



Out-of-School Youth Eligibility Determination

Workforce Innovation and Opportunity Act (WIOA)

FORM WIOA I-B – 2.6 (Updated 8/27/18)

For Out-of-School Youth Program

Name:	Participant No.:
<p>Out-of-School Youth Eligibility Applicant must meet age, common eligibility, school status requirements, and at least one barrier In addition, priority is given to veterans and populations identified by local area</p>	<p>Documentation Check appropriate documentation used (Only one document required per eligibility criterion) Must maintain copies of all documents used</p>
<input type="checkbox"/> At least age 16, and not older than 24	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"/> Not attending school	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Other:
<input type="checkbox"/> Veteran or eligible spouse	Use FORM WIOA I-B – 2.2 (<i>Veteran Priority Documentation</i>)
<p>***Must provide documentation for at least one barrier for <u>eligibility</u>. Additional barriers may be <u>reported</u> using self-attestation.***</p>	
<input type="checkbox"/> High school dropout (not received a secondary school diploma or its equivalent)	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Other:
<input type="checkbox"/> Age of compulsory school attendance and not attending school. Must document all three criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Under age 17 <input type="checkbox"/> Has not attended school for 1 quarter <input type="checkbox"/> Is not exempt 	<input type="checkbox"/> See Date of Birth on FORM WIOA I-B – 2.1 (<i>Common Eligibility Documentation</i>) <input type="checkbox"/> Self-attestation supported by written or telephone documentation from school <input type="checkbox"/> Document by self-attestation that applicant meets <u>all</u> the following conditions <p style="text-align: center;">(continued on next page):</p>

	<input type="checkbox"/> Has not received a high school diploma or equivalent <input type="checkbox"/> Is not enrolled in a postsecondary institution <input type="checkbox"/> Does not regularly attend an adult education program <input type="checkbox"/> Is not enrolled in the Arkansas National Guard Youth Challenge Program
<input type="checkbox"/> Low-income high school graduate (or equivalent) who is also either basic skills deficient or an English language learner <ul style="list-style-type: none"> <input type="checkbox"/> Low-income <input type="checkbox"/> High school graduate (or equivalent) <input type="checkbox"/> Either basic skills deficient or English Learner <ul style="list-style-type: none"> <input type="checkbox"/> Basic Skills Deficient <p>Note: An English language learner is also Basic Skills Deficient [TEGL 21-16].</p> <ul style="list-style-type: none"> <input type="checkbox"/> English language learner (Document 1 <u>and</u> either 2 or 3) <ul style="list-style-type: none"> <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>Use FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>)</p> <input type="checkbox"/> Self-attestation with details concerning place of graduation
	<input type="checkbox"/> Document scoring 8.9 or below on an appropriate standardized test administered within the last 6 months. Test: _____ Given by: _____ Date: _____ Score: _____ <p>(1) Documentation:</p> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager <input type="checkbox"/> Other:
	<p>(2) Documentation:</p> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager <input type="checkbox"/> Other:
	<p>(3) Documentation:</p> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager <input type="checkbox"/> Other:

<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)	<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
<input type="checkbox"/> Homeless individual	Document Homeless Individual in FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>)
<input type="checkbox"/> Runaway Note: A runaway is also classified as homeless [TEGL 22-15].	Document under Homeless Individual in FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>)
<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	<input type="checkbox"/> Written or telephone verification from social services agency <input type="checkbox"/> Written or telephone verification from children’s’ home <input type="checkbox"/> Court order <input type="checkbox"/> Other:
<input type="checkbox"/> Custodial parent OR <input type="checkbox"/> Non-custodial parent OR <input type="checkbox"/> Pregnant woman (Individual may be single or married.)	Self-attestation combined with supporting documentation appropriate to the situation: <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 (continued on next page)

	<ul style="list-style-type: none"> <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
<ul style="list-style-type: none"> <input type="checkbox"/> Low-income youth who requires additional assistance to complete an educational program or secure or hold employment, as defined in Local Plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Document low-income using FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>) <input type="checkbox"/> Document additional assistance needed as outlined in the local plan:
<p>Staff completing form:</p>	<p>Date of eligibility determination:</p>