

**DETERMINATION OF ELIGIBILITY FOR YOUTH SERVICES – OUT-OF-SCHOOL**

**YOUTH BARRIER FORM**

Youth's Name:

Date

<b>Youth Must Meet the Following Two Requirements</b>			
		<b>Indicator</b>	<b>Supporting Documentation Attached</b>
1	<input type="checkbox"/>	Not Attending any School	
2	<input type="checkbox"/>	Not Younger than age 16 or older than age 24 at time of enrollment.	

**-Please check all that apply below-**

1	<input type="checkbox"/>	Recipient of a secondary school diploma or its equivalent who is a <b>low-income</b> individual <b>and</b> is either basic skills deficient <b>OR</b> an English Language Learner	
2	<input type="checkbox"/>	A <b>low-income</b> individual who requires additional assistance to enter or complete an educational program or to secure or hold employment	
3	<input type="checkbox"/>	A School Dropout	
4	<input type="checkbox"/>	Youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter.	
5	<input type="checkbox"/>	Individual who is subject to the juvenile or adult justice system	
6	<input type="checkbox"/>	Homeless	
7	<input type="checkbox"/>	Foster Care or has aged out of the foster care system	
8	<input type="checkbox"/>	Youth eligible for assistance under section 477 of the Social Security Act	
9	<input type="checkbox"/>	Out-of-home placement	
10	<input type="checkbox"/>	Pregnant or parenting	
11	<input type="checkbox"/>	Youth with disability	

<b>Youth 5% Over-Income Criteria</b>			
		<b>Indicator</b>	<b>Supporting Documentation Attached</b>
1	<input type="checkbox"/>	Recipient of a secondary school diploma or its equivalent <b>And,</b> is either basic skills deficient <b>OR</b> an English Language Learner	
2	<input type="checkbox"/>	An individual who requires additional assistance to enter or complete an educational program or to secure or hold employment	