



Green Country Workforce Development Board
WIOA Youth Eligibility Form

Identifying Information	
Applicant's Name: _____ Last First MI	Participant ID: _____ Application Date: _____

General Eligibility Verify all of the following criteria.	
CRITERIA (See 681.210 and State Policy for full text...)	Identify Source Documents to be Uploaded
1. Age / Date of Birth	
2. Citizenship / Eligible to Work	
3. Selective Service Registration	<input type="checkbox"/> N/A - female <input type="checkbox"/> N/A – male under 18

Out-of-School Youth Between the ages of 16 and 24, not attending any school, and meet one of the following criteria:	
CRITERIA (See 681.210 and State Policy for full text...)	Identify Source Documents to be Uploaded
1. A school dropout	
2. 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...	
3. 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.	<input type="checkbox"/> Low Income <input type="checkbox"/> BSD/LLL
4. An offender	
5. A homeless individual aged 16 to 24...	
6. An individual in foster care or who has aged out of the foster care...	



7. An individual who is pregnant or parenting...	
8. An individual with a disability...	
9. A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment...	<input type="checkbox"/> Low Income
	<input type="checkbox"/> Additional Assistance

WIOA Youth Eligibility Form (continued)

In-School Youth Must be attending school, not younger than 14 or Older than 21, low income, and meet one of the criteria:	
CRITERIA (See 681.210 and State Policy for full text...)	Identify Source Documents to be Uploaded
School Status at program entry (Required)	
Low Income (Required)	
1. Basic skills deficient	
2. An English language learner	
3. An offender	
4. A homeless individual aged 14 to 21...	
5. An individual in foster care or who has aged out of the foster care...	
6. An individual who is pregnant or parenting	
7. An individual with a disability	
8. An individual who requires additional assistance to complete an educational program or to secure or hold employment...	
Applicant Certification:	
<i>I certify that the information provided on this document 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.</i>	
SIGNATURE OF APPLICANT	DATE
X	
Staff Verification Statement:	
<i>I certify that the individual whose signature appears above provided the information recorded on this form.</i>	
SIGNATURE OF STAFF	DATE
X	