

Youth Eligibility Verification Record

Applicant Name _____

Data Item		
Social Security Number	If applicant refuses to provide SS#, notify Managing Director.	# _____
Eligibility Item	Verification Source	Result
US Citizen or otherwise Eligible to work in the U.S	<input type="checkbox"/> I-9 Documentation <input type="checkbox"/> Self-Attestation Form	<input type="checkbox"/> From List A _____ OR <input type="checkbox"/> From List B _____ And List C _____
School Status at Participation	<input type="checkbox"/> Attending _____ (School Name) <input type="checkbox"/> Not Attending any School	<input type="checkbox"/> Applicable records from education institution (GED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) <input type="checkbox"/> Intake Application or Enrollment Form <input type="checkbox"/> Electronic Records (i.e. MIS, OSPI) <input type="checkbox"/> Case Notes <input type="checkbox"/> Self-Attestation
Age/DOB _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth certificate or hospital record of birth <input type="checkbox"/> DD-214 (Report of Transfer or Discharge) <input type="checkbox"/> Federal, State, Local or Tribal ID Card <input type="checkbox"/> US Passport <input type="checkbox"/> Public Assistance/Social Service Records	<input type="checkbox"/> School Records or ID Cards <input type="checkbox"/> Work permit <input type="checkbox"/> Justice System Records <input type="checkbox"/> Selective Service Registration <input type="checkbox"/> Medical Records <input type="checkbox"/> Tribal Records <input type="checkbox"/> Self-Attestation or signed letter from parent/guardian
Selective Service	<input type="checkbox"/> Selective Service Acknowledgment Letter <input type="checkbox"/> Form DD 214 (Report of Separation) <input type="checkbox"/> Screen Printout of verification site www.sss.gov <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Verification (Form 3A) <input type="checkbox"/> Stamped Post Office Receipt of Registration	Registration Number: _____
Low Income (Applies to In- School Youth and Out of School Youth Criteria 3 & 8 only)	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Public Assistance Records (REQUIRED IF RECEIVING) <input type="checkbox"/> Free or Reduced Lunch Program <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Other: See WorkSource System Policy 1019 (latest revision) for more documentation sources	<u>Includable</u> <u>Excludable</u>

ADDITIONAL CRITERIA - Check and document one (1) only

* Use Supplemental Verification Record to document

<p style="text-align: center;">Out of School Youth: Not Attending School AND one or more of the following*:</p> <p>1 <input type="checkbox"/> School Dropout 2 <input type="checkbox"/> Within compulsory age, not attended most recent school yr qtr 3 <input type="checkbox"/> HS Diploma or Equivalent and low income AND <input type="checkbox"/> BSD or <input type="checkbox"/> ELL 4 <input type="checkbox"/> Subject to juvenile or adult justice system 5 <input type="checkbox"/> Homeless or runaway or foster child 6 <input type="checkbox"/> Pregnant or parenting 7 <input type="checkbox"/> Disability 8 <input type="checkbox"/> Requires additional assistance and low income</p>	<p style="text-align: center;">In School Youth: Low Income AND one or more of the following*:</p> <p>1 <input type="checkbox"/> Basic skills deficient 2 <input type="checkbox"/> English Language Learner 3 <input type="checkbox"/> Offender 4 <input type="checkbox"/> Homeless, runaway, foster child 5 <input type="checkbox"/> Pregnant or parenting 6 <input type="checkbox"/> Disability 7 <input type="checkbox"/> Requires additional assistance</p>
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<p>Applicant is eligible as:</p> <p><input type="checkbox"/> Out of School Youth <input type="checkbox"/> 5% Window (3 or 8) <input type="checkbox"/> In School Youth <input type="checkbox"/> 5% Window</p> <p><input type="checkbox"/> Applicant is not eligible</p>	<p>Determined by: _____ Date _____ (staff member signature)</p> <p>Reviewed by: _____ Date _____ (manager or designee signature)</p>
<p>Application is complete, reasonable and internally consistent. Yes No</p>	

Youth Supplemental Verification Record

Applicant Name _____

		Eligibility Item	Verification Source	Result
OUT OF SCHOOL YOUTH		School Dropout (See School Status at Participation)	<input type="checkbox"/> Applicable records from education institution (GED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) <input type="checkbox"/> Intake Application or Enrollment Form <input type="checkbox"/> Electronic Records (i.e. MIS, OSPi) <input type="checkbox"/> Case Notes <input type="checkbox"/> Self-Attestation	
		Within Compulsory age, not attended most recent school year quarter (See School Status at Participation)	<input type="checkbox"/> Applicable records from education institution (GED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) <input type="checkbox"/> Intake Application or Enrollment Form <input type="checkbox"/> Electronic Records (i.e. MIS, OSPi) <input type="checkbox"/> Case Notes <input type="checkbox"/> Self-Attestation	
		Low Income with HS Diploma or Equivalent AND <input type="checkbox"/> BSD or <input type="checkbox"/> ELL (document using same list under ISY)	<input type="checkbox"/> Low Income (verified on first page) AND <input type="checkbox"/> HS Diploma or Equivalent AND <input type="checkbox"/> BSD or ELL	
IN SCHOOL YOUTH		Basic Skills Deficient	<input type="checkbox"/> CASAS Pre-test scores	
		English Language Learner	<input type="checkbox"/> Assessment Test Results _____ <input type="checkbox"/> Applicable Records from Education Institution (transcripts, or other school documentation) <input type="checkbox"/> Intake Application, Enrollment Form, or ISS <input type="checkbox"/> Case Notes <input type="checkbox"/> Self-Attestation	
EITHER OUT OF SCHOOL OR IN SCHOOL YOUTH		Offender	<input type="checkbox"/> Documents from juvenile or adult criminal justice system <input type="checkbox"/> Written Statement or Referral Document from Court or Probation Officer <input type="checkbox"/> Referral Transmittal from a Reintegration Agency <input type="checkbox"/> WIOA Intake Form/ISS/Needs Assessment/Case Notes <input type="checkbox"/> Self-Attestation	
		Homeless or Runaway Youth	<input type="checkbox"/> Statement from individual providing residence, shelter or Social Service agency <input type="checkbox"/> Letter from caseworker or support provider <input type="checkbox"/> WIOA Intake Form/ISS/Needs Assessment/Case Notes <input type="checkbox"/> Self-Attestation	
		Foster Care Youth	<input type="checkbox"/> Written Confirmation from Social Services Agency <input type="checkbox"/> Foster Care Agency Referral Transmittal <input type="checkbox"/> WIOA Intake or Registration Form/ISS/Needs Assessment <input type="checkbox"/> Case Notes <input type="checkbox"/> Self-Attestation	
		Pregnant or Parenting	<input type="checkbox"/> WIC Eligibility Verification <input type="checkbox"/> TANF Single Parent Eligibility Verification <input type="checkbox"/> Observation of Pregnancy Status/Case Notes <input type="checkbox"/> WIOA Intake or Registration Form/ISS/Needs Assessment <input type="checkbox"/> Self-Attestation	
		Individual with Disability	<input type="checkbox"/> WIOA Intake or Registration Form/ISS/Needs Assessment <input type="checkbox"/> School IEP or 504 Records <input type="checkbox"/> Self-Attestation	
		Low Income and Requires Additional Assistance to enter or complete an educational program or secure employment	<input type="checkbox"/> Low Income (verified on first page) if OSY AND <input type="checkbox"/> Case Notes <input type="checkbox"/> WIOA Intake or Registration Form/ISS/Needs Assessment <input type="checkbox"/> Self-Attestation	