

**ELIGIBILITY CHECKLIST
YOUTH PROGRAM**

Applicant Name:

Out-of-School (OSY)

- Not attending any school **AND**
- Between the ages of 16-24 on the date of participation **AND**
- Has **one or more** of the following barriers to employment:
 - Is a high school dropout
 - Is at the age of compulsory school attendance, but has not attended school for at least the most recent school year calendar quarter
 - Is subject to the juvenile or adult justice system
 - Is homeless
 - Is a runaway
 - Is in foster care (or has aged out of foster care)
 - Is eligible for assistance under section 477 of the Social Security Act
 - Is an out-of-home placement
 - Is parenting
 - Has a secondary school diploma or equivalent, is low income, and is basic skills deficient
 - Has a secondary school diploma or equivalent, is low income, and is an English language learner
 - Is low income and requires additional assistance to enter or complete an educational program or to secure or hold employment
 - Other (see page 2)

In-School Youth (ISY)

- Attending school (secondary or post-secondary) **AND**
- Between the ages of 14-21 on the date of participation **AND**
- Is low income **AND**
- Has **one or more** of the following barriers to employment:
 - Is basic skills deficient
 - Is an English Language Learner
 - Is an offender
 - Is homeless
 - Is a runaway
 - Is in foster care (or has aged out of foster care)
 - Is eligible for assistance under section 477 of the Social Security Act
 - Is an out-of-home placement
 - Is parenting
 - Requires additional assistance to enter or complete an educational program or to secure or hold employment
 - Other (see page 2)

Additional Information

Basic Skills Assessment Instrument _____

Reading Grade Level _____ Math Grade Level _____

Low Income:

- Youth and/or Family Income (6 months x 2) below poverty/LLSIL guidelines
- Youth member of a family receiving federal/state/local income-based cash public assistance program
- Youth receives, or is a member of a family that receives, food stamps (SNAP)
- Category not listed above (specify): _____

VERIFICATION OF "OTHER" BARRIER FOR YOUTH PROGRAM

This form shall be utilized when "Other" is chosen on the previous form. If utilized, this page shall be maintained in a file separate from the active participant file.

Out of-School (OSY)	In-School (ISY*)
<input type="checkbox"/> Is pregnant <input type="checkbox"/> Has a disability, including a learning disability	<input type="checkbox"/> Is pregnant <input type="checkbox"/> Has a disability, including a learning disability

**If ISY, the youth must also be low income*

Provide any additional details below, attach relevant documentation to this form, and maintain this information in a file separate from the active participant file.

Staff Signature

Date