



ONEWORKSOURCE
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Non-Income Eligible Youth Policy Five Percent Eligibility Qualification Approved Sept. 14, 2018

Background

Workforce Investment Opportunity Act (WIOA) Rules and Regulations 664.220 allow up to 5% of youth participants served by youth programs in a local area may be individuals who do not meet the income criteria for eligible youth; provided the youth ***“faces serious barriers to employment”*** criteria.

All eligible Out-of-School youth must have at least one of the following barriers:

- School Drop-out
- Basic Skills deficient, as defined in WIOA section 101(4) or one or more grade levels below the grade level appropriate to the youth's age or an English language learner
- Pregnant or parenting
- Possess one or more disabilities, including learning disabilities
- Foster care
- Homeless or runaway
- Offender

All eligible In-School youth must have at least one of the following barriers:

- Basic Skills deficient, as defined in WIOA section 101(4) or one or more grade levels below the grade level appropriate to the youth's age
- Pregnant or parenting
- Possess one or more disabilities, including learning disabilities
- Foster care
- Homeless or runaway
- Offender
- English language learner

Non-Income Five Percent Eligibility Qualification

- Face serious barriers to employment as identified by the Local Board (WIOA sec. 129(c)(5))
 - No/sporadic/poor work history
 - Mental health issues
 - Lack of career goals
 - Cyclical pattern of DSS involvement

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- Former Foster Care youth

Barrier(s) must have hard copy documentation in the participant's file.

Acceptable forms for verification for youth eligibility including those required for non-income eligible youth are as follows: a copy of the completed verification must be included in each youth participant record

Attached are the Youth Eligibility Verification Forms

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Appendix A



WIOA In-School Youth Eligibility

Applicant Name: _____

SSN or NY# _____

Date: _____

Must be between the ages of 14 and 21.

Age: _____

Registered with Selective Service? (Males 18 and over)

☐ Yes _____ ☐ No ☐ N/A

(record Sel. Service #)

WIOA School Status and Barrier Eligibility

School Status:

☐ In-school, Secondary School

☐ In-school, Alternative School (Defined by the NYS Education Department as NYS public alternative education includes any nontraditional environment that provides a comprehensive elementary, middle or secondary curriculum)

☐ In-school, Post-Secondary School

Barriers (Youth must have one or more barriers):

☐ Basic skills deficient

☐ An English language learner

☐ An offender

☐ 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 runaway

☐ 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

☐ A foster child on behalf of whom State or Local governments are paid or has aged out of the foster care system

☐ Pregnant or parenting

☐ Is an individual with a disability

☐ Requires additional assistance to enter or complete an educational program or to secure or hold employment (Local definition qualification: _____)

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Low Income Eligibility (required for all in-school youth):

Within the last 6 months youth has received or is a member of a family household that received:

- ☐ TANF
 - ☐ General Assistance (State/Local)
Specify: _____
 - ☐ RCA- Refugee Cash Assistance
 - ☐ Social Security Insurance (SSI)
 - ☐ Social Security Disability Insurance (SSDI)
 - ☐ Food Stamps
 - ☐ Homeless (as defined under the **Barriers** section of this document)
 - ☐ Receives or is eligible to receive a free or reduced-price lunch
 - ☐ Is a foster child
 - ☐ Has a disability (youth's income would count as a family size of 1)
 - ☐ Lives in a high-poverty area (use <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>) to see if address qualifies.
- Youth's address: _____

Low Income Eligibility continued:

Is a member of a family household that receives a total family income that is equal to or less than:

- ☐ Lower Living Standard (Poverty Level)
- ☐ 70% Lower Living Standard Income Level

****Note** – if none of the allowable hard copy documentations can be obtained, then the youth can provide an applicant statement to satisfy eligibility; it should be documented in the hard file an OSOS that the case manager made an attempt to obtain all other allowable hard copy documentation but was unsuccessful and led to the applicant statement.

Participant or Guardian Signature and Date Required for Valid Self-Attestation

I attest that all the information I have provided on this form is true and correct.

Signature _____

Date _____

Name _____



FAMILY HOUSEHOLD INCOME WORKSHEET (only required if using the Poverty Level, LLSIL or family size of 1 for youth with disabilities to prove low income)

Participation Family Household Size: _____ <input type="checkbox"/> Check if Participant is Disabled (Family of One)	INCLUDED INCOME	EXCLUDED INCOME
	Gross Wages	U.I.
	Retirement/Pension/Military Retirement	P.A.
	Alimony	Child Support
Enter the 70% LLSIL or Poverty Level for the Family Size below: (use the higher of the current LLSIL or poverty chart) _____	Workmen's Comp	S.S.I
	Black Lung Benefits	S.S.D.I
	Rental Income	S.S. Survivor
		Military pay and allowances received by a family member on active duty

Family Member Name (only list members in the same household)	Relationship	Income
1.	SELF	
2.		
3.		
4.		
5.		
6		
Total Family Income for The Past Six Months = _____		
Annualized (multiply by 2) = _____		

Participant or Guardian Signature and Date Required for Valid Applicant Statement (for income only)

I attest that all the information I have provided on this form is true and correct.

Signature _____

Date _____



Appendix B



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WIOA Out-of-School Youth Eligibility

Applicant Name: _____

SSN or NY#: _____

Date: _____

Must be between the ages of 16 and 24
and over)

Registered with Selective Service? (Males 18

Age: _____

☐ Yes _____ ☐ No ☐ N/A

(record Sel. Service #)

WIOA School Status and Barrier Eligibility

School Status:

☐ Not in-school (if youth is in-school, use the in-school youth eligibility form – this includes youth in secondary or port-secondary education)

Barriers (youth must have one or more barriers):

- ☐ A school dropout
- ☐ 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
- ☐ Subject to the juvenile or adult justice system
- ☐ 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
- ☐ 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
- ☐ A foster child on behalf of whom State or Local governments are paid or has aged out of the foster care system
- ☐ Pregnant or parenting
- ☐ Is an individual with a disability
- ☐ *A recipient of a secondary school diploma or its recognized equivalent and is basic skills deficient (youth also has to be low income – go to **Low Income** section if using this for eligibility)
- ☐ *A recipient of a secondary school diploma or its recognized equivalent and is an English language learner (youth also has to be low income – go to **Low Income** section if using this for eligibility)
- ☐ *Requires additional assistance to enter or complete an educational program or to secure or hold employment (youth also has to be low income – go to **Low Income** section if using this for

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eligibility)
(Local definition qualification: _____)

Low Income Eligibility (only required for the last three Barriers listed above):

Within the last 6 months youth has received or is a member of a family household that received:

☐ TANF

☐ General Assistance (State/Local)

Specify: _____

☐ RCA – Refugee Cash Assistance

☐ Social Security Insurance (SSI)

☐ Food Stamps

☐ Homeless (as defined under the **Barriers** section of this document)

☐ Is a foster child

☐ Lives in a high-poverty area (use

<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>) to see if address qualifies.

Youth's Address: _____

Low Income Eligibility continued:

Is a member of a family household that receives a total family income that is equal to or less than:

☐ Lower Living Standard (Poverty Level)

☐ 70% Lower Living Standard Income Level

****Note** – if none of the allowable hard copy documentations can be obtained, then the youth can provide an applicant statement to satisfy eligibility; it should be documented in the hard file an OSOS that the case manager made an attempt to obtain all other allowable hard copy documentation but was unsuccessful and led to the applicant statement.

Participant or Guardian Signature and Date Required for Valid Self-Attestation

I attest that all the information I have provided on this form is true and correct.

Signature _____

Date _____

Name _____



FAMILY HOUSEHOLD INCOME WORKSHEET (only required if using the Poverty Level, LLSIL or family size of 1 for youth with disabilities to prove low income)

Participation Family Household Size: _____ <input type="checkbox"/> Check if Participant is Disabled (Family of One)	INCLUDED INCOME	EXCLUDED INCOME
	Gross Wages	U.I.
	Retirement/Pension/Military Retirement	P.A.
	Alimony	Child Support
Enter the 70% LLSIL or Poverty Level for the Family Size below: (use the higher of the current LLSIL or poverty chart) _____	Workmen's Comp	S.S.I
	Black Lung Benefits	S.S.D.I
	Rental Income	S.S. Survivor
		Military pay and allowances received by a family member on active duty

Family Member Name (only list members in the same household)	Relationship	Income
1.	SELF	
2.		
3.		
4.		
5.		
6		
Total Family Income for The Past Six Months = _____		
Annualized (multiply by 2) = _____		

Participant or Guardian Signature and Date Required for Valid Applicant Statement (for income only)

I attest that all the information I have provided on this form is true and correct.

Signature _____

Date _____

