

## WIOA TITLE I-B YOUTH PROGRAM ELIGIBILITY CHECKLIST

The Workforce Innovation and Opportunity Act (WIOA) Title I-B Youth Program Eligibility Checklist has been developed to assist Local Workforce Development Boards (LWDBs), service providers, and staff in collecting the information necessary to verify the out-of-school and-in-school youth eligibility criteria.

- **DO NOT** upload documents into the system of record if the SSN is listed - service provider staff/case manager, enter a note as visually verified. Documents containing a partial (last 4 digits of the) SSN may be uploaded.
- All medical and disability documentation /information **MUST** be kept in a sealed confidential envelope separate from the files of eligible applicants, registrants, and participants.
- **Any Personally Identifiable Information (PII) must be stored properly and handled with extreme care!**
- When self-attestation is listed as one of the acceptable methods of verification, case managers should attempt to obtain the other documents first but may use self-attestation when it is most appropriate for the participant under the current circumstances (e.g., obtaining documents is burdensome to the participant.) When it is being used for medical or disability purposes, use “generic language.”

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<b>SOCIAL SECURITY NUMBER</b>  N/A	Provision of an SSN is not an eligibility requirement. If the SSN is not provided, follow the policy to collect and enter supplemental wage data into the system of record as the system can't match wages without the SSN.  DO NOT upload documents containing the full SSN into the system of record. If a document with an SSN must be uploaded, the first five digits must be redacted.  Career advisors must add a case note in the system of record with reference to what type of document was visually verified.	N/A	<input type="checkbox"/> DD-214 (if name and SSN is shown) <input type="checkbox"/> Social Security benefits letter/notice (if name and SSN is shown) <input type="checkbox"/> Social Security card issued by SSA <input type="checkbox"/> Unemployment Insurance records (GUIDE 01 screen, wage statement) <input type="checkbox"/> Pay stub (if name and SSN is shown) <input type="checkbox"/> W-2 (if name and SSN is shown)

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<p><b>DATE OF BIRTH</b> (<i>Element 200</i>)</p> <p>Documentation <b>MUST</b> be in file</p>	<p>Age 14-24, refer to the WIOA Title I-B Youth Policy for the OSY and ISY age criteria.</p>	<p>TEGL <a href="#">21-16</a> and <a href="#">23-19</a>, <a href="#">Attachment II</a></p>	<p><input type="checkbox"/> Baptismal Record (if date of birth is shown)</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> DD-214</p> <p><input type="checkbox"/> Report of Transfer or Discharge Paper</p> <p><input type="checkbox"/> Federal, State or Local Identification Card (i.e., Driver License, Identification, Tribal Records that shows birthdate)</p> <p><input type="checkbox"/> Passport (showing date of birth)</p> <p><input type="checkbox"/> Hospital Record of Birth</p> <p><input type="checkbox"/> Public Assistance/Social Service Records (if name and DOB is shown)</p> <p><input type="checkbox"/> School Records or school ID Cards (if name and DOB is shown)</p> <p><input type="checkbox"/> Work Permit that shows birthdate</p> <p><input type="checkbox"/> Family Bible that shows birthdate</p>
<p><b>CITIZENSHIP OR EMPLOYMENT ELIGIBILITY</b></p> <p>Documentation <b>MUST</b> be in file</p> <p><b>All documents must be unexpired.</b></p>	<p>Verification documents as listed on the USCIS Form I-9</p> <ul style="list-style-type: none"> <li>● One verification source from <a href="#">list A</a> on I-9, or</li> <li>● One verification source from <a href="#">list B</a> <b>AND</b> one verification source from <a href="#">list C</a> of I-9.</li> </ul>	<p>N/A</p>	<p><b>Staff MUST review the source documentation from the USCIS Form I-9 as listed on the second line to the left, and may use some of the following documents as listed on the I-9:</b></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Tribal Records</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Permanent Resident card (provided that is not expired)</p>
<p><b>SELECTIVE SERVICE STATUS</b> (<i>Males born on or after January 1, 1960</i>)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>	<p>Section 189 (h) of WIOA requires that all male persons receiving any assistance or benefits under this title follow Selective Service Registration requirements, under the Military Selective Service Act (MSSA), if otherwise eligible.</p> <p>Note: For male applicants who will turn 18 while active in the WIOA Title I-B Youth program. The youth “participant” must provide acceptable documentation within 30 days of the applicant's 18<sup>th</sup> birthday.</p>	<p><a href="#">WIOA Section 189(h)</a> <a href="#">20 CFR § 683.225</a> <a href="#">TEGL 11-11 Change 2</a></p>	<p><input type="checkbox"/> Telephone verification (1-847-688-6888)</p> <p><input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty</p> <p><input type="checkbox"/> Selective Service registration record (Form 3A)</p> <p><input type="checkbox"/> Stamped post office receipt of registration</p> <p><input type="checkbox"/> Internet print out verification from <a href="http://www.sss.gov">www.sss.gov</a></p> <p><input type="checkbox"/> Selective Service registration card</p> <p><input type="checkbox"/> Selective Service Status Information/advisory opinion letter</p>

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<p><b>ELIGIBLE VETERAN STATUS OR ELIGIBLE SPOUSE OF A VETERAN</b></p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>			<p><input type="checkbox"/> DD-214</p> <p><input type="checkbox"/> Cross Match with veterans' data</p> <p>Spouse of a veteran:</p> <p><input type="checkbox"/> Cross Match with veterans' data</p> <p><input type="checkbox"/> Military document (ID, other DD form indicating dependent spouse)</p> <p><input type="checkbox"/> Documentation such as DD-214, indicating status of veteran that meets the requirement for "Spouse of a veteran."</p>
<p><b>PELL GRANT</b></p> <p>Documentation <b>MUST</b> be in file</p>	<p>Proof of application required <b>ONLY</b> if the participant is seeking assistance for postsecondary education.</p>	<p><a href="#">20 CFR § 680.230</a></p>	<p><input type="checkbox"/> Copy of Pell grant check</p> <p><input type="checkbox"/> Letter from school indicating Pell grant eligibility</p> <p><input type="checkbox"/> Student aid report, indicating Pell grant eligibility information</p>
<p><b>INDIVIDUALS WITH DISABILITIES</b> (Element 202)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>	<p>All medical documentation /information <b>MUST</b> be kept in a sealed confidential envelope separate from the files of eligible applicants, registrants, and participants</p>	<p><a href="#">WIOA section 3(36)</a>, and <a href="#">20 CFR § 681.280</a>, and <a href="#">TEGL 21-16</a></p>	<p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> School 504 Records Provided by Student</p> <p><input type="checkbox"/> Assessment Test Results</p>
<p><b>INDIVIDUAL STATUS/ FAMILY SIZE</b></p> <p>Documentation <b>MUST</b> be in file</p>	<p>Note: A stepchild or stepparent is considered related by marriage and must be included when determining family income. An adopted child is part of the family.</p>	<p><a href="#">20 CFR § 675.300</a></p>	<p><input type="checkbox"/> Self-Attestation of Family Status</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Court Records/decrees</p> <p><input type="checkbox"/> Marriage Certificate</p>
<p><b>SCHOOL STATUS AT PROGRAM ENTRY</b> (Element 409)</p> <p>Documentation <b>MUST</b> be in file</p>		<p><a href="#">20 CFR § 681.230</a>, WIOA sec. 3(54)</p>	<p><input type="checkbox"/> Results from Crossmatch with Postsecondary Education Database</p> <p><input type="checkbox"/> Copy of Educational Institution Enrollment Record</p> <p><input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, attendance record, transcripts, report card, or school documentation)</p> <p><input type="checkbox"/> Signed Intake Application or Enrollment Form</p> <p><input type="checkbox"/> Electronic Records (in the system of record)</p> <p><input type="checkbox"/> Self-Attestation</p>

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<p><b>TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)</b> (Element 600)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>		<p><a href="#">WIOA Section 3(36)</a>, TEGL <a href="#">23-19</a>, and TEGL <a href="#">21-16</a></p>	<p><b>Required only if participant has received Individualized Career or Training Services</b></p> <p><input type="checkbox"/> TANF Eligibility Verification</p> <p><input type="checkbox"/> TANF Period of Benefit Receipt Verification</p> <p><input type="checkbox"/> Referral Transmittal from TANF</p> <p><input type="checkbox"/> Crossmatch with TANF Public Assistance Records</p>
<p><b>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)</b> (Element 603)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>		<p><a href="#">WIOA Section 3(36)</a>, TEGL <a href="#">23-19</a>, and TEGL <a href="#">21-16</a></p>	<p><b>Required only if participant has received Individualized Career or Training Services</b></p> <p><input type="checkbox"/> SNAP Eligibility Verification</p> <p><input type="checkbox"/> Copy of Authorization to Receive Food Stamps (also known as SNAP)</p> <p><input type="checkbox"/> Documentation of Food Stamp Benefit Receipt (also known as SNAP)</p> <p><input type="checkbox"/> Referral Transmittal from SNAP</p> <p><input type="checkbox"/> Crossmatch with SNAP Public Assistance Records</p>
<p><b>OTHER PUBLIC ASSISTANCE RECIPIENT</b> (Element 604)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>	<p>Any other state or local public assistance program (e.g., those listed at the DES website <a href="#">here</a>) which requires income verification to receive such assistance. Verification may include agency award letters or cross match with the agency database.</p>	<p><a href="#">WIOA Section 3(36)</a>, TEGL <a href="#">23-19</a>, and TEGL <a href="#">21-16</a></p>	<p><input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance</p> <p><input type="checkbox"/> Copy of Public Assistance Check</p> <p><input type="checkbox"/> Medical Card Showing Cash Grant Status</p> <p><input type="checkbox"/> Public Assistance Eligibility Verification</p> <p><input type="checkbox"/> Crossmatch with Refugee Assistance Records</p> <p><input type="checkbox"/> Crossmatch with Public Assistance Records</p> <p><input type="checkbox"/> Crossmatch with State MIS Database</p>
<p><b>PREGNANT OR PARENTING YOUTH</b> (Element 701)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>	<p>This includes single parents.</p>	<p><a href="#">20 CFR §210(c)(7)</a> <a href="#">20 CFR §220(d)(6)</a></p>	<p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> Case Notes</p> <p><input type="checkbox"/> Needs Assessment</p> <p><input type="checkbox"/> Women, Infants, and Children (WIC) Eligibility Verification</p> <p><input type="checkbox"/> TANF Single Parent Eligibility Verification</p> <p><input type="checkbox"/> Signed Intake Application or Enrollment Form</p> <p><input type="checkbox"/> Signed Individual Service Strategy</p>

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<p><b>YOUTH WHO NEEDS ADDITIONAL ASSISTANCE</b> (Element 702)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>	<p>Note: This barrier is for low-income individuals who meet the locally defined definition of Requires Additional Assistance. The sole usage of this barrier is limited to five (5) percent over the course of a Program Year.</p>	<p><a href="#">20 CFR § 681.210</a> and <a href="#">§ 681.220</a>, <a href="#">20 CFR § 681.300</a> and <a href="#">§681.310</a></p>	<p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> Signed Intake Application or Enrollment Form</p> <p><input type="checkbox"/> Case Notes</p> <p><input type="checkbox"/> Needs Assessment</p> <p><input type="checkbox"/> Signed Individual Service Strategy</p>
<p><b>FOSTER CARE YOUTH STATUS AT PROGRAM ENTRY</b> (Element 704)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>	<p>Is a foster child on behalf of whom State or local government payments are made.</p> <p>or</p> <p>Eligibility documentation for youth who attained 16 years of age and subsequently left foster care due to kinship guardianship or adoption.</p>	<p><a href="#">20 CFR § 681. 210</a> and <a href="#">§681.220</a> TEGL <a href="#">21-16</a> &amp; <a href="#">23-19</a></p>	<p><input type="checkbox"/> Written Confirmation from Social Services Agency</p> <p><input type="checkbox"/> Case Notes</p> <p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> Foster Care Agency Referral Transmittal</p> <p><input type="checkbox"/> Signed Intake Application or Enrollment form</p> <p><input type="checkbox"/> Needs Assessment</p> <p><input type="checkbox"/> Signed Individual Service Strategy</p>
<p><b>HOMELESS PARTICIPANT, HOMELESS CHILDREN AND YOUTHS, OR RUNAWAY YOUTH AT PROGRAM ENTRY</b> (Element 800)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>		<p><a href="#">20 CFR § 681.210</a> and <a href="#">§681.220</a></p>	<p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> Signed Intake Application or Enrollment Form</p> <p><input type="checkbox"/> Written Statement or Referral Transmittal from a Shelter or Social Service Agency</p> <p><input type="checkbox"/> Needs Assessment</p> <p><input type="checkbox"/> Case Notes (in the program or enrollment notes within the system of record)</p> <p><input type="checkbox"/> Signed Individual Service Strategy</p> <p><input type="checkbox"/> A letter from caseworker or support provider</p>

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<p><b>EX-OFFENDER STATUS AT PROGRAM ENTRY</b> (<i>Element 801</i>)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>		<p><a href="#">20 CFR § 681.210</a> and <a href="#">§681.220</a></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation from the Juvenile or Adult Criminal Justice System</li> <li><input type="checkbox"/> Written Statement or Referral Document from a Court or Probation Officer</li> <li><input type="checkbox"/> Referral Transmittal from a Reintegration Agency</li> <li><input type="checkbox"/> Signed Intake Application or Enrollment Form</li> <li><input type="checkbox"/> Case Notes (in the program or enrollment notes within the system of record)</li> <li><input type="checkbox"/> Needs Assessment</li> <li><input type="checkbox"/> Self-Attestation</li> <li><input type="checkbox"/> Signed Individual Service Strategy</li> <li><input type="checkbox"/> Federal Bonding Program Application</li> </ul>
<p><b>LOW INCOME STATUS AT PROGRAM ENTRY</b> (<i>Element 802</i>)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>	<p>Don't upload documents into system of record if the SSN is listed - case manager, enter a note as visually verified or document must be redacted!</p> <p><b>1</b> – Receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received (refer to each element for additional allowable documentation):</p> <p><b><u>Element 603</u></b> (i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq);</p> <p><b><u>Element 600</u></b> (ii) Assistance through the temporary assistance for needy family's program under part A of Title IV of the Social Security Act (42 USC 601 et seq.);</p>	<p>20 CFR § 681.250</p> <ul style="list-style-type: none"> <li>• The <b>ONLY</b> two eligibility criteria for OSY requires low income status</li> <li>• All ISY must be low income</li> <li>• 5% exception (in a given program year) for those who would typically need to be low income</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Award Letter from Veterans Administration</li> <li><input type="checkbox"/> Bank Statements</li> <li><input type="checkbox"/> Pay Stubs</li> <li><input type="checkbox"/> Compensation Award Letter</li> <li><input type="checkbox"/> Court Award Letter</li> <li><input type="checkbox"/> Pension Statement</li> <li><input type="checkbox"/> Employer Statement/Contact</li> <li><input type="checkbox"/> Family or Business Financial Records</li> <li><input type="checkbox"/> Housing Authority Verification</li> <li><input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Persons</li> <li><input type="checkbox"/> Social Security Benefits</li> <li><input type="checkbox"/> UI Claim Documents</li> <li><input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance</li> <li><input type="checkbox"/> Copy of Public Assistance Check</li> <li><input type="checkbox"/> Public Assistance Eligibility Verification</li> <li><input type="checkbox"/> Crossmatch with Refugee Assistance Records</li> <li><input type="checkbox"/> Crossmatch with Public Assistance Records</li> <li><input type="checkbox"/> Crossmatch with UI Wage Records</li> <li><input type="checkbox"/> Self-Attestation</li> </ul>

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	<p><b><u>Element 602</u></b>                      (iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381); or</p> <p><b><u>Element 604</u></b>                      (iv) State or local income-based public assistance.</p> <p><b><u>WIOA Section 3(36) &amp; 20 CFR § 681.270</u></b>  <b>2</b> – Is an individual who receives, or is eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act (42 USC 1751 et seq);</p> <p><b><u>Element 704</u></b>  <b>3</b> – Is a foster child on behalf of whom State or local government payments are made;</p> <p><b><u>WIOA Section 3(36)(A)(vi)</u></b>  <b>4</b> – Is a participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement.</p> <p><b><u>Element 800</u></b>  <b>5</b> – Is a homeless participant or a homeless child or youth or runaway youth; or</p> <p><b><u>WIOA Section 3(36)</u></b>  <b>6</b> – Is a youth living in a high-poverty area.</p>		

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<p><b>ENGLISH LANGUAGE LEARNER AT PROGRAM ENTRY</b> (<i>Element 803</i>)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>		<p><a href="#">20 CFR § 681.210</a> and <a href="#">§681.220</a>, and TEGL <a href="#">21-16</a> (<i>Page 3</i>)</p>	<p><input type="checkbox"/> Case notes (in the program or enrollment notes within the system of record)</p> <p><input type="checkbox"/> Assessment Test Results</p> <p><input type="checkbox"/> Applicable Records from Education Institution (transcripts, or other school documentation)</p> <p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> Signed Intake Application or Enrollment Form</p> <p><input type="checkbox"/> Signed Individual Service Strategy</p>
<p><b>BASIC SKILLS DEFICIENT/ LOW LEVELS OF LITERACY AT PROGRAM ENTRY</b> (<i>Element 804</i>)</p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>		<p><a href="#">WIOA Section 3(36)</a></p>	<p><input type="checkbox"/> Case notes (in the program or enrollment notes within the system of record indicating BSD/Low English skills)</p> <p><input type="checkbox"/> Assessment Test Results</p> <p><input type="checkbox"/> Applicable Records from Education Institution (transcripts, academic assessments, or other school documentation)</p>
<p><b>RESIDES IN A HIGH-POVERTY AREA</b></p> <p>Documentation <b>MUST</b> be in file</p> <p>N/A</p>		<p><a href="#">WIOA Section §3(36)</a>, <a href="#">20 CFR § 681.260</a> and TEGL <a href="#">21-16</a>, Change 1</p>	<p><input type="checkbox"/> Printout from U.S. Census Bureau using the youth's address</p>