



In-School Youth Eligibility Determination
Workforce Innovation and Opportunity Act (WIOA)
 FORM WIOA I-B – 2.5 (Updated 8/27/18)

For In-School Youth Program

Name:	Participant No.:
<p align="center">In-School Youth Eligibility</p> <p align="center">Applicant must meet age, common eligibility, low-income, school status requirements, and at least one barrier</p> <p align="center">In addition, priority is given to veterans and populations identified by local area</p>	<p align="center">Documentation</p> <p align="center">Check appropriate documentation used (Only one document required per eligibility criterion)</p> <p align="center">Must maintain copies of all documents used</p>
<input type="checkbox"/> At least age 14, and not older than 21	See Date of Birth on FORM WIOA I-B – 2.1 <i>(Common Eligibility Documentation)</i>
<input type="checkbox"/> Meet common eligibility requirements	Use FORM WIOA I-B – 2.1 <i>(Common Eligibility Documentation)</i>
<input type="checkbox"/> Low-income individual	Use FORM WIOA I-B – 1.3 <i>(Low-Income Documentation)</i>
<input type="checkbox"/> Attending school Name of school:	<input type="checkbox"/> Self-attestation supported by information from school: <ul style="list-style-type: none"> <input type="checkbox"/> Report card <input type="checkbox"/> Schedule <input type="checkbox"/> Telephone verification <input type="checkbox"/> Other:
<input type="checkbox"/> Veteran or eligible spouse	Use FORM WIOA I-B – 2.2 <i>(Veteran Priority Documentation)</i>
****Must provide documentation for at least one barrier for <u>eligibility</u>. Additional barriers may be <u>reported</u> using self-attestation ****	
<input type="checkbox"/> Basic skills deficient <ul style="list-style-type: none"> <input type="checkbox"/> Eligibility 	<input type="checkbox"/> Document scoring 8.9 or below on an appropriate standardized test administered within the last 6 months Test: _____ Given by: _____ Date: _____ Reading: _____ Math: _____ <input type="checkbox"/> School documents giving current grade-level equivalency of youth's abilities (in last 6 months) Document: _____ Date: _____ Reading: _____ Math: _____

<ul style="list-style-type: none"> <input type="checkbox"/> English language learner (Document 1 <u>and</u> either 2 or 3) <input type="checkbox"/> (1) Limited ability to read, write, speak or comprehend the English language <input type="checkbox"/> (2) Native language is a language other than English <input type="checkbox"/> (3) Lives in a family or community environment where a language other than English is the dominant language <p>Note: An English language learner is also Basic Skills Deficient [TEGL 21-16].</p>	<p>(1) Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager <input type="checkbox"/> Other: <p>(2) Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager <input type="checkbox"/> Other: <p>(3) Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager <input type="checkbox"/> Other:
<ul style="list-style-type: none"> <input type="checkbox"/> Offender or ex-offender (Is or has been subject to any stage of criminal justice process for committing a status offense or delinquent act OR requires assistance in overcoming barriers to employment because of arrest or conviction) 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation from criminal justice system <input type="checkbox"/> Telephone verification with court or probation representatives <input type="checkbox"/> Self-attestation with sufficient information to describe situation
<ul style="list-style-type: none"> <input type="checkbox"/> Homeless individual 	<p>Document Homeless Individual in FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>)</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Runaway <p>Note: A runaway is also classified as homeless [TEGL 22-15].</p>	<p>Document under Homeless Individual in FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>)</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Individual in foster care OR <input type="checkbox"/> Has aged out of the foster care system OR <input type="checkbox"/> Has attained 16 years of age and left foster care for kinship or guardianship or adoption OR <input type="checkbox"/> Child eligible for assistance under sec 477 of the Social Security Act or in an out-of-home placement 	<ul style="list-style-type: none"> <input type="checkbox"/> Written or telephone verification from DHS or other social services agency <input type="checkbox"/> Written or telephone verification from children’s’ home <input type="checkbox"/> Court order <input type="checkbox"/> Other:
<ul style="list-style-type: none"> <input type="checkbox"/> Custodial parent <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Pregnant woman <p>(Individual may be single or married.)</p>	<p>Self-attestation combined with supporting documentation appropriate to the situation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Hospital record <input type="checkbox"/> Income tax return <input type="checkbox"/> Custody papers <input type="checkbox"/> Statement from TANF, DHS, or other social services agency <input type="checkbox"/> Written or telephone confirmation from physician, nurse, or midwife <input type="checkbox"/> Observation of pregnancy status <input type="checkbox"/> Other:

<input type="checkbox"/> Individual with a disability (Disability documents must be kept confidential)	<input type="checkbox"/> Statement, records, or referral from representative of Arkansas Rehabilitation Services or Division of Services for the Blind <input type="checkbox"/> Self-attestation if disability is observable, supported by statement from case manager <input type="checkbox"/> Statement or letter from drug or alcohol rehabilitation agency <input type="checkbox"/> Medical records <input type="checkbox"/> School records <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Statement from school counselor or ADA official <input type="checkbox"/> Psychiatrist's diagnosis <input type="checkbox"/> Psychologist's diagnosis <input type="checkbox"/> Statement from local school, housing, or work area for individuals with disabilities <input type="checkbox"/> Social service records, referral, or statement <input type="checkbox"/> Social Security Administration disability letter or records <input type="checkbox"/> Veterans Administration letter or records <input type="checkbox"/> Workers compensation record
<input type="checkbox"/> Requires additional assistance to complete an educational program or secure or hold employment, as defined in Local Plan	Document as outlined in the local plan:
Staff completing form:	Date of eligibility determination: