# WIOA Title I Youth Program Eligibility Self-Attestation Form

This form is used to record an individual's self-attestations that that they meet the eligibility criteria for the WIOA Youth Program. **Page four of this document contains disability questions and MUST be stored in a separate location**.

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| **Applicant Name** | **ASSET PIN** | |
| **Youth Program Eligibility Criteria** | | **SELF-ATTESTATION** |
| **Family size**  "Family" means two or more people related by blood, marriage, or decree of court, who live in the same home, and are in one or more of the following categories:   * a married couple and **dependent** children; * a parent or guardian and **dependent** children;   or   * a married couple.   A "**dependent child**" is a person who:   * has a Social Security number, lives with the person on whom they are dependent for more than half of the year, and is not claimed as a dependent by somebody else   AND   * is the son, daughter, adopted child, stepchild, foster child, ward(?), or a descendant of any one of these relations (e.g., a grandchild) of the individual claiming him or her as a dependent   OR   * is the brother, sister, half brother, half sister, stepbrother, stepsister, or a descendant of any one of these relations (e.g., a niece or nephew) of the individual claiming him or her as a dependent   AND   * is under age 19, a full-time student under age 24, **or** is permanently and totally disabled regardless of age. | | **I attest that there are \_\_\_\_ people in my family.** |
| **Income at or Below the Current Federal Poverty Line (FPL) or 70% of the Lower Living Standard Income Level (LLSIL) or may be neither of the above**  Click here to see FPL and LLSIL income levels for different family sizes: <https://dwd.wisconsin.gov/wioa/llsil_fpl.htm> | | **I attest that in the previous 6 months:**   * **My family's income is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **My individual income is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Career Planner completes the following: Based on the family size and income, the income falls**   * **at or below the Federal Poverty Level (FPL).**   **or**   * **at or below 70% of the Lower Living Standard Income Level (LLSIL).**   **or**   * **neither of the above** |
| **Homeless**  "Homeless" means a person who lacks a fixed, regular, and adequate nighttime residence. | | **I attest that:**   * **I share the housing of other persons due to loss of housing, economic hardship, or similar.** * **I am living in a motel, hotel, trailer park or campground due to the lack of alternative adequate living accommodations.** * **I am living in an emergency or transitional shelter.** * **I am a minor abandoned in a hospital.** * **I am a minor awaiting foster care placement.** * **I am using a public or private place for nighttime residence that is not designed for or typically used by people for regular sleeping accommodations.** * **I am a minor who has moved in the last 36 months either as a migratory agricultural worker or fisher or with a parent or spouse who is a migratory worker or fisher.** |
| **Receiving or Eligible to Receive Free or Reduced Price School Lunch**  **NOTE:**In districts where a whole school automatically receives free or reduced price lunch, WIOA programs must base low-income status on the individual student's eligibility or use one of the other low-income categories.[8](https://dwd.wisconsin.gov/wioa/policy/08/08.3.101.htm#end130) The local program should check with the school district to determine if the individual student is eligible for free or reduced price lunch.[9](https://dwd.wisconsin.gov/wioa/policy/08/08.3.101.htm#end131) | | **I attest that:**   * **I attend school and receive or am eligible for free or reduced price lunch at school.**   **or**   * **I am the custodial parent of a child who is eligible for free or reduced price school lunch.** |
| **Living in a High Poverty Area**  **Self-Attestation is allowable for residency. \*The file also needs the screen print from the** [US Census Bureau website](https://geocoding.geo.census.gov/geocoder/geographies/address?form) **showing the participant's address and Census Tract number.** | | **I attest that I live at the following address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Career Planner completes the following: Based on the participant's address they live in Census Tract: \_\_\_\_\_\_\_\_\_\_, which is:**   * **a high poverty area.** * **not a high poverty area.** |
| **English Language Learner** | | **I attest that I have limited ability in speaking, reading, writing, or understanding the English language AND (Check one or both):**   * **my native language is a language other than English.** * **I live in a family or community environment where a language other than English is the dominant language.**   **My preferred language is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Attending or not attending school** | | **I attest that my current education status is (Select only one.):**   * **Attending high school or less** * **Attending alternative school** * **Attending post high school** * **Not attending, dropped out of school (at least 18 years old)** * **Not attending, less than 18 years old** * **Not attending, high school graduate**   **The highest school grade I've completed or highest diploma or degree I've earned is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Runaway** | | **I attest that:**   * **I am a runaway youth under the age of 18.** |
| **Offender / Individual subject to the juvenile or adult justice system** | | **I attest that:**   * **I am an offender** * **I have been subject to the criminal justice process for committing a status offense or delinquent act** * **I require assistance in overcoming barriers to employment resulting from a record of arrest or conviction** * **I am currently incarcerated.** |
| **Foster Care** | | **I attest that:**   * **I am in foster care.** * **I aged out of foster care.** * **I left foster care on or after turning age 16 for kinship, guardianship, or adoption.** * **I was formerly in foster care but returned to my family before turning 18.** * **I am eligible for assistance under the John H. Chafee Foster Care Independence Program.** |
| I attest that all information provided on this document is true and accurate to the best of my knowledge. I understand that providing false information could lead to my immediate removal from the WIOA Youth program. | | |
| **Applicant Signature: Date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** | | |
| **Certified by WIOA Career Planner: Date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** | | |

# WIOA Title I Youth Program Eligibility Self-Attestation Form

**This form is used to record an individual's self-attestations that that they meet the eligibility criteria for the WIOA Youth Program. Storage of this document must align with** [**WIOA Title 1 Policy & Procedure Manual, Chapter 5.7**](https://dwd.wisconsin.gov/wioa/policy/05/05.7.htm) **. This document must be stored in a separate location.**

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| **Applicant Name** | | **ASSET PIN** |
| **Youth Program Eligibility Criteria** | **SELF-ATTESTATION** | |
| **Disability** | **I attest that:**   * **I have a disability.** | |
| **Pregnant / Parenting**  Fathers are not considered to be "parenting" until the child is born. This barrier includes non-custodial parents.  Additionally, DWD-DET considers this barrier to apply to individuals who are adoptive or foster parents or legal guardians to minor children. | **I attest that (check all that apply):**   * **I am pregnant or parenting.** * **I am a single parent.** * **I am a non-custodial parent.** | |
| I attest that all information provided on this document is true and accurate to the best of my knowledge. I understand that providing false information could lead to my immediate removal from the WIOA Youth program. | | |
| **Applicant Signature: Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** | | |
| **Certified by WIOA Career Planner: Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** | | |

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