

# North Central Workforce Development Area

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## LOCAL DIRECTIVE

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| Directive #: <u>17-163 REV 2</u> Date: <u>January 9, 2020</u> |
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TO: SkillSource Staff and Service Providers

FROM: Dave Petersen, Executive Director

SUBJECT: WIOA Youth Eligibility and Design Framework (Assessment, ISS, Case Management)

SUPERCEDES: Directive #17-163 REV 1

### **Change Summary:**

1. Clarified the WIOA Application may be used for self-attestation for allowable criteria
- 

Pursuant to Workforce Innovation and Opportunity Act Section 129(a), 20 CFR Part 681, TEGL 21-16, TEGL 10-16: Change 1 and WorkSource System Policy #1019 Rev. 4, this Directive outlines Eligibility Determination and Design Framework (Objective Assessment, Individual Service Strategy (ISS) and Case Management) and Program Elements for local Workforce Innovation and Opportunity Act (WIOA) Title I Youth Programs.

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## I. ELIGIBILITY

Youth program requirements are distinguished by In-School youth and Out-of-School youth, which have different eligibility requirements.

### In-School Youth

Individuals must meet the following eligibility guidelines to be In-School youth.

- U.S. citizen or otherwise legally entitled to work in the U.S.;
- Attending school as defined by state law;
- Age 14 through 21;
- Selective Service Registration (males who are 18 or older and born on or after January 1, 1960), unless an exception is justified;
- Low income individual; **and**
- One or more of the following:

|                               |   |
|-------------------------------|---|
| <b>Category 1</b>             | Basic skills deficient  |
| <b>Category 2</b>             | An English language learner   |
| <b>Category 3</b>             | An offender   |
| <b>Category 4</b>             | A homeless individual (as defined in Section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))), a homeless child or youth (as defined in Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), a runaway, in foster care or has aged out of foster care system, a child eligible for assistance under Section 477 of the Social Security Act (42 U.S.C. 677), or in an out of home placement |
| <b>Category 5</b>             | Pregnant or parenting   |
| <b>Category 6</b>             | A youth who is an individual with a disability  |
| <b>Category 7<sup>1</sup></b> | An individual who requires additional assistance to complete an educational program or to secure or hold employment   |

<sup>1</sup>Limitation on in-school youth requiring additional assistance. In any single program year, no more than 5 percent of the local area's total in-school youth participants can be those who require additional assistance to complete an educational program or to secure or hold employment (Category 7). [WIOA Section 129(a)(3)(B)]

### Out-of-School Youth

Individuals must meet the following eligibility guidelines to be Out-of-School youth.

- U.S. citizen or otherwise legally entitled to work in the U.S.;
- Not attending any school (as defined under State Law RCW 28A.175.100), at the time of enrollment; (Youth attending Open Doors/1418, HS Equivalency Programs or dropout re-engagement programs (20 CFR 681.230 and WorkSource System Policy 1019 Rev 4 Eligibility Handbook Rev 4), Adult Ed, YouthBuild, Job Corps at the time of enrollment are considered to be not "attending school")
- Age 16 through 24;
- Selective Service Registration (males who are 18 or older and born on or after January 1, 1960), unless an exception is justified; **and**
- One or more of the following:

|                   |   |
|-------------------|---|
| <b>Category 1</b> | A school dropout  |
| <b>Category 2</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   |
| <b>Category 3</b> | A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is either basic skills deficient or an English language learner   |
| <b>Category 4</b> | An individual who is subject to the juvenile or adult justice system  |
| <b>Category 5</b> | A homeless individual (as defined in Section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))), a homeless child or youth (as defined in Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), a runaway, in foster care or has aged out of foster care system, a child eligible for assistance under Section 477 of the Social Security Act (42 U.S.C. 677), or in an out of home placement |
| <b>Category 6</b> | Pregnant or parenting   |
| <b>Category 7</b> | A youth who is an individual with a disability  |
| <b>Category 8</b> | A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment  |

**NOTE:** SkillSource and its contractors/service providers provide all educational services through contracts with school districts in all learning centers. Furthermore, school districts pass through State education funding directly to SkillSource and its contractors/service providers and provide no local levy or other local funding. Additionally, no district-based personnel provide instruction or are accountable for the delivery of instruction.

**APPLICATION AND DOCUMENTATION:**

To ensure adequate eligibility determinations, documentation for each applicant is required. Adequate documentation includes:

- A completed application for each applicant.
  - Copies of documents used to determine eligibility as outlined in the attached verification and supplemental verification forms. The Youth verification form outlines acceptable forms of documentation including self-attestation where appropriate. Self-attestation may be used, where indicated, when other forms of documentation cannot be obtained. Self-attestation can be a signed and dated WIOA eligibility application as it includes an acknowledgment that falsification of the information shall be grounds for immediate termination and may subject the applicant to other penalties under the law.
- Trainer determines eligibility and signs at the bottom of the Verification Record.
- A Training Manager or his/her designee will review each file for correct eligibility determination and sign at the bottom of the Eligibility Verification Record upon review.
- Data will be entered into the data system consistent with Data Service & Case Notes Directive

**II. OBJECTIVE ASSESSMENT**

As per WIOA Sec. 129(c)(1)(A) and TEGLS 33-12 and 21-16, the WIOA youth program design requires an objective assessment of academic levels, skill levels, and service needs of each participant, which includes a review of:

- basic skills
- occupational skills
- prior work experience

- employability
- interests, aptitudes (including interests and aptitudes for nontraditional jobs)
- supportive service needs
- developmental needs
- youth's strengths rather than just focusing on areas that need improvement

Objective assessment results will be recorded on the Individual Service Strategy (ISS).

Assessment should be an ongoing process, continually reviewing participant interests, abilities, etc., that allows the case manager an opportunity to evaluate how effective services are in meeting particular needs, and ensuring flexibility in adapting service delivery strategies to a youth's needs and employment goals.

It is important that all services provided to participants match participant needs, as identified in the assessment and plans articulated in the ISS. It is important that the ISS is reviewed with the youth to reinforce the youth's familiarity with the goals and for periodic updates. Youth are to receive a copy of the jointly-developed and completed ISS.

### III. INDIVIDUAL SERVICE STRATEGY (ISS)

Pursuant to 20 CFR 681.420(a)(2), the design framework of local youth programs must develop, and update as needed, an individual service strategy based on the needs of each youth participant that:

- is directly linked to one or more indicators of performance described in WIOA sec. 116(b)(2)(A)(ii),(Employment or Education (Q2 & Q4), Median Earnings (Q2), Diploma/Credentials, Measurable Skill Gains
- identifies career pathways that include education and employment goals,
- considers career planning and the results of the objective assessment and
- prescribes achievement objectives and services for the participant

Additionally, TEGL 33-12 outlines the following ISS criteria:

- The ISS is a detailed, unique, individual strategy for each participant that is the basis for the overall case management strategy and is a living document, reviewed and updated on an ongoing basis
- The case manager uses the ISS to update strategies and activities as they occur and/or as life changes require, and to document referral and contact information for services obtained from partner organizations
- When reviewing the ISS, case managers should document a participant's progress, activities completed, benchmarks reached
- The ISS is to be developed and modified in partnership with the participant, and documents achievements in measurable and attainable short-term and long-term goals that both reflect the young person's interests and incorporate career pathway planning

**DEVELOPMENT OF THE ISS:** The local area requires that each WIOA registered youth participant have a fully developed ISS. The attached ISS is to be used to document assessment, planned activities, services and projected goals and outcomes. Instructions on the completion and use of the ISS form are included with the attached form. The ISS must be updated when activities are completed or there are changes in the plan. The customer must participate in the development of the ISS and receive a copy of the completed document.



## Application (for Workforce Investment Services)

SkillSource is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

|   |                 |   |
|---|-----------------|---|
| Name: _____   |                 | CMS # _____   |
| Today's date:   |                 | Social security number:   |
| First name:   | Middle Initial: | Last name:  |
| Home phone:   |                 | Email address:  |
| Message phone:  |                 |   |
| Mailing Address:  |                 | If different, street address :  |
| City:   |                 | City:   |
| Zip Code:   |                 | Zip code:   |
| Date of birth:  | Age:            | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Are you legally entitled to work in the U.S.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Alien Registration Expiration Date _____   |                 | Do you have a disability?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, has it caused difficulty finding or keeping employment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Are you currently attending school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes:</b><br><input type="checkbox"/> Alternative high school<br><input type="checkbox"/> High school<br><input type="checkbox"/> Community college<br><input type="checkbox"/> Other _____ |                 | Education level?<br><input type="checkbox"/> Dropout   Last completed grade _____<br><input type="checkbox"/> High School Diploma<br><input type="checkbox"/> GED<br><input type="checkbox"/> AA Degree<br><input type="checkbox"/> Bachelor's Degree |
| Are you registered with Selective Service?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable (because of age or gender)  |                 | Military service? (If Yes please enter dates)<br><input type="checkbox"/> Yes   Date entered   Month ___ Day ___ Yr ___<br><input type="checkbox"/> No   Date discharged   Month ___ Day ___ Yr ___   |
| Are you currently employed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Hourly wage \$ _____<br>Hours per week _____<br>Employer: _____  |                 | Are you receiving unemployment insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Did you lose your last job because of a layoff or plant / business closure?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of employer: _____<br><br>Job title: _____<br><br>Layoff date: _____<br>Ending wage: \$ _____  |                 |   |

|   |   |         |
|---|---|---------|
| <input type="checkbox"/> Hourly<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly  |   |         |
| <b>Are you a migrant or farmworker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes: <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant farmworker<br><br>Type: <input type="checkbox"/> Food Processing <input type="checkbox"/> Agricultural Production & Services  | <b>Do you understand English?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If no, do you need an interpreter?</b><br><input type="checkbox"/> Yes What language? _____<br><input type="checkbox"/> No  |         |
| <b>Are you currently receiving a Pell Grant?</b><br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>What are you studying? _____<br><br>Educational Institution? _____   | <b>Are you currently receiving public assistance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>If yes, what type?</b><br><br><input type="checkbox"/> TANF \$ _____<br><input type="checkbox"/> General Assistance \$ _____<br><input type="checkbox"/> Food Stamps \$ _____<br><input type="checkbox"/> Other: _____ \$ _____ |         |
| <b>Are you homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Live in a temporary shelter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Temporarily staying with friends?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Valid driver's license?</b><br><input type="checkbox"/> Yes State? _____<br><input type="checkbox"/> No  |         |
| <b>Have you been convicted or pled no contest to any criminal offense?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>If yes:</b><br>Date: _____ Are you currently on: Probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Home detention <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Work Release <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Juvenile probation <input type="checkbox"/> Yes <input type="checkbox"/> No |   |         |
| <b>Are you a single parent?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>If you are 24 or younger,</b><br><b>Are you pregnant or do you have a child?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Are you in foster care?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |         |
| <b>Back Up Contacts:</b>  |   |         |
| 1. Name   | Relationship  | Phone # |
| 2. Name   | Relationship  | Phone # |

| For Staff Use Only  |  |  |
|---|--|--|
| Annualized Applicant Income: \$ _____   | Reading Grade Level:   | Math Grade Level:  |
| Family Size _____ Annualized Family Income \$ _____                               |  |  |
| <b>Low Income:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Youth 5% Window?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Youth Only:</b><br><b>Needs Additional Assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name: \_\_\_\_\_

Enter your WORK HISTORY: all jobs in the last six months and a least your last three jobs (Most recent employer first)

|                     |                |                 |
|---------------------|----------------|-----------------|
| Employer name:      | Start date:    | End date:       |
| Job title:          | Ending salary: | Hours per week: |
| Reason for leaving: |                |                 |
| Employer name:      | Start date:    | End date:       |
| Job title:          | Ending salary: | Hours per week: |
| Reason for leaving: |                |                 |
| Employer name:      | Start date:    | End date:       |
| Job title:          | Ending salary: | Hours per week: |
| Reason for leaving: |                |                 |

Please describe your EDUCATION and any CERTIFICATES you have earned:

|                    |                  |
|--------------------|------------------|
| School or College: |                  |
| Degree:            | Completion Date: |
| School or College: |                  |
| Degree:            | Completion Date: |
| Certificate:       | Completion Date: |
| Certificate:       | Completion Date: |

Please list everyone living in your household:

| Relationship | Last Name | First Name | Age | Gender | Dependent? |
|--------------|-----------|------------|-----|--------|------------|
|              |           |            |     |        |            |
|              |           |            |     |        |            |
|              |           |            |     |        |            |
|              |           |            |     |        |            |
|              |           |            |     |        |            |
|              |           |            |     |        |            |
|              |           |            |     |        |            |

I certify the information provided is true to the best of my knowledge. I understand that falsification of information on this application shall result in immediate termination of services, and I may be subject to prosecution under the law. I am also aware the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand it will be used to determine eligibility. I understand services are subject to availability of federal funds. I have been advised of equal opportunity, appeal rights, and the Privacy Act of 1974.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

## Youth Eligibility Verification Record

**Applicant Name** \_\_\_\_\_

| Data Item  | Verification Source (1)   | Result   |
|--|---|--|
| Social Security Number   | If applicant refuses to provide SS#, notify Managing Director.  | # _____  |
| Eligibility Item   | Verification Source (1)   | Result   |
| US Citizen or otherwise Eligible to work in the U.S  | <input type="checkbox"/> I-9 Documentation  | <input type="checkbox"/> From List A _____<br>OR<br><input type="checkbox"/> From List B _____<br>And List C _____   |
| School Status at Participation   | <input type="checkbox"/> Attending<br>_____<br>(School Name)<br><br><input type="checkbox"/> Not Attending any School   | <input type="checkbox"/> GED or HS Diploma<br><input type="checkbox"/> School Attendance Record or Transcripts<br><input type="checkbox"/> Dropout Letter or Other School Documentation<br><input type="checkbox"/> WIOA Intake or Registration Form<br><input type="checkbox"/> State MIS or Self-Attestation   |
| Age/DOB _____  | <input type="checkbox"/> Birth certificate or hospital record of birth<br><input type="checkbox"/> Driver's License<br><input type="checkbox"/> Baptismal Record<br><input type="checkbox"/> DD-214 (Report of Transfer or Discharge)<br><input type="checkbox"/> Work permit   | <input type="checkbox"/> School Records or ID Cards<br><input type="checkbox"/> Public Assistance/Social Service Records<br><input type="checkbox"/> US Passport<br><input type="checkbox"/> Federal or State or Local ID Card<br><input type="checkbox"/> Tribal Records  |
| Selective Service  | <input type="checkbox"/> Selective Service Acknowledgment Letter<br><input type="checkbox"/> Selective Service Registration Card<br><input type="checkbox"/> Stamped Post Office Receipt of Registration<br><input type="checkbox"/> Internet verification <a href="http://www.sss.gov">www.sss.gov</a><br><input type="checkbox"/> Form DD 214 (Report of Separation)<br><input type="checkbox"/> Selective Service Verification (Form 3A) | Registration Number: _____   |
| Low Income<br><br>(Applies to In- School Youth and Out of School Youth Criteria 3 & 8 only)  | <input type="checkbox"/> Pay stubs<br><input type="checkbox"/> Employer Statement/Contact<br><input type="checkbox"/> Public Assistance Records (REQUIRED IF RECEIVING)<br><input type="checkbox"/> Free or Reduced Lunch Program<br><input type="checkbox"/> Self-Attestation (if under 18, must have a cosigner over 18)<br><input type="checkbox"/> Other: See WorkSource System Policy 1019 Rev 4 for additional documentation sources  | <u>Includable</u> <u>Excludable</u>  |
| <b>ADDITIONAL CRITERIA</b><br><b>Check and document one (1) only</b><br>* Use Supplemental Verification Record to document   |   |  |
| <b>Out of School Youth:</b><br><b>Not Attending School AND one or more of the following*:</b><br>1 <input type="checkbox"/> School Dropout<br>2 <input type="checkbox"/> Within compulsory age, not attended most recent school yr qtr<br>3 <input type="checkbox"/> HS Diploma or Equivalent and <b>low income</b> AND <input type="checkbox"/> BSD or <input type="checkbox"/> ELL<br>4 <input type="checkbox"/> Subject to juvenile or adult justice system<br>5 <input type="checkbox"/> Homeless or runaway or foster child<br>6 <input type="checkbox"/> Pregnant or parenting<br>7 <input type="checkbox"/> Disability<br>8 <input type="checkbox"/> Requires additional assistance and <b>low income</b> |   | <b>In School Youth:</b><br><b>Low Income AND one or more of the following*:</b><br>1 <input type="checkbox"/> Basic skills deficient<br>2 <input type="checkbox"/> English Language Learner<br>3 <input type="checkbox"/> Offender<br>4 <input type="checkbox"/> Homeless, runaway, foster child<br>5 <input type="checkbox"/> Pregnant or parenting<br>6 <input type="checkbox"/> Disability<br>7 <input type="checkbox"/> Requires additional assistance |
| <b>Applicant is eligible as:</b><br><input type="checkbox"/> Out of School Youth <input type="checkbox"/> 5% Window (3 or 8)<br><input type="checkbox"/> In School Youth <input type="checkbox"/> 5% Window<br><br><input type="checkbox"/> Applicant is not eligible  | <b>Determined by:</b> _____ <b>Date</b> _____<br>(staff member signature)<br><br><b>Reviewed by:</b> _____ <b>Date</b> _____<br>(manager or designee signature)   |  |
| <b>Application is complete, reasonable and internally consistent. Yes ___ No ___</b>   |   |  |



## Youth Supplemental Verification Record

Applicant Name \_\_\_\_\_

|  |  | Eligibility Item   | Verification Source  | Result |
|--|--|--|--|--------|
| <b>OUT OF SCHOOL YOUTH</b>                     |  | School Dropout   | <input type="checkbox"/> GED or HS Diploma<br><input type="checkbox"/> School Attendance Record or Transcripts<br><input type="checkbox"/> Dropout Letter or Other School Documentation<br><input type="checkbox"/> WIOA Intake or Registration Form<br><input type="checkbox"/> State MIS <input type="checkbox"/> Self-Attestation |        |
|  |  | Within Compulsory age, not attended most recent school year quarter  | <input type="checkbox"/> GED or HS Diploma<br><input type="checkbox"/> School Attendance Record or Transcripts<br><input type="checkbox"/> Dropout Letter or Other School Documentation<br><input type="checkbox"/> WIOA Intake or Registration Form<br><input type="checkbox"/> State MIS <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<br><input type="checkbox"/> HS Diploma or Equivalent AND<br><input type="checkbox"/> BSD or ELL   |        |
|  |  | Subject to Juvenile or Adult Justice System  | <input type="checkbox"/> Documents from juvenile or adult criminal justice system<br><input type="checkbox"/> Court or Probation phone contact<br><input type="checkbox"/> WIOA Intake or Registration Form <input type="checkbox"/> Self-Attestation  |        |
| <b>IN SCHOOL YOUTH</b>                         |  | Basic Skills Deficient   | <input type="checkbox"/> School Records<br><input type="checkbox"/> Standardized Test _____<br><input type="checkbox"/> Case Notes   |        |
|  |  | English Language Learner   | <input type="checkbox"/> School Records<br><input type="checkbox"/> Standardized Test _____<br><input type="checkbox"/> Case Notes   |        |
|  |  | Offender   | <input type="checkbox"/> Documents from juvenile or adult criminal justice system<br><input type="checkbox"/> Court or Probation phone contact<br><input type="checkbox"/> WIOA Intake or Registration Form <input type="checkbox"/> Self-Attestation  |        |
| <b>EITHER OUT OF SCHOOL OR IN SCHOOL YOUTH</b> |  | Homeless or Runaway Youth  | <input type="checkbox"/> Statement from individual providing residence, shelter or Social Service agency<br><input type="checkbox"/> WIOA Registration Form <input type="checkbox"/> Self-Attestation  |        |
|  |  | Foster Care Youth  | <input type="checkbox"/> Written Confirmation from Social Services Agency<br><input type="checkbox"/> Case Notes   |        |
|  |  | Pregnant or Parenting  | <input type="checkbox"/> Birth certificate<br><input type="checkbox"/> Baptismal record<br><input type="checkbox"/> Physician's note<br><input type="checkbox"/> Observation of Pregnancy Status <input type="checkbox"/> Self-Attestation   |        |
|  |  | Individual with Disability   | <input type="checkbox"/> ISS<br><input type="checkbox"/> Case Notes<br><input type="checkbox"/> WIOA Registration Form<br><input type="checkbox"/> State MIS<br><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<br><input type="checkbox"/> ISS<br><input type="checkbox"/> Case Notes<br><input type="checkbox"/> WIOA Registration Form<br><input type="checkbox"/> State MIS<br><input type="checkbox"/> Self-Attestation   |        |

### **SkillSource Data Sharing Notice**

The information you provide us is private and confidential and will be shared among SkillSource partners to facilitate the delivery of services to you. Examples of SkillSource partners are community colleges, community service organizations, the Department of Social and Health Services (DSHS), and the Division of Vocational Rehabilitation within DSHS, and WorkSource. The information will be shared with SkillSource partners only for the purpose of providing you employment and training-related services.

The information we will share includes personal information you provide such as your name, address and Social Security Number, other relevant identifying information, and your employment and educational history. Sharing of the information among SkillSource partners allows you to receive services from them without having to give the same information to each of the partners.

By contract, SkillSource partners are prohibited from further disclosing this information. This information is not subject to disclosure under the Public Records Act (RCW 42.17.310).

You may ask us to not share your information and we will honor that request, and your eligibility for services will not be affected. However, in order to take advantage of the services SkillSource partners offer, you will need to give each of them information about yourself. Unless you ask us to not share your information, the relevant information will be shared with our SkillSource partners, so they can assist you in employment and training-related services.

Please be advised that even if you ask us to not share your information with SkillSource partners, your information may be shared or disclosed as otherwise required by state or federal law. (AG version, 8/1/00)

I authorize sharing my data with SkillSource partners.

---

Signature

Date

Parent authorization:

---

Signature

Date



## Income & Family Size Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_ Family Size: \_\_\_\_\_

Please list all income received by family members in the last six months.

From \_\_\_\_\_ to \_\_\_\_\_

(Bring verification documents for public assistance, food stamps and any of the includable income except wages)

| FAMILY MEMBER                            | NAME (SELF): | NAME: | NAME: | NAME: |
|--|--------------|-------|-------|-------|
| <b><u>INCLUDABLE</u></b>                 |              |       |       |       |
| Wages ( before deductions)               |              |       |       |       |
| Self-Employment (net)                    |              |       |       |       |
| Alimony/Maintenance                      |              |       |       |       |
| Military Allotment                       |              |       |       |       |
| Pension                                  |              |       |       |       |
| Income from rents/annuities              |              |       |       |       |
| Interest, dividends, lottery winnings    |              |       |       |       |
| Veteran Benefits                         |              |       |       |       |
| Disability/Health Payments               |              |       |       |       |
| Scholarships/Grants (Except PELL grants) |              |       |       |       |
| Unemployment (UI)                        |              |       |       |       |
| Child Support                            |              |       |       |       |
| Old Age & Survivors Insurance (OASI)     |              |       |       |       |
| Social Security Disability (SSDI)        |              |       |       |       |
| <b>TOTAL LAST 6 MONTHS</b>               |              |       |       |       |
| <b><u>EXCLUDABLE</u></b>                 |              |       |       |       |
| Public Assistance                        |              |       |       |       |
| Food Stamps                              |              |       |       |       |
| Payments from training program           |              |       |       |       |
| PELL Grants                              |              |       |       |       |
| Terminal leave pay                       |              |       |       |       |
| Supplemental Security Income (SSI)       |              |       |       |       |
| Military Allowance                       |              |       |       |       |
| Other                                    |              |       |       |       |
| <b>TOTAL LAST 6 MONTHS</b>               |              |       |       |       |

I attest that the information stated above is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize release of any information requested by the SkillSource from your agency that is pertinent to my application and verification needs. I also waive all rights of confidentiality involving my case record with SkillSource.

---

Name (Please Print)

---

Signature

---

Date

---

Social Security Number

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Place and Date of Birth

## Youth Individual Service Strategy (ISS) Instructions:

- Fill in participant's name and CMS ID#

### Basic Education Skills

- Assessment: Record CASAS diagnostic test scores for Reading & Math. Use the Post test section to record post test scores and dates. Fill in the Education level section for GED, HS Diploma, Credit Deficiency, IEP and Completed grade levels, Year, School.
- Achievement Strategy: Record the start date of the Basic Skill Achievement Strategy. (\*This should be the same date as recorded for the start of Educational Achievement Service in the State MIS system) If a youth participant does not need basic skills instruction in one of the three strategies, write in NA.
- Goals & Attainment: Record the basic skill goal, start date, targeted achievement date. Indicate which of the goals outlined below have been set as a targeted goal (ie: Goal #1: achievement of 1, 3 or 5 below). When that goal has been accomplished, record the achievement date.

### Work Readiness Skills

- Pre-Employment (PE) Assessment: Using assessment materials (Participant Assessment Questionnaire-PAQ and the Participant Competency Rating Scale – PCR) check the demonstrated skill level of each of the PE categories. In consultation with the participant, record a plan to attain PE skills.
- Work Maturity (WM) Assessment: Check boxes that apply to the participant regarding their work history. Total the number of checked boxes. Two or more checks presume the participant needs additional work maturity training. In consultation with the participant, fill in the Work Maturity goal section accordingly. Discuss strategies for meeting these goals to be recorded in the Work Readiness Training Plan.
- Work Readiness Skill Training Plan: Record the training activities and planned start dates discussed with the participant. Discuss achievement strategies.
- Strengths Assessment: List 1-2 strengths of the participant identified during objective assessment that are key to building success.
- Developmental Needs: List 1-2 developmental needs of the participant identified during objective assessment and the assessment tool used. Remember to put any medical related information in a separate file.

### Occupational Skills

- Assessment & Goals Record the results of the participant's top three occupational interests and the assessment tool used. List any previous jobs or vocational classes the participant has had. List the short and long term career goals as a result of a assessment tools and participant interview.
- Occupational Skills Training Plan: List the occupation or job title of training to be provided. This section does not need to be completed at the initial interview, it may be filled in at the time such decision is made. Record if it is a demand occupation, the wage potential (ie: average starting wage in the local area), the training activity and the start date. To receive occupational skills training, the participant must have insufficient job experience and/or classroom skills training and the occupation must be a demand occupation.
- Occupational Skills Attainment: Upon assignment of occupational skills training, assign one or two goals. When completed, record the post-test date and the score. The occupational skill goal attainment is verified by training evaluations. In order for a goal attainment to be reported in the area of occupational skills, the participant must demonstrate one of the two goals listed on the ISS.

### Support Services

- Check any barriers to employment and record the agency the participant is referred to for assistance. If all other community resources are explored and exhausted, support services may be provided using WIOA funds per the WDC support services policy. Attach all required documentation in the file when support services are provided.

**Additional Services**

- Through personal interview and plan development, the career advisor and participant will determine the need for these services. The need for these services may change during program participation in which case the ISS should be updated and the plan revised.

**Customer Responsibilities**

- The participant must read, agree with and sign the ISS in order for services to begin. The plan should be updated and revised as necessary with participation of the youth.

## CAREER PLANNING & INDIVIDUAL SERVICE STRATEGY

Name \_\_\_\_\_

CMS# \_\_\_\_\_

The ISS is a detailed, unique, individual strategy developed with each participant that outlines a road map towards a fulfilling and fruitful career. It is designed to be a living document, reviewed and updated on an ongoing basis.

### BASIC EDUCATION SKILLS

#### Assessment

|         | Diagnostic Test | Pre-test Date | Score | Post-test Date | Score | Post-test Date | Score |
|---------|-----------------|---------------|-------|----------------|-------|----------------|-------|
| Reading | CASAS           |               |       |                |       |                |       |
| Math    | CASAS           |               |       |                |       |                |       |

|  |                          |     |                          |    |                    |
|--|--------------------------|-----|--------------------------|----|--------------------|
| HSE/GED                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Year:              |
| H.S. Diploma                           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | H.S.:              |
| Credit Deficient                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | #Credit deficient: |
| Active Individual Education Plan (IEP) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | School:            |
| Grade Levels Completed                 | 6 7 8 9 10 11 12 13      |     |                          |    | School:            |

| Date | Educational Achievement Strategy   |
|------|--|
|      | Remedial Education (ie: Summer School)   |
|      | Instruction leading to High School Diploma/GED (May include tutoring, study skills training) |
|      | Instruction leading to Post-Secondary Education  |

#### Basic Skill Goals & Attainment

| Basic Skill Goal | Targeted Achievement Date | Achieved?<br>Yes No<br>Date | Comment |
|------------------|---------------------------|-----------------------------|---------|
|                  |                           |                             |         |
|                  |                           |                             |         |
|                  |                           |                             |         |

**Examples** of learning objectives or measurable basic skill gains:

- (1) an increase of one grade level in reading, math
- (2) a 5 point increase on the CASAS scale for reading or math
- (3) pass 1 or more of the General Educational Development tests,
- (4) attain high school credit or earn IAP
- (6) attain high school diploma or HSE (GED)
- (5) Other measurable skill gains (pass State standardized benchmark (Smarter Balance, EOC, WA St History, 5 yr plan)

**WORK READINESS SKILLS**

Career Exploration and Work Based training may be provided if participant lacks pre-employment and/or work maturity skills.

**Pre-employment Skills Assessment**

| #            | Skill Attainment Indicator     | Demonstrates Skill           |                             |
|--------------|--------------------------------|------------------------------|-----------------------------|
| 1            | Making Career Decisions        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2            | Using Labor Market Information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3            | Preparing resumes              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4            | Filling out applications       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5            | Interviewing                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Plan:</b> |                                |                              |                             |

**Work Maturity Assessment**

(Check all that apply)

|  |  |
|--|--|
|  | 1. Has not worked full time for at least 90 calendar days with one employer during the past 5 years (excluding training programs). Verified by work history. |
|  | 2. Does not provide a written recommendation from a previous employer. Verified by observation.  |
|  | 3. Has been fired from at least one job or has quit without notifying employer. Verified by work history or employer contact.                                |
|  | <b>Total Number of checks:</b> (2 or more checks presume participant needs additional work maturity training).   |

**Career Exploration & Work Based Training Plan**

| Activity<br>(WEX, Internship Project Learning,<br>Pre Apprenticeship, etc) | Start<br>Date | Targeted<br>Achievement<br>Date | Completed?  |            | Comment |
|--|---------------|---------------------------------|-------------|------------|---------|
|  |               |                                 | Yes<br>Date | No<br>Date |         |
|  |               |                                 |             |            |         |
|  |               |                                 |             |            |         |
|  |               |                                 |             |            |         |
|  |               |                                 |             |            |         |

**STRENGTHS & DEVELOPMENTAL NEEDS ASSESSMENT**

List strengths and developmental needs of the participant identified during objective assessment.

| STRENGTHS           |  | Assessment Tool |
|---------------------|--|-----------------|
| 1.                  |  |                 |
| 2.                  |  |                 |
| DEVELOPMENTAL NEEDS |  | Assessment Tool |
| 1.                  |  |                 |
| 2.                  |  |                 |



**OCCUPATIONAL SKILLS**

Occupational Skills Training may be provided in a demand occupation if participant lacks occupational skills in that area.

**Assessment & Goals**

**Occupational Interests**

| Top three interest areas | Assessment Tool |
|--------------------------|-----------------|
| 1.                       |                 |
| 2.                       |                 |
| 3.                       |                 |

**Career Goals:**

Short term: \_\_\_\_\_  
 Long term: \_\_\_\_\_

**Occupational Training Plan**

List the occupation or job title of training to be provided as a result of Career Decision Making and Labor Market research. This section does not need to be completed at the initial interview; it may be filled in at the time such decision is made.

| Occupation/Job Title | Demand Occupation            | Hourly Wage Potential | Activity (ITA/OJT/Apprenticeship) | Start Date | Completion Date | Outcome<br><small>(1) Successful Comp<br/>(2) Did not complete</small> |
|----------------------|------------------------------|-----------------------|-----------------------------------|------------|-----------------|--|
| 1.                   | <input type="checkbox"/> Yes |                       |                                   |            |                 |  |
| 2.                   | <input type="checkbox"/> Yes |                       |                                   |            |                 |  |
| 3.                   | <input type="checkbox"/> Yes |                       |                                   |            |                 |  |

**SUPPORT SERVICES**

| Barriers to Employment   | Referred to (Agency) | Date |
|--|----------------------|------|
| <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation                      |                      |      |
| <input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Clothing |                      |      |
| <input type="checkbox"/> Medical / Dental / Optical  |                      |      |
| <input type="checkbox"/> Offender <input type="checkbox"/> Substance Abuse                       |                      |      |
| <input type="checkbox"/> Family / Personal   |                      |      |
| <input type="checkbox"/> Mental or Physical Disability   |                      |      |
| <input type="checkbox"/> Language  |                      |      |
| <input type="checkbox"/> Other   |                      |      |

**Supportive Service Plan (WIOA funded)**

- If needed as needed
- Budget Analysis completed (REQUIRED) and updated as necessary
- All other community resources have been explored and exhausted

**ADDITIONAL SERVICES**

Need for program services are assessed through personal interview and plan development.

| Activity                      | Assessment Results | Plan & Provider |
|-------------------------------|--------------------|-----------------|
| Mentoring                     |                    |                 |
| Leadership Development        |                    |                 |
| Guidance & Counseling         |                    |                 |
| Financial Literacy            |                    |                 |
| Entrepreneurial Skills        |                    |                 |
| Post- Secondary Ed Transition |                    |                 |

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CUSTOMER RESPONSIBILITIES**

I certify that I have actively participated in my assessment and the development of my Individual Service Strategy, and agree with the assessed need and plan for service. I feel I can achieve the expected results and I have received a copy of the plan for my records. I understand that the training assistance provided to me is for the purpose of obtaining and retaining employment related to my training. I understand that follow-up services are available for at least 12 months after I finish the program.

**I agree with the planned goals and services outlined in my Individual Service Strategy (ISS). I am fully committed to taking the steps necessary to reach my educational, occupational and employment goals.**

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Career Advisor \_\_\_\_\_ Date \_\_\_\_\_

## IV. DEFINITIONS

### 1) Low Income

Utilizing the definition at WIOA Section 3(36), of low-income means an individual who:

- (i) receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.), the program of block grants to States for temporary assistance for needy families program under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.), or the supplemental security income program established under title XVI of the Social Security Act (42 U.S.C. 1381 et seq.), or State or local income-based public assistance;
- (ii) is in a family with total family income that does not exceed the higher of— (I) the poverty line; or (II) 70 percent of the lower living standard income level;
- (iii) is a homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994(42 U.S.C. 14043e–2(6))), or a homeless child or youth (as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)));
- (iv) receives or is 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.);

Note: Per WorkSource System Policy 1019, Revision 4 and referenced Section 4 of TEGL 21-16 states that if schools offer all students with free or reduced price lunches, this criterion cannot be used to determine individual low-income eligibility for ISY. Also, with that same qualifier, OSY who are parents of children living in the same household who receive (or are eligible to receive) free or reduced price lunches meet low-income criteria based on their children’s qualification.

- (v) is a foster child on behalf of whom State or local government payments are made; or
- (vi) is an individual with a disability whose own income meets the income requirement of clause (ii), but who is a member of a family whose income does not meet this requirement.

WIOA Section 129(a)(2) states that low-income additionally includes youth living in high- poverty areas with 20 CFR 681.260 defining a high-poverty area as a Census tract, a set of contiguous Census tracts, Indian Reservation, tribal land, or Native Alaskan Village or county that has a poverty rate of at least 25 percent as set every 5 years using American Community Survey 5-year data.

#### Low Income Exceptions:

WIOA Section 129(3)(A)(ii) and 20 CFR Part 681.250(c) allows a low income exception where five percent (5%) of all WIOA youth participants may be participants who ordinarily would be require to be low-income for eligibility purposes and who meet all other eligibility criteria for WIOA youth except the low income criteria. This five percent must be calculated based on the percent of newly enrolled youth in the Area’s youth program in a given program year. Managers are required to send all low income exception requests to the Managing Director for approval prior to enrollment.

### 2) Family

“Family” means two or more persons related by blood, marriage, 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
- parent or legal guardian and dependent children, or
- a married couple

The phrase “living in a single residence” with other family members include temporary, voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It does not include

involuntary temporary residence elsewhere (e.g. incarceration, or placement as a result of a court order).

### 3) **Dependent**

For the purpose of determining family size for WIOA Title I Youth Program eligibility, the State has identified three instances, at a minimum, in which a given youth must be considered as a dependent. These three instances are:

- a) Youth under 18 who are not emancipated youth or runaway youth living “at home” with their parents or legal guardians, including individuals in the temporary care of another individual or household (but not claimed as a dependent by that household).
- b) Youth age 18-19 who are full-time students in a secondary school or equivalent, and are living “at home” with their parents or legal guardians.
- c) Youth age 18-24 who are not full-time students and are living “at home” with their parents or legal guardians and who are primarily supported by their parents.

Further local guidance: “Primarily supported by parents” means youth age 18-24, live “at home” with a parent or guardian and any income of their own for the past 6 months has been less than 30% of the OMB Poverty Income level guidelines (ie: not self-supporting) for a family of one and is not themselves:

- (i) Married or living with a dependent child, or
- (ii) Receiving cash welfare payments (excluding SSI).

A legal ‘guardian’ is a blood relative (ie: grandparent, aunt or uncle) or another legally recognized relative (ie: decree of court) who claims the youth as a dependent. The key factors are:

- Relationship by blood or decree of court:
- Living in a single residence; and
- The youth is claimed as a dependent.

#### **Independent and/or Family of One**

- A youth 18-24 years or older who resides in the family and who, within the last six months, has had any income totaling more than 30% of the OMB Poverty income level guidelines for a family of one is considered an independent family unit of one.
- A person 25 or older is considered an independent adult even if living at home with parents.
- An “individual with a disability” shall, for the purpose of income eligibility determination, be considered to be an unrelated individual who is a family unit of one.

### 4) **Basic Skills Deficient** - an individual -

- (a) who is a youth, who has English reading, writing, or computing skills at or below the 8th grade level (8.9) on a generally accepted standardized test; or
- (b) who is a youth, 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.

### 5) **English Language Learner** - when used with respect to an eligible individual, means an eligible individual who has limited ability in reading, writing, speaking, or comprehending the English language, and—

- (a) whose native language is a language other than English; or
- (b) who lives in a family or community environment where a language other than English is the dominant language.

### 6) **Offender** - means an adult or juvenile -

- (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.

- 7) **Pregnant or Parenting** - an individual who is parenting can be a mother or father, custodial or non-custodial. As long as the youth is within the WIOA youth age eligibility, the age when the youth became a parent does not factor in to the definition of parenting. The father does not attain parenting status under WIOA until the child is born; that status does not convey to the father during pregnancy. A pregnant individual can only be the expectant mother.
- 8) **Individual with a Disability** - an individual with a disability as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). When disability is the criteria used for establishing priority (ie: family of one & low income, disability must be verified using resources outlined on verification checklist, placed in separate medical file with case notes describing how the disability meets ADA of 1990.
- 9) **Requires additional assistance to complete an educational program or to secure and hold employment:** An individual who faces one or more barriers to employment including: inadequate transportation, mental health or chemical dependency issues, below grade level, credit deficient, failing one or more classes, lives in a dysfunctional household environment, incarcerated parent, is responsible for caring for siblings or parents at home.
- 10) **School Dropout:** (WIOA Sec 3. (54)) defines as: an individual who is no longer attending any school and who has not received a secondary school diploma or its recognized equivalent.
- 11) **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.** RCW 28A.225.010 states youth under 18 are required to attend school unless outlined exceptions apply. Because school districts differ in what they use for school year quarters, the time period of a school year quarter is based on how a local school district defines its school year quarters.

## 12) Income

For the purposes of determining Family Income status under Low Income criteria (ii), the following income sources will be considered Includable or Excludable:

### Includable Income

- Money, wages, and salaries before any deductions. (May be self attested on income worksheet)
- Net receipts from non-farm self-employment (recipients from a person's own unincorporated 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, and worker's compensation (not lump sum) training stipends.
- Alimony.
- Military family allotments or other regular support from an absent family member or someone not living in the household.
- Pensions whether private, government employee (including military retirement pay), law enforcement firefighters (LEF) disability income.
- Regular insurance or annuity payment.
- College or university grants, fellowships, and assistantships, state work-study, (not needs based scholarships): the key is whether or not the money is a loan to be paid back. If it is to be paid back, then it is a loan, and excludable income, if not, then it is includable.
- Dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts.
- Net gambling or lottery winnings.
- L&I paid on a monthly basis.

- Unemployment compensation.
- Child support
- Old Age and Survivors Insurance (OASI)
- Social Security Disability Insurance (SSDI)

**If the payment cannot meet one of the excludable criteria, then the payment will be includable income.**

**Excludable Income:**

- Public assistance payments (including TANF, SSI, RCA, GA, emergency assistance money payments, and general relief money payments).
- Foster child care payments.
- Financial assistance under Title IV of the Higher Education Act, i.e. Pell grants, federal supplemental educational opportunity grants and federal work study (Stafford and Perkins loans, like any other kind of loans, are debt and not income). Needs-based scholarship assistance.
- Allowances, earnings, and payments to individuals participating in WIOA.
- Trade Readjustment Allowance (TRA)
- Workforce Training Assistance
- Job Corps earnings, allowances, payments
- OJT wages from WIOA participation
- Capital gains.
- Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car.
- Tax refund, gifts, loans, lump-sum inheritance, one-time insurance payments, or compensation for injury (lump sum).
- Non-cash benefits such as employer fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance.
- Income earned while on active military duty and other benefits specified at 38 U.S.C. 4213 items (1) and (3) section 4213 requires WIOA to disregard pay or allowances received by any person while serving on active duty. Note: This should be ex-service personnel who did not receive veteran 1 status, i.e., discharged other than honorable status. Section 4213 goes on to tell us to disregard benefits received by ex-service personnel who have veteran status. These benefits can only be received if the person has not been discharged under honorable, general, unsuitable, etc. The six specific benefits are:
  - CH 11 – compensation for service connected with disability or death.
  - CH 13 - dependency and indemnity compensation for service-connected death.
  - CH 31 – vocational rehabilitation.
  - CH 34 – veteran’s education assistance.
  - CH 35 – war orphans and widows education assistance.
  - CH 36 – administration of education.
  - Trade Readjustment Allowance (TRA).
  - Workforce Training Assistance.
  - Job Corp.

If payment is a one-time lump sum, it is generally excludable. If it is in monthly installments, then it is includable

**13) Americans with Disabilities Act of 1990 (42 U.S.C. 12102)**

Sec. 12102. Definition of disability

As used in this chapter:

(1) Disability

The term "disability" means, with respect to an individual

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).

(2) Major Life Activities

(A) In general

For purposes of paragraph (1), 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 bodily functions

For purposes of paragraph (1), a major life activity also includes the operation 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.

(3) Regarded as having such an impairment

For purposes of paragraph (1)(C):

- (A) An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under this chapter 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) Paragraph (1)(C) 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.

(4) Rules of construction regarding the definition of disability

The definition of "disability" in paragraph (1) shall be construed in accordance with the following:

- (A) The definition of disability in this chapter shall be construed in favor of broad coverage of individuals under this chapter, to the maximum extent permitted by the terms of this chapter.
- (B) The term "substantially limits" shall be interpreted consistently with the findings and purposes of the ADA Amendments Act of 2008.
- (C) An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability.
- (D) An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.
  - (i) The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as
    - (I) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
    - (II) use of assistive technology;
    - (III) reasonable accommodations or auxiliary aids or services; or
    - (IV) learned behavioral or adaptive neurological modifications.
  - (ii) The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.
  - (iii) As used in this subparagraph
    - (I) the term "ordinary eyeglasses or contact lenses" means lenses that are intended to fully correct visual acuity or eliminate refractive error; and
    - (II) the term "low-vision devices" means devices that magnify, enhance, or otherwise augment a visual image.