



Participant's Name: _____ SSN: _____

WIOA Eligibility Check List

Program Eligibility (Please Check All That Apply)

Ages 16 – 24 and Currently not attending any education or vocational training (*at the time of enrollment*)

High School /GED Graduate

Has One or More of the Following Barriers:

High School Dropout

Justice Involved

Homeless/ Runaway

Pregnant /Parenting

Youth with a Disability

TANF Recipient

SNAP Recipient

Basic Skills Deficient or English Second Language Learner

Ward of State/ Foster Care or Aged Out of Foster Care

Low-income Individual (as defined by Federal Poverty Guidelines)

Requires Additional Assistance to attain/maintain an Educational program or Secure Employment:

Incarcerated Parent(s)

Victim of Violence

Behavior Problems At School

Family Literacy Problems

Domestic Violence

Substance Abuse

Chronic Health Conditions

Lives in a PSA High-Crime Area (104, 105, 107, 108, 202, 207, 208, 302, 303, 305, 402, 403, 409, 602, 603, 604, 608, and All Fifth & Seventh District)

Assessment Type:		Date:		
Form	Scales Score	Grade Level	EFL	Basic Skills Deficient
Reading:				Yes <input type="checkbox"/> No <input type="checkbox"/>
Math:				Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the applicant eligible for WIOA Programs? Yes No

Certifier Signature: _____ Date: _____