

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.

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/lisil_fpl.htm	I attest that in the previous 6 months: ☐ My family's income is \$ _____ ☐ My individual income is \$ _____ <i>Career Planner completes the following: Based on the family size and income, the income falls</i> ☐ 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.² The local program should check with the school district to determine if the individual student is eligible for free or reduced price lunch.²	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 showing the participant's address and Census Tract number.	I attest that I live at the following address: <i>Career Planner completes the following: Based on the participant's address they live in Census Tract: _____, which is:</i> ☐ 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>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.</i>	
Applicant Signature: _____ Date: / /	
Certified by WIOA Career Planner: _____ Date: / /	

Babel Notice

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin WDB and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral, or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not assess English language competency, but rather assess competency for a particular license, job or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.

English IMPORTANT! These are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-5410 at no cost to you.

Español ¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-5410 sin costo alguno para usted.

Hmong TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-5410 yam tsis tau them nqi rau koj.

Accommodation Requests

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the Western Wisconsin WDB office for such requests.

Wisconsin Relay (7-1-1)

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit www.wisconsinrelay.com.

Western Wisconsin Workforce Development Board is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Jessie Quinn, Equal Opportunity Officer, at 608-789-5410 or quinnj@westernwdb.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

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