# 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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