lifetime eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Older Individual (55 or older): <input type="checkbox"/> Yes <input type="checkbox"/> No	*Hawaiian Native <input type="checkbox"/> Yes <input type="checkbox"/> No	*American Indian/Alaskan Native <input type="checkbox"/> Yes <input type="checkbox"/> No	*Single Parent (including single pregnant women): Protected by HIPAA regulations. See Attachment A for completed information.
*Individual facing substantial cultural barriers: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Eligible migrant season farmworker as defined in WIOA Sec 167(i): <input type="checkbox"/> Yes <input type="checkbox"/> No		*Meets Governors special barriers to employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Income:			
*Due to individual's disability, they qualify as a Family of 1 Protected by HIPAA regulations. See Attachment A for completed information.	*Family Size _____ <input type="checkbox"/> Verified		*Annualized Family Income \$ _____ <input type="checkbox"/> Verified
Miscellaneous			
Barriers			
*Gang Status: <input type="checkbox"/> N/A <input type="checkbox"/> Gang Member <input type="checkbox"/> Gang Involved <input type="checkbox"/> At Risk Gang Involvement	*Youth of Incarcerated Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No		*Substance Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Parole Number: _____		Referred by Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the participant live in a low-income census tract? <input type="checkbox"/> None Selected <input type="checkbox"/> Not Applicable <input type="checkbox"/> In Low-Income Census Tract <input type="checkbox"/> In An Adjacent Census Tract <input type="checkbox"/> Meets GCRF Low Income Definition		
Employment			
*Woman seeking training or education to move into nontraditional field of employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Prison to Employment participant: <input type="checkbox"/> Yes <input type="checkbox"/> No Senate Bill SB1, High Road Training Partnership or High Road Construction Careers Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No		*If formerly incarcerated, what type of facility was the sentence served?: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Not Applicable
*Type of Federal Facility: <input type="checkbox"/> Penitentiary <input type="checkbox"/> Tribal <input type="checkbox"/> Military <input type="checkbox"/> Immigration Detention <input type="checkbox"/> Home Detention	*Type of County Facility: <input type="checkbox"/> County Jail <input type="checkbox"/> Alternative Custody Program (ACP), includes home detention and work release <input type="checkbox"/> Local prison (LP), or felony prison term served in counties under Penal Code 1170(h)(5) <input type="checkbox"/> County Juvenile Halls or Other Local Juvenile Facilities (JH)		* Not Applicable: Justice Involved/Active County Supervision: <input type="checkbox"/> State Parole <input type="checkbox"/> County Informal Probation <input type="checkbox"/> County Probation, not PRCS <input type="checkbox"/> County Deferred Entry of Judgment <input type="checkbox"/> County Mandatory Supervision <input type="checkbox"/> County Other Diversion Program <input type="checkbox"/> County Post Release Community Supervision (PRCS) <input type="checkbox"/> Other: Justice involved/Active County _____
*Type of State Facility: <input type="checkbox"/> State Prison <input type="checkbox"/> Male Community Reentry Program (MCRP) <input type="checkbox"/> Custody to Community Transition Reentry Program (CCTRP) <input type="checkbox"/> Alternative Custody Program (ACP) <input type="checkbox"/> Community Prisoner Mother Program (CPMP) <input type="checkbox"/> Division of Juvenile Justice (DJJ)			
* Post Release Classification: <input type="checkbox"/> Federal Supervision <input type="checkbox"/> State Parole <input type="checkbox"/> County Probation, include Post Release Community Supervision (PRCS)	*Chose one of the following: Type of Federal Supervision: <input type="checkbox"/> Federal Probation (FP) <input type="checkbox"/> Federal Supervised Release (FSR) Type of State Supervision: <input type="checkbox"/> Residential Programs <input type="checkbox"/> Outpatient and Drop-In Programs Type of County Supervision: <input type="checkbox"/> Post release Community Supervision (PRCS) <input type="checkbox"/> Fully discharged, not under any post-release supervision		* Required fields below Year released from custody: _____ Total time incarcerated: ____ Years (0-60) ____ Months (0-11) Total number of offenses: _____

* - Denotes required field

Eligibility			
Applicant meets the definition for low income: <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No	
WIOA Formula Program Eligibility			
Adult: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Basic Only	Youth: <input type="checkbox"/> Yes, Out-of-School <input type="checkbox"/> Yes, In-School <input type="checkbox"/> No, Out-of-School <input type="checkbox"/> No, In-School Serve under 5% Exception: <input type="checkbox"/> Yes	
WIOA Grant Eligibility			
Incumbent Worker Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	National Dislocated Worker Grant NDWG: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Adult Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Dislocated Worker Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Statewide Youth Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Rapid Response Additional Assistance Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Non-WIOA Grants			
Non-WIOA Special Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Local Funded Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Grants			
Grant Type	Grant Name	Grant Code	
Client Signature and Date		Parent/Guardian Signature and Date (If client is under 18)	
Staff Signature and Date		Reviewer Signature and Date	
Comments:			

* - Denotes required field

ATTACHMENT A

Demographic Data

*Considered to have a disability:

- ☐ Yes
☐ No
☐ Participant did not self-identify
☐ Chose not to identify

Category of Disability:

☐ Verified

- | | |
|--|--|
| <input type="checkbox"/> Physical/Chronic Health Condition | <input type="checkbox"/> Hearing-related Disability |
| <input type="checkbox"/> Physical/Mobility Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mental or Psychiatric Disability | <input type="checkbox"/> Cognitive/Intellectual disability |
| <input type="checkbox"/> Vision-related Disability | <input type="checkbox"/> Participant did not disclose type of Disability |

Veteran Information Service

*Disabled Veteran:

- ☐ Yes, Disabled
☐ Yes, Special Disabled (greater than 30%)
☐ No

Received Services from Veterans Vocational Rehabilitation:

- ☐ Yes ☐ No ☐ Unknown

WIOA Education Information

Highest Education Level Completed:

- ☐ For disabled, cert. of attendance/completion-successful completion of Individual Education Program

Public Assistance

*Supplemental Security Income (SSI)

- ☐ Yes ☐ No ☐ Verified

Recipient:

- ☐ Applicant ☐ Family Member
☐ Not Applicable/Unknown

*Social Security Disability Income (SSDI)

- ☐ Yes ☐ No ☐ Verified

*Ticket to Work Holder issued by the Social Security Administration:

- ☐ Yes ☐ No
☐ Unknown

Barriers / Barriers to Employment

*Pregnant or parenting youth – **Youth Only**

- ☐ Yes ☐ No ☐ Verified

*Single Parent (including single pregnant women):

- ☐ Yes ☐ No

Income

*Due to individual's disability, they qualify as a Family of 1

- ☐ Yes ☐ No

* - Denotes required field

METHODS FOR CALCULATING INCOME/FAMILY SIZE DETERMINATION

A. Seventy Percent Low-Income Guidelines

The Lower Living Standard Income Level (LLSIL) and poverty guidelines are used to establish low-income status for Workforce Innovation and Opportunity Act (WIOA) Title I programs. Local Workforce Development Areas (Local Areas) use the LLSIL to determine eligibility of youth, eligibility of employed adults for certain services, and self-sufficiency. Income determination is calculated by using income received during the six-month period immediately prior to the individual's application for WIOA funded services.

Local Area		San Joaquin County – YOUTH ONLY					
70% LLSIL/Poverty Guideline							
Family Size	1	2	3	4	5	6	Each Add'l Add
Annual	\$14,580	\$21,210	\$29,120	\$35,948	\$42,419	\$49,615	\$7,196
6 months	\$7,290	\$10,605	\$14,560	\$17,974	\$21,210	\$24,808	\$3,598

70 Percent Lower Living Standard Income Level (LLSIL) for 2023, for San Joaquin County released by EDD Draft Directive on August 22, 2023.

B. Low-Income Calculation Guidelines

The individual receives an income or is a member of a family that received a total family income, for the six-month period prior to WIOA registration that (in relation to family size) does not exceed the above referenced 70% LLSIL Guidelines.

- To determine total family income, intake staff must calculate income received by all members of the individual's family for the previous six months prior to WIOA participation.
- To determine total income for an individual with a disability, an intake staff must calculate income received by the individual (only) for the previous six months prior to WIOA participation, regardless of the income level of his/her family.

C. Computing and Documenting Family Income

Documentation should be provided for each applicable included and excluded income source received by the applicant, and each family member, for the six-month income period immediately preceding the application and eligibility determination date. An applicant or who claims little or no income must submit applicant statement identifying that little or no income was received in the past six month and/or they were unemployed for that period. The applicant statement should identify how the individual has been supporting themselves which may include friends providing room and board, cash jobs (included income), etc.

To calculate family income, must identify the following:

1. Eligibility determination period (6 months back from eligibility date)

2. Family Members

List all family members (as defined by WIOA) and the income they have received within the last six months prior to application. In addition to documentation of family size, additional documentation may be required to establish that the family is living in a single residence. This will include birth certificates, marriage certificate, rental agreements listing all family members, etc.

- *Dates* - List the dates of receipt of the income. The whole determination period should be covered. During periods when no income was received, means of support must be explained and verified (e.g. applicant has been supported by parent(s) or friend(s) or living on savings from previous earnings, etc.);
- *Source of Income* - Indicate how the income was earned, and/or the source that generated the income.
- *Amount* - Indicate the dollar amount received during the six-month period. This may require adding up several pay stubs submitted for that period to arrive at the six-month amount;
- *Documents Inspected* - Indicate the document(s) submitted to verify the source of income. The document(s) must be photocopied and a copy retained in the individual's file. There are 4 sample methods provided for calculating annualized income listed below; and
- *Show and attach the income calculations used to determine the six (6) month family income.*

D. Included and Excluded Income

1. Included Income

- Unemployment Insurance
- Child Support Payments
- Monetary compensation for services, including wages, tips, salary, commissions, or fees before any deductions, and including overtime pay, bonuses, etc.
- Net receipts from non-farm self-employment (receipts from a person's own un-incorporated business, professional enterprise, or partnership, after deductions for business expense)
- Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses)
- Regular payments from railroad retirement, strike benefits from union funds, worker's compensation, and training stipends (e.g., California Conservation Corp)
- Alimony, active military family allotments directly received, or other regular support from an absent family member or someone not living in the household, but included in the family size
- Private pensions, government employee pensions (including military retirement pay)
- Regular insurance or annuity payments (including state disability insurance)

- College or university scholarships grants, fellowships, and assistantships (not needs-based)
- Net gambling or lottery winnings
- Severance payments
- Terminal leave pay
- Social Security Disability insurance payments
- WIOA Title I – OJT Wages
- Wages from the California Conservation Corps [Adopted from Section 101(25)(B); Training and Employment Information Notice 29-91]
- Generally, if an income source is not listed in the “Excluded Income” categories below, then it must be considered as “Included Income” for the purposes of WIOA

2. Excluded Income

- Foster care payments
- Need-based Public Assistance payments (including TANF, Supplemental Security Income Emergency Assistance, and non-federally-funded general assistance or general relief money payments)
- Social Security Old Age and Survivors' Insurance benefit payments
- Financial assistance under Title IV of the Higher Education Act, i.e., Pell Grants, federal Supplemental Educational Opportunity Grants and Federal Work Study (needs-based)
- Needs-based scholarship assistance
- Loans
- Veterans Benefits
- Income earned while the veteran was on active military duty and certain other Veterans benefits, i.e., compensation for service-connected disability, compensation for service-connected death, vocational rehabilitation, and education assistance
- Capital gains
- Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car
- Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or insurance compensation for injury
- Non-cash benefits such as employer paid or union-paid portion of health insurance or other fringe benefits, food or housing received in lieu of wages
- The value of food and fuel produced and consumed on farms
- The imputed value of rent from owner occupied non-farm or farm housing
- Medicare, Medicaid, food stamps, school meals, and housing assistance
- Allowances, earnings and payments to individuals participating in programs under this Act (except OJT wages)

E. Methods of Calculating Income

When calculating income, you may use any one of the following methods as appropriate. The examples are illustrative only and you should obtain as many pay stubs as needed and available to accurately calculate family income.

1. Straight Pay or Salary Method

Under the Straight Pay Method, the participant supplies a sample of pay stubs covering the most recent three to four months (out of the six months) of family income. Upon reviewing the pay stubs, the intake worker determines that the wages on the pay stubs are the same, with no variations.

The intake worker will calculate the income based upon the wages indicated on one of the pay stubs, since there are no variations in the gross income on any of the pay stubs. Based upon the length of the pay period represented by the pay stubs, (weekly, bi-weekly or monthly) the gross income is multiplied by the number of pay periods in a year. That is 52 x gross wages, 26 x gross wages, or 12 x gross wages, respectively. The result will be the annual income. Divide the annual income by 2 to determine the six-month income used to determine WIOA low-income eligibility.

Example: Five (5) pay stubs are provided indicating gross wages of \$548.00 each. The pay stubs are sporadic and cover a period of (3) months. The pay frequency is bi-weekly (13 pay periods in 6 months). An intake worker would multiply the gross wages indicated on the pay stubs by the frequency occurrence.

Multiply: $13 \times \$548 = \$7,124$. This is the six-month income used to determine WIOA low-income eligibility.

2. Average Pay Method

Under the Average Pay Method, a sample of six pay stubs are submitted which show variations in the gross earnings. The variations may result from overtime, lost time, or working for different employers.

In calculating the six-month income, the intake worker must determine the average gross earnings based upon the number of pay stubs provided. To determine the average gross earnings, the intake worker must total the gross earnings of all the pay stubs provided and divide the result by the number of pay stubs. The result will be the average gross earnings per pay period. After determining average gross earnings per pay period, the intake worker will then determine the pay frequency and multiply the gross average earnings by the number of pay periods in the six-months.

Example: Participant provides intake worker with six (6) pay stubs with gross earnings of \$534, \$475, \$398, \$534, \$498.00, and \$534. The pay frequency is weekly. The intake worker should do the following: Add: $\$534 + \$475 + \$398 + \$534 + \$498 + \$534 = \$2973.00$.

Divide: $\$2973/6$ (6 is the number of pay stubs provided) = $\$495.50$ – This is the average gross earnings per weekly pay period.

Multiply: $\$495.50 \times 26$ (there are 26 weekly pay days in a six-month period) = $\$12,883$. This is the six-month income amount used to determine WIOA low-income eligibility.

3. Year-To-Date Method

Under the Year-To-Date Method of calculating six-month gross income, the participant provides recent pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date, on the pay stub. To compute the six-month income, the intake worker counts the number of pay periods and or weeks that have occurred in the year-to-date period, and divides that number into the gross year-to-date earnings indicated on the pay stub to get the amount of each paycheck. The result of this computation (average gross income per pay period) is then multiplied by the number of pay periods in a six-month period to determine the six-month gross earnings.

Example: Participant provides the intake worker with a recent pay stub showing his year-to-date earnings were \$25,200 for the 28 weeks so far that year. There are 26 weeks of income needed for the six (6)-month period counting back from July 3. Calculation of the gross annualized income would be done as follows:

*Divide \$25,200 by 28 weeks = \$900 per week
Multiply: \$900 by 26 (No. of weeks in 6 months) = \$23,400.*

\$23,400 is the 6-month income figure for this individual or family member.

Here is the formula:

Identify your income dates.

If income crosses two calendar years, you will need a W-2 for the previous year and a check stub with YTD for the current year.

To calculate using a YTD –

Identify how many weeks the client worked in that year. As an example, if the individual worked all of last year, that is 52 weeks. Then identify how many weeks of that year are in your income period.

Divided the total by 52 weeks, multiply the result by the number of weeks worked in the income period.

Follow the same process for the current year YTD.

Divide the total wages by # of weeks in the current year, and multiply the result by the number of weeks worked in the income period.

This would look like this:

Eligibility date is 5/5/2023. Income period is 11/5 – 5/5.

There are 8 weeks (appx.) in the previous year – so income for previous year (assuming all year worked) would be

YTD/52 = weekly rate.

Weekly rate X 8 = income for previous year

All of current YTD income would be used but you would still calculate a weekly rate

YTD/17 weeks = weekly rate for current year

Income will always follow this basic formula

YTD divided by total # of weeks worked X number of countable weeks in income period.

4. Intermittent Work Method

When an applicant has not had steady work with one or more employers, she/he should supply as many pay stubs as possible and complete an Applicant Statement explaining all missing pay stubs and non-work periods during the last six months. In such cases, the intake worker totals all wages for the six-month period.

If the applicant reports little or no includable income, she/he should indicate the resources relied upon for life support during the last six months, on an Applicant Statement. Such resources may include such things as unpaid debts, gifts, loans, unemployment compensation, etc.

F. Related Definitions

1. Emancipated Minor

The *California Family Code*, Section 7002, defines emancipated minor as any person under the age of 18 years who meets one of the following conditions:

- Has entered into a valid marriage, whether or not such marriage was terminated by dissolution;
- Is on active duty with any of the armed forces of the United States of America; or
- Has received a declaration of emancipation pursuant to California Family Code 7122.

2. Dependent Children

Individuals who are claimed as a dependent on their parent's income tax and are either:

- Under 18, not an emancipated minor, and living in a single residence with their parent(s) or guardian(s); or
- Ages 18-21 who is a "student", and living in single residence with their parent(s) or guardian(s)