

WIOA IN-SCHOOL ELIGIBILITY TRAINING

Program Year 2023-2024



WELCOME!!!

1. Introductions
2. Contact information (SETA)
3. SETA.net
4. Eligibility criteria
5. Right to work documents
6. Eligibility forms
7. Next steps...
8. Questions

CONTACT INFORMATION

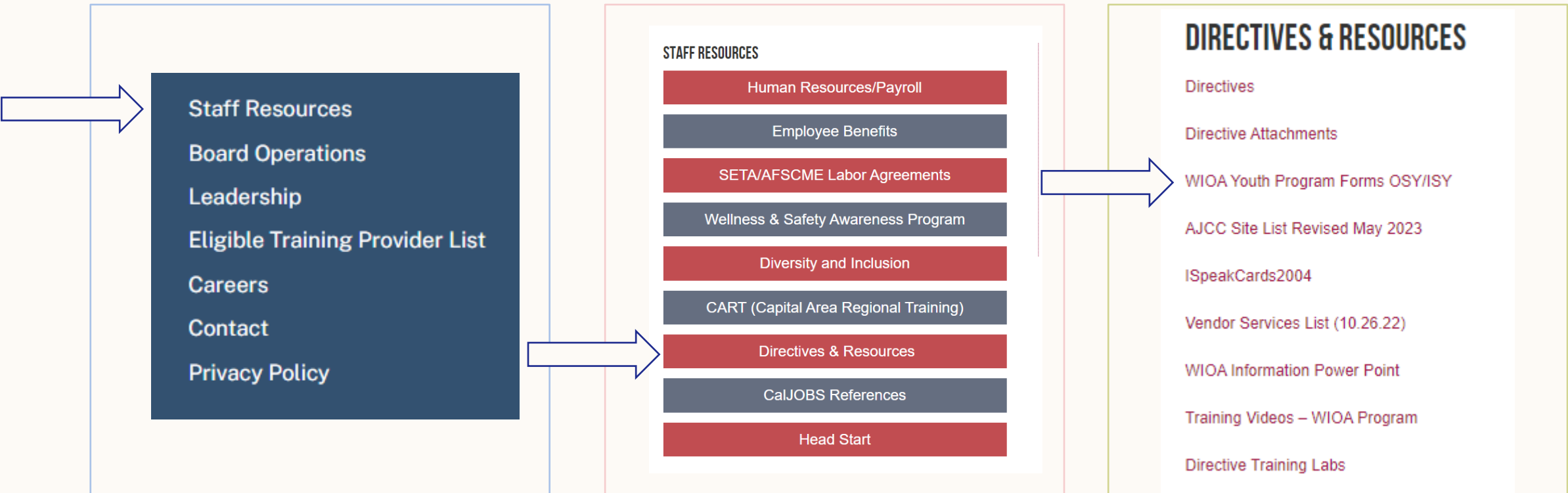
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HOW TO ACCESS ELIGIBILITY FORMS (SETA.NET)





**IN-SCHOOL
ELIGIBILITY**



1. Attending school, including secondary and postsecondary

2. 16-21 years old

3. Low Income

4. Have one or more of the following barriers:

-Basic Skills Deficient (BSD)

-A youth who is an English Language Learner (ELL)

-A subject of the juvenile or adult justice system.

-Homeless, runaway, foster care or aged out of the foster care system.

-Pregnant or parenting

-Has a disability

-An individual who needs additional assistance to complete an educational program or secure and hold employment.

ADDITIONAL ASSISTANCE EXAMPLES:

7

- ❖ An emancipated youth.
- ❖ At risk of dropping out of school.
- ❖ Repeated at least one secondary grade level or are one year over age for grade.
- ❖ Have a core grade point average of less than 1.5.
- ❖ Being treated or referred to an agency for a substance abuse related problem.
- ❖ Previous dropouts or have been suspended five or more times or have been expelled.
- ❖ Aged out of foster care.
- ❖ Victim of a recent traumatic event or abuse.

(5% of ISY enrolled can be based solely on meeting this criteria with SETA approval)



**RIGHT TO WORK
DOCUMENTS**

1. I-9, W-4 needed for eligibility, employment, and WEX.

2. Form of Identity:

-Driver's License, DMV Identification card, School ID etc.

3. Form of Employment Authorization:

-Social Security card, Birth certificate, U.S citizen ID card, employment authorization document issued by department of homeland security, etc.

4. Form of Identity and Employment Authorization:

-U.S passport, Permanent Resident Card, Employment Authorization Document that contains a photograph, etc.

<https://www.uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf>



**CALJOBS
REGISTRATION**

All youth must register for CalJOBS

They will be creating an account and most information will be transferred over to their WIOA application after WIOA Youth eligibility is approved.

-Youth can use CalJOBS to job search

<https://staff.seta.net/app/uploads/2020/07/Fillable-WIOA-CalJOBS-Registration-Form-Youth-1.pdf>

Do not submit paper version with eligibility packet

❖ SETA will create a CalJOBS account for Case Managers

-Case Managers will use CalJOBS to record services they provide to their youth in activity codes, case notes, confidential information, and supportive services.



**WIOA YOUTH
ELIGIBILITY
PACKET**

1. **WIOA Youth Control Log (Hard file ONLY)**
2. **Barrier Form (Hard file ONLY)**
3. **Verification Source (Hard file ONLY)**
4. **Income Calculation Worksheet (Hard file and Scanned in CalJOBS)**
5. **I.S.S (Individual Service Strategy) (Hard file and Scanned in CalJOBS)**
6. **WIOA Youth CalJOBS Registration (Online do not need to print or scan)**
7. **Youth Addendum (Hard file and Scanned in CalJOBS)**
8. **Selective Service (If applicable) (Hard file and Scanned in CalJOBS)**
9. **Form of Identity and/or Employment Authorization (Hard file and scanned in CalJOBS)**
10. **Appropriate supporting documentation to determine eligibility (paystubs, homeless verification, pregnant/parenting, foster care, etc.) (Hard file and Scanned in CalJOBS)**
11. **Work permit signed by school counselor (ISY youth under the age of 18) (hard file ONLY)**

WIOA YOUTH CONTROL LOG

- Use as a cover sheet when submitting eligibility packets. When you register youth on CalJOBS –include app ID under application #.

YOUTH ELIGIBILITY COVER SHEET

WIOA YOUTH APPLICATION CONTROL LOG

Agency Name:			Date:	
	Applicant Name	Last 4 of Social	*CalJOBS Registration app ID (Wagner Peyser)	5% over-income
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>
Case manager Signature:				

*This form needs to be submitted as a cover sheet to the WIOA Youth Program Eligibility packet(s). All interested youth need to be registered for CalJOBS first, before submitting their application for review. Once the Wagner Peyser is created, the application ID must be included in the required field above.

YOUTH BARRIER FORM

**DETERMINATION OF ELIGIBILITY FOR YOUTH SERVICES – IN-SCHOOL
YOUTH BARRIER FORM**

Youth's Name: Date:

Youth must meet the following Three Requirements		
	Indicator	Supporting Documentation Attached
1	<input type="checkbox"/> Attending School (Secondary/Post-Secondary)	
2	<input type="checkbox"/> Not Younger than age 14 or older than age 21 at time of Enrollment.	
3	<input type="checkbox"/> Low-income (If determined to live in High Poverty Area, income verification is NOT required) High Poverty Zip Code (If applicable): <input type="text"/>	

**Youth Eligibility Requirements
(Choose all that apply)...**

One or more of the following barriers		
	Indicator	Supporting Documentation Attached
1	<input type="checkbox"/> Basic Skills Deficient	
2	<input type="checkbox"/> English Language Learner	
3	<input type="checkbox"/> An offender	
4	<input type="checkbox"/> Homeless or Runaway	
5	<input type="checkbox"/> Foster Care or has aged out of the foster care system	
6	<input type="checkbox"/> Youth eligible for assistance under section 477 of the Social Security Act	
7	<input type="checkbox"/> Out-of-home placement	
8	<input type="checkbox"/> Pregnant or parenting	
9	<input type="checkbox"/> Individual with disability	
10	<input type="checkbox"/> An individual who requires additional assistance to enter or complete an educational program or to secure or hold employment (5% of ISY enrolled can be based solely on meeting this criteria with SETA approval)	

Youth 5% Over-Income Criteria		
	Indicator	Supporting Documentation Attached
1	<input type="checkbox"/> Basic Skills Deficient	
2	<input type="checkbox"/> English Language Learner	
3	<input type="checkbox"/> An offender	
4	<input type="checkbox"/> Homeless or Runaway	
5	<input type="checkbox"/> Foster care or has aged out of the foster care system	
6	<input type="checkbox"/> Youth eligible for assistance under section 477 of the Social Security Act	
7	<input type="checkbox"/> Out-of-home Placement	
8	<input type="checkbox"/> Pregnant or parenting	
9	<input type="checkbox"/> Individual with a Disability	
10	<input type="checkbox"/> An individual who requires additional assistance to enter or complete an educational program or to secure or hold employment (5% of ISY enrolled can be based solely on meeting this criteria with SETA approval)	

VERIFICATION SOURCE

Applicant Name: _____ Clear Button

ITEM	VERIFICATION SOURCE	COMMENTS
SS #: _____	<input type="checkbox"/> SS Card <input type="checkbox"/> Aid Verification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Viewed <input type="checkbox"/> Attached
Legal Right to Work: D.O.B.: _____ AGE: _____	<input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> Other: _____ <input type="checkbox"/> CDL/CID <input type="checkbox"/> School ID/Transcript <input type="checkbox"/> Social Security Card <input type="checkbox"/> USA Passport <input type="checkbox"/> Alien Registration Card/I-551 Exp. Date: _____ <input type="checkbox"/> Permanent Resident Card/I-551 Exp. Date: _____ <input type="checkbox"/> Employment Authorization Card/I-766 Exp. Date: _____	<input type="checkbox"/> Viewed <input type="checkbox"/> Attached
Residential Address: <input type="checkbox"/> Homeless	<input type="checkbox"/> CDL/CID <input type="checkbox"/> Statement from Shelter <input type="checkbox"/> Aid Verification <input type="checkbox"/> CalJOBS Registration	<input type="checkbox"/> Attached
Family Size: _____	<input type="checkbox"/> Aid Verification <input type="checkbox"/> CalJOBS Registration Youth Addendum	<input type="checkbox"/> Attached
Family Income: (Inclusions)	<input type="checkbox"/> Gross Wages <input type="checkbox"/> Social Security (SDI/SSDI) <input type="checkbox"/> Pension <input type="checkbox"/> Other <input type="checkbox"/> V-11	<input type="checkbox"/> Attached
Family Income: (Exclusions) <input type="checkbox"/> Foster Youth	<input type="checkbox"/> TANF/CalWorks <input type="checkbox"/> Child Support <input type="checkbox"/> UIB <input type="checkbox"/> V-11/Residence Support <input type="checkbox"/> Food Stamps Recipient <input type="checkbox"/> SSI/Survivors Benefits/Old Age SS <input type="checkbox"/> GA	<input type="checkbox"/> Attached
Selective Service Registration: Reg. #: _____ <small>Applies to "Males Born on or After January 1, 1960"</small>	<input type="checkbox"/> On-Line Verification/Registration <input type="checkbox"/> DD214 (Honorable Discharge) Date of Separation: _____ <input type="checkbox"/> Customer will turn 18 within 12 months. SS Registration info. provided. <input type="checkbox"/> Applicant Statement verifying good cause & print screen	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
Disabled (with Barriers) Barriers are:	<input type="checkbox"/> SSA/Disability/SSI <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Special Education <input type="checkbox"/> Other: _____	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
School Status: Last date of school attendance? _____ Free or Reduced lunch? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Current – Name of School: _____ <input type="checkbox"/> Vocational <input type="checkbox"/> Alternative <input type="checkbox"/> GED <input type="checkbox"/> Highest Grade Completed: _____ <input type="checkbox"/> Graduated	<input type="checkbox"/> School Transcript Attached <input type="checkbox"/> V-11
Reading/Math Grade:	Reading Grade/Level: _____ Math Grade/Level: _____ Test: <input type="checkbox"/> CASAS E-Test version _____	<input type="checkbox"/> Attached School Transcript (In-school only)
Non-Economical Disadvantaged Youth (N.E.D. 5%)	Explain Barriers: _____	<input type="checkbox"/> Attached (Youth Barrier Form)

<https://staff.seta.net/app/uploads/2022/10/Updated-Verification-Source-Form-PDF-1.pdf>

INCOME CALCULATION SHEET

Income Calculation Worksheet

Participant Name: Applicant Statement Attached (pre-approved)

(Verification for 6 months income) From Date: To Date:

Month 1:	Month 2:	Month 3:
From Date: <input type="text"/>	From Date: <input type="text"/>	From Date: <input type="text"/>
To Date: <input type="text"/>	To Date: <input type="text"/>	To Date: <input type="text"/>
Pay Period 1: <input type="text"/>	Pay Period 1: <input type="text"/>	Pay Period 1: <input type="text"/>
Amount \$ <input type="text"/>	Amount \$ <input type="text"/>	Amount \$ <input type="text"/>
Pay Period 2: <input type="text"/>	Pay Period 2: <input type="text"/>	Pay Period 2: <input type="text"/>
Amount \$ <input type="text"/>	Amount \$ <input type="text"/>	Amount \$ <input type="text"/>
Month Total \$ <input type="text"/>	Month Total \$ <input type="text"/>	Month Total \$ <input type="text"/>
<input type="checkbox"/> Check Stubs Attached	<input type="checkbox"/> Check Stubs Attached	<input type="checkbox"/> Check Stubs Attached
<input type="checkbox"/> Income Average	<input type="checkbox"/> Income Average	<input type="checkbox"/> Income Average
Month 4:	Month 5:	Month 6:
From Date: <input type="text"/>	From Date: <input type="text"/>	From Date: <input type="text"/>
To Date: <input type="text"/>	To Date: <input type="text"/>	To Date: <input type="text"/>
Pay Period 1: <input type="text"/>	Pay Period 1: <input type="text"/>	Pay Period 1: <input type="text"/>
Amount \$ <input type="text"/>	Amount \$ <input type="text"/>	Amount \$ <input type="text"/>
Pay Period 2: <input type="text"/>	Pay Period 2: <input type="text"/>	Pay Period 2: <input type="text"/>
Amount \$ <input type="text"/>	Amount \$ <input type="text"/>	Amount \$ <input type="text"/>
Month Total \$ <input type="text"/>	Month Total \$ <input type="text"/>	Month Total \$ <input type="text"/>
<input type="checkbox"/> Check Stubs Attached	<input type="checkbox"/> Check Stubs Attached	<input type="checkbox"/> Check Stubs Attached
<input type="checkbox"/> Income Average	<input type="checkbox"/> Income Average	<input type="checkbox"/> Income Average
6 Month Total \$ <input type="text"/>		
Income Calculation Steps:		
<input type="text"/>		

❖ To be filled out and submitted ONLY if low income verification is needed.

<https://staff.seta.net/app/uploads/2023/07/Fillable-Income-Calculation-Worksheet-7.10.23.pdf>

LOW INCOME CALCULATION

- ❖ To be referenced if determining if youth/household is considered low income.
- ❖ Only needed if you need to verify income.

70 PERCENT LLSIL AND POVERTY GUIDELINES FOR 2023

Family Size	100% Annual LLSIL	70% Annual LLSIL	70% 6 Months LLSIL	Annual Poverty Guidelines	6 Months Poverty Guidelines
1	\$18,488	\$12,942	\$6,471	\$14,580	\$7,290
2	\$30,300	\$21,210	\$10,605	\$19,720	\$9,860
3	\$41,600	\$29,120	\$14,560	\$24,860	\$12,430
4	\$51,354	\$35,948	\$17,974	\$30,000	\$15,000
5	\$60,599	\$42,419	\$21,210	\$35,140	\$17,570
6	\$70,878	\$49,615	\$24,808	\$40,280	\$20,140
Each Add'l	+\$10,279	+\$7,196	+\$3,598	+\$5,140	+\$2,570

https://edd.ca.gov/siteassets/files/Jobs_and_Training/pubs/wsd21-06att1.pdf

HIGH POVERTY ZIP CODE/AREA

- ❖ Form of low income verification if youth lives in the following zip codes.
- ❖ A link on the document can assist you to determine census tract information for specific addresses.



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WIOA Youth Program High Poverty Area Zip Code

A youth living in a high-poverty area is automatically considered to be a low-income individual. A high-poverty area is a Census tract or county that has a poverty rate of at least 25 percent as set every 5 years using American Community Survey (ACS) 5-Year data.

The following zip codes from Sacramento County have been identified with a poverty rate of 25% or higher:

- Fruitridge (95824)
- N. Sacramento (95815)
- Fairgrounds (95817)
- Sacramento (95825)
- McClellan (95652)

19

<https://staff.seta.net/app/uploads/2023/07/WIOA-Youth-Program-High-Poverty-Area-Zip-Codes-PY-2023-2024.docx>

FREE/REDUCED SCHOOL LUNCH

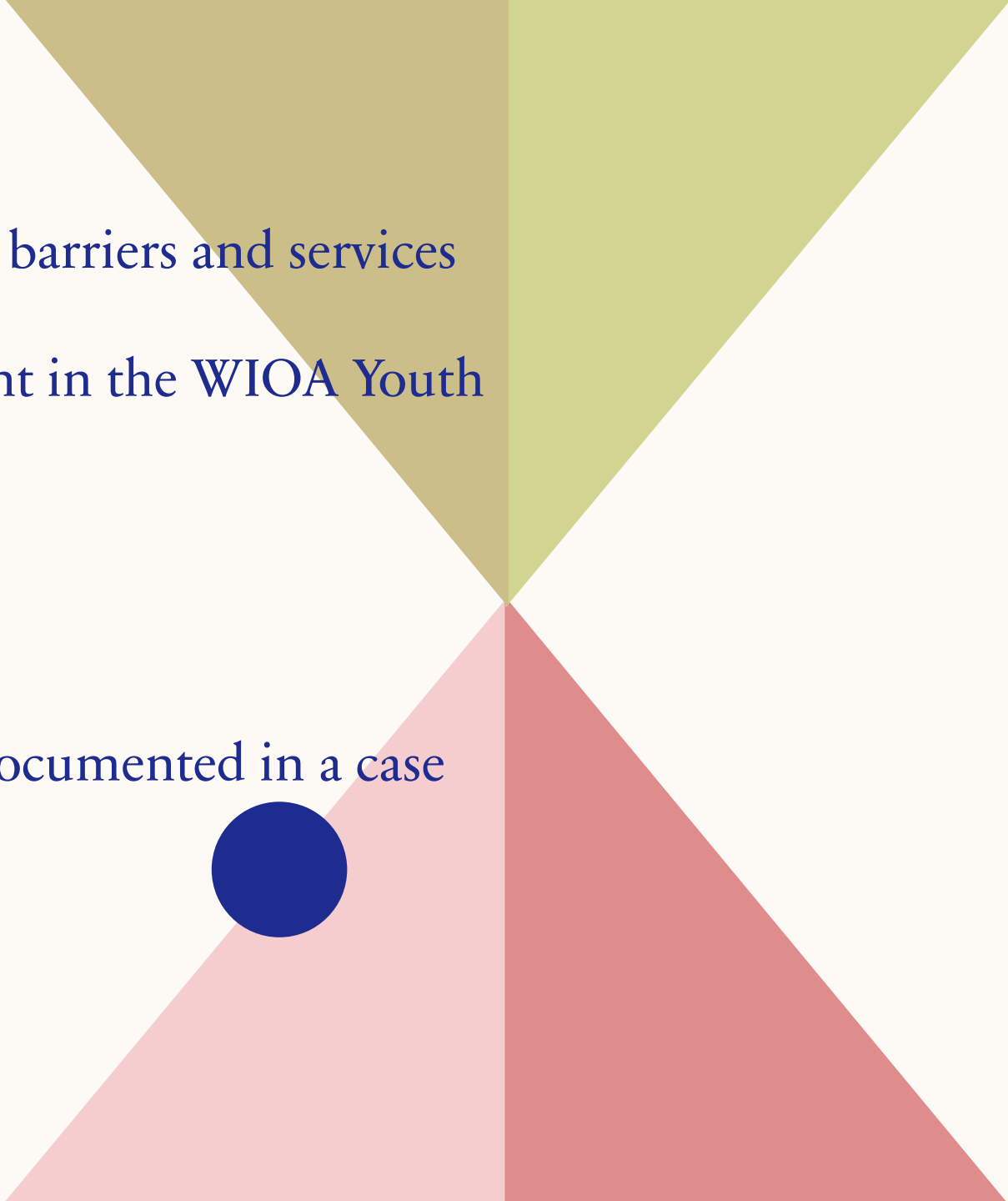
- ❖ California's statewide Universal Meals Program for school children, has expanded free breakfast and lunch for ALL children each school day.
- ❖ Therefore, the use of a free/reduced school lunch letter indicating a student receives free lunch will only be accepted for low income verification if:

-Individual student's eligibility to receive free or reduced price lunch based on their income level. (Must be specified in letter)



**INDIVIDUAL
SERVICE
STRATEGY (I.S.S)**

Individual Service Strategy (I.S.S)

- ❑ The plan you discuss with the youth that lists barriers and services that will be provided through their enrollment in the WIOA Youth program.
 - ❑ Pre and Post I.S.S are scanned in to CalJOBS.
 - ❑ Any changes to the I.S.S after enrollment is documented in a case note.
- 

POST (I.S.S)

- ❖ Sections should be completely filled out to portray services completed or not completed.
- ❖ Exit portion needs to be filled out showing what barriers youth has at time of exit.

EXIT

Barriers (at exit):

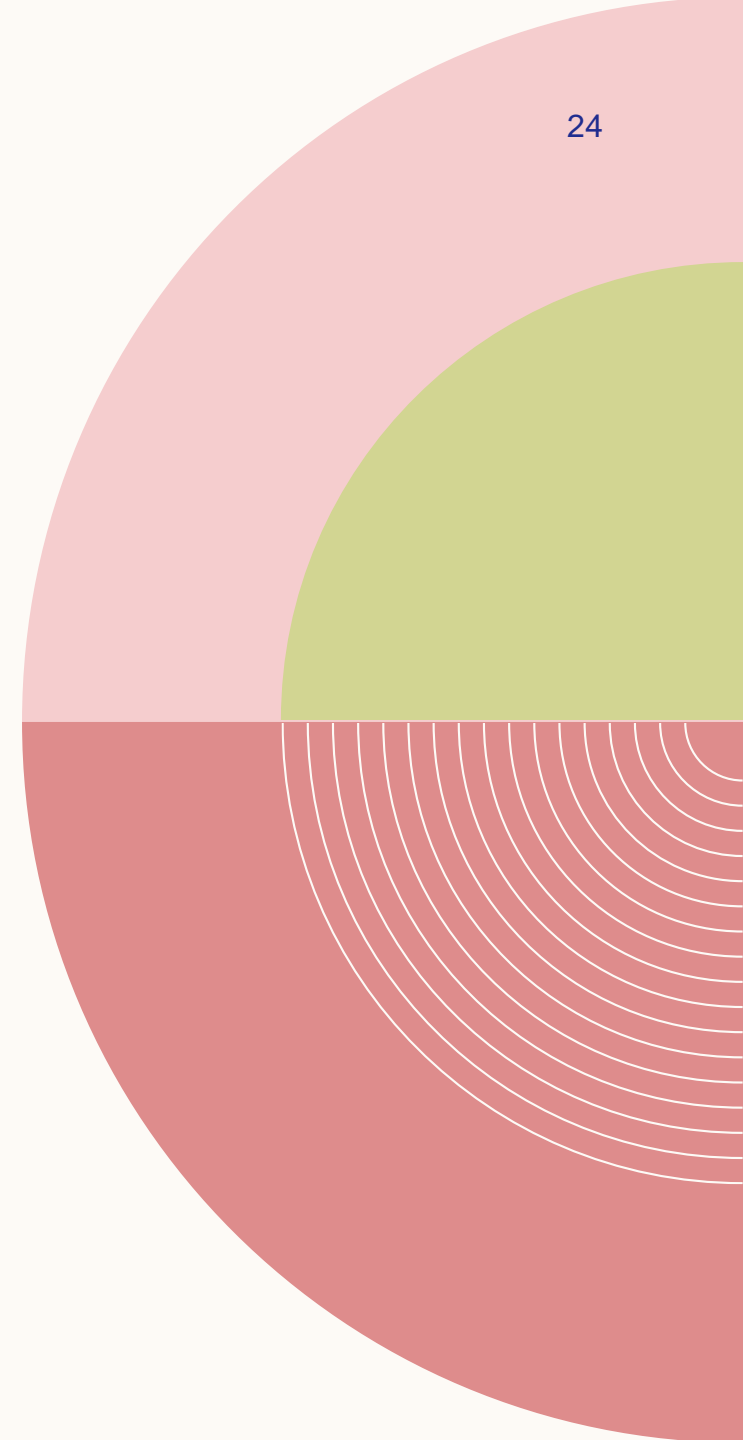
<input type="checkbox"/> School Drop-out	<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> English Language Learner
<input type="checkbox"/> Foster care	<input type="checkbox"/> Disability	<input type="checkbox"/> Juvenile/Adult justice system
<input type="checkbox"/> Pregnant/parenting	<input type="checkbox"/> Homeless	<input type="checkbox"/> Additional Assistance Needed
<input type="checkbox"/> Other:		

-If any barriers are marked at exit, please provide reasoning and your plan for follow up services:

(Upload Post I.S.S to CalJOBS at time of Exit)

Exit Date: Exit Form Submitted Exit Case Note Completed

-Upload I.S.S into CalJOBS when exiting youth



BI MONTHLY REVIEWS

- ❖ Determines the services that are still needed, and goals for the youth.
- ❖ Documents the progress to completing the goals.
- ❖ Changes assist monitor/audit on the youths program flow and other documentation or case notes to look for or not look for.
- ❖ Continues the story telling of the youth leading to exit.

BI MONTHLY REVIEWS

- ❖ The I.S.S is reviewed every other month to determine any changes to the youth's initial plan.
- ❖ The date it is reviewed needs to be documented in the hard file with the Case managers initials and a corresponding case note in CalJOBS.

Bi-Monthly Reviews

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

Bi-Monthly Review date: CM Initials:

(Case note in CalJOBS)

O*NET INTEREST PROFILER

- ❖ Youth career exploration tool to use to complete the “Labor Market Information” section on the Individual Service Strategy (I.S.S).

LABOR MARKET INFORMATION

Goal:

Date Established:

Career Exploration Tool Used:

Results:

Successful Completion Unsuccessful Completion

Career Pathway Choice: Undecided

Career Goal:

<https://www.mynextmove.org/explore/ip>

YOUTH ADDENDUM

- ❖ Supports the Barrier Form on making sure the youth is eligible for the WIOA Youth Program.
- ❖ Make sure case manager and youth sign and date. (if under 18, needs parent/guardian signature)

CalJOBS Registration – Youth Addendum Clear Form Button: [Clear Form](#)

Name:		Last 4 of social:		Age:	
Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No		High poverty zip code: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Compulsory School attendance (14-17yrs): <input type="checkbox"/> Yes <input type="checkbox"/> No		Basic Skills Deficient (BSD): <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recent date of attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No		High school dropout: <input type="checkbox"/> Yes <input type="checkbox"/> No			
High school graduate or equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employment Information

Work History (Most recent job held)

Job Title:	Hourly Wage: \$
Company:	Start Date: _____ End Date: _____

Job Duties: _____

Are you currently working? Yes No Are you receiving Unemployment Compensation? Yes No

Family Information (family includes parents/guardians and dependents)

Family Size (including yourself) _____
Family Income (past 6 months) _____
List all family members information below:

Family Member	Relationship	Age	Income	Source of Income
	Self			

Meets Governor's Special barriers to Employment: Yes No In the Juvenile or Adult justice system: Yes No

Migrant Seasonal Farm Worker: Yes No Individual Facing Substantial Cultural Barriers: Yes No

Youth needs additional assistance, (if yes, check box that applies below):

<input type="checkbox"/> Never worked/limited work history	<input type="checkbox"/> Referred to or being treated by an agency for substance abuse	<input type="checkbox"/> Victim of abuse and documented by school staff or qualified professional
<input type="checkbox"/> Emancipated youth	<input type="checkbox"/> Fired from a job within the past 12 months	<input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional
<input type="checkbox"/> GPA less than 1.5	<input type="checkbox"/> Repeated at least one secondary grade level	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gang Affiliated	<input type="checkbox"/> Incarcerated Parent	

Pregnant or parenting youth: Yes No Are you a runaway? Yes No Current/aged out of Foster Care: Yes No Eligible under Section 477 of the Social Security Act: Yes No

Out of home placement? Yes No Are you homeless? Yes No

Public Assistance Information

Are you receiving: Refugee Cash Assistance: Yes No General Assistance: Yes No

California CalWORKs (TANF): Yes No Supplemental Nutrition Assistance Program (SNAP): Yes No

By checking the "I Agree" box or signing below, I acknowledge that I have received copies of: 1) Code of Conduct; 2) Grievance, Non-discrimination and Equal Opportunity complaint Procedures; and 3) Release of Information.
Client Certification: By checking the "I Agree" box, or my signature below, indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Innovation Opportunity Act (WIOA) Program and may result in action to recover any moneys paid to me while participating.

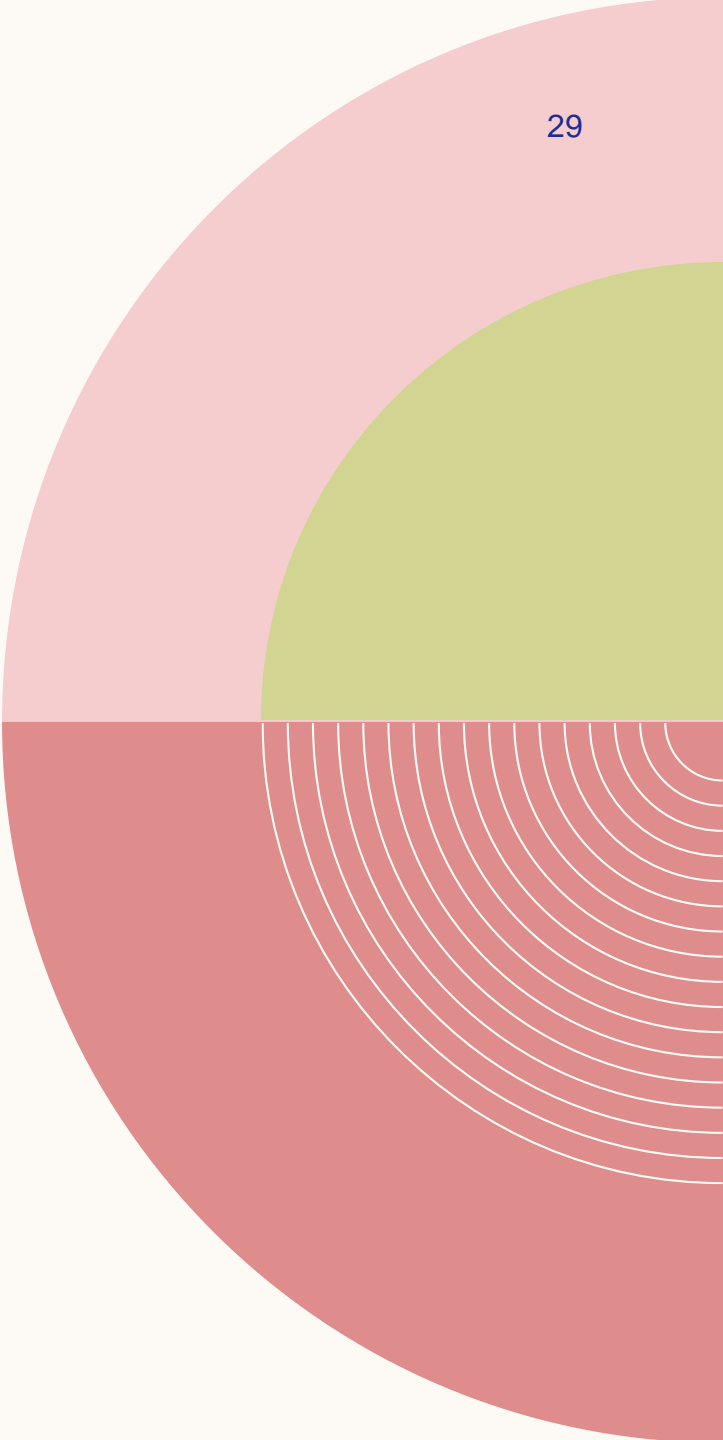
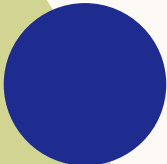
Signature of Client: I Agree _____ Date: _____

Parent/Guardian Signature (if under 18yrs): I Agree _____ Date: _____

Office use only:

Signature of Interviewer: _____ Agency: _____ Date: _____

IDENTITY/EMPLOYMENT AUTHORIZATION

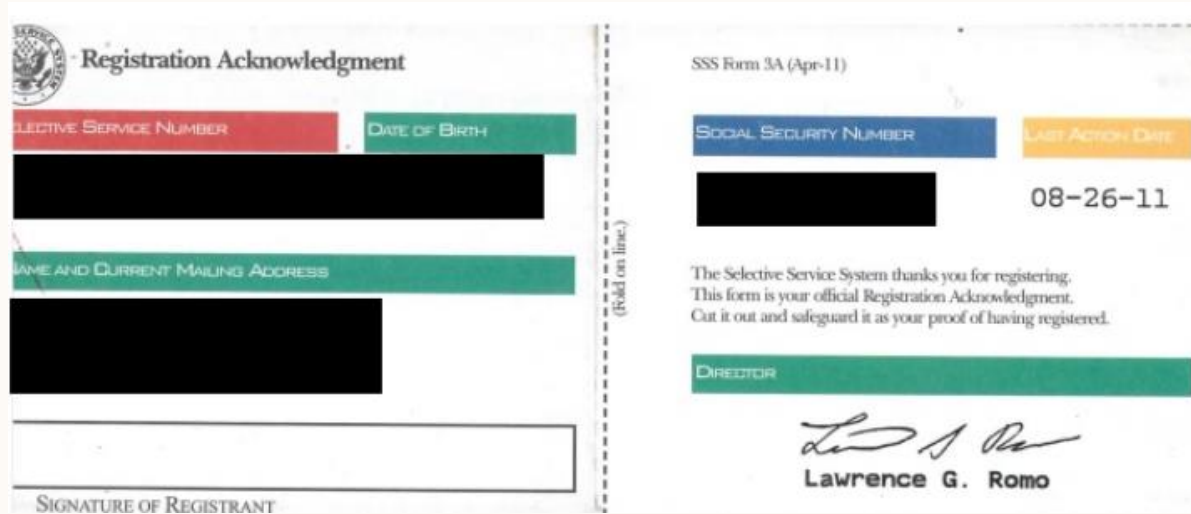




**SUPPORTING
DOCUMENTATION
FOR ELIGIBILITY (IF
APPLICABLE)**

SELECTIVE SERVICE

❖ Due to this program being federally funded, Male youth 18-25 years old must be registered for selective service




❖ Verification of registration on the website:
<https://www.sss.gov/>

Last Name:

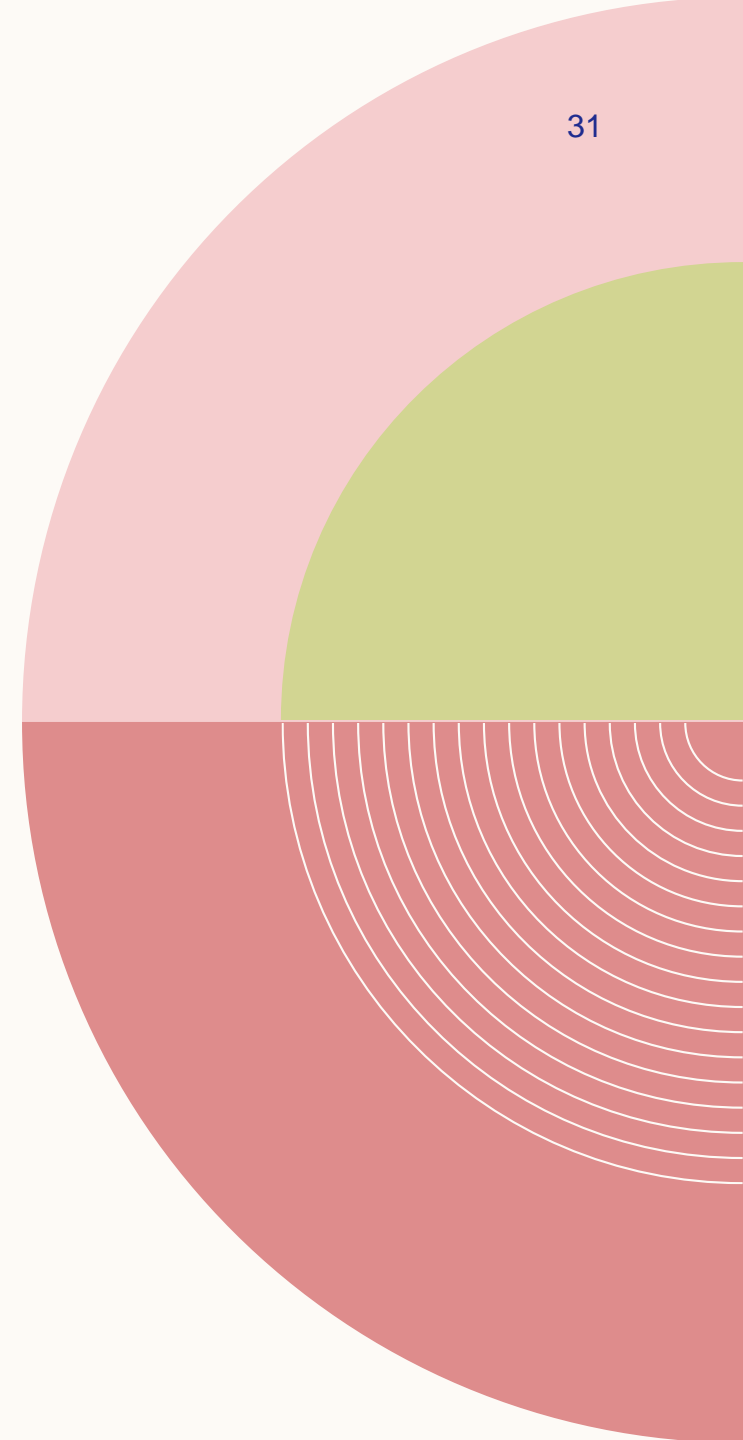
Social Security Number: (No dashes or spaces)

Date of Birth: (mmddyyyy)

I'm not a robot  reCAPTCHA
Privacy - Terms

[\(Help with reCAPTCHA\)](#)

You may download an official Registration Acknowledgement Letter after Successful Verification



SELECTIVE SERVICE

Selective Service - Who Must Register

NOTE: With only a few exceptions, the registration requirement applies to all male U.S. citizens and male immigrants residing in the United States who are 18 through 25 years of age.

Category	Yes	No
All male U.S. citizens born after Dec. 31, 1959, who are 18 but not yet 26 years old, except as noted below:	Yes	
Military Related		
Cadets at the Merchant Marine Academy	Yes	
ROTC Students	Yes	
National Guardsmen and Reservists not on active duty / Civil Air Patrol members	Yes	
Delayed Entry Program enlistees	Yes	
Men rejected for enlistment for any reason before age 26	Yes	
Separatees from Active Military Service, separated for any reason before age 26	Yes*	
Members of the Armed Forces on active duty (active duty for training does not constitute "active duty" for registration purposes)		No*
Students in Officer Procurement Programs at the Citadel, University of North Georgia, Norwich University, Virginia Military Institute, Texas A&M University, Virginia Polytechnic Institute and State University		No*
Cadets and Midshipmen at Service Academies or Coast Guard Academy		No*
Immigrants**		
Permanent resident immigrants (USCIS Form I-551)	Yes	
Refugee, parolee, and asylee immigrants	Yes	
Undocumented immigrants	Yes	
Dual national U.S. citizens	Yes	
Lawful non-immigrants on current non-immigrant visas. A complete list of acceptable documentation for exemption may be found at https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf .		No
Seasonal agricultural workers (H-2A Visa)		No
Confined		
Incarcerated, or hospitalized, or institutionalized for medical reasons		No*
Handicapped, Physically or Mentally		
Able to function in public with or without assistance	Yes	
Continually confined to a residence, hospital, or institution		No
Transgender People		
U.S. citizens or immigrants who are born male and have changed their gender to female	Yes	
Individuals who are born female and have changed their gender to male		No


*Must register within 30 days of release unless already age 26.

NOTE: To be fully exempt you must have been on active duty or confined continuously from age 18 to 26.

**Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when they are habitual residents in the United States or reside in the U.S. for at least one year. Habitual residence is presumed and registration is required whenever a national or a citizen of the Republic of the Marshall Islands, the Federated States of Micronesia, or Palau, resides in the U.S. for more than one year in any status, except when the individual resides in the U.S. as an employee of the government of his homeland; or as a student who entered the U.S. for the purpose of full-time studies, as long as such person maintains that status.

NOTE: Immigrants who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after they were 26 years old, were never required to register. Also, immigrants born before 1960, who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after March 29, 1975, were never required to register.

APPLICANT STATEMENT


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APPLICANT STATEMENT
I hereby certify, under penalty of perjury that:

CUSTOMER'S STATEMENT

General:

For Compulsory Only (16-17 years old)

Name:

Age:

Last Date Attended School:

I attest that the information stated above is true and accurate and I understand that the above information - if misrepresented or incomplete - may be grounds for immediate termination and/or penalties as specified by law.

Applicant's/Parent's Signature Date

Print Name

OFFICE USE ONLY – MUST BE COMPLETED
The above applicant statement (s) is/are being used to document the following:

Staff Signature/Title

❖ Limited use as a last resort, with SETA approval.

OTHER DOCUMENT EXAMPLES

- Foster Care Verification
- Pregnant/Parenting
- Homeless Shelter Letter/Verification
- Probation Letter or verification of Juvenile Justice involved



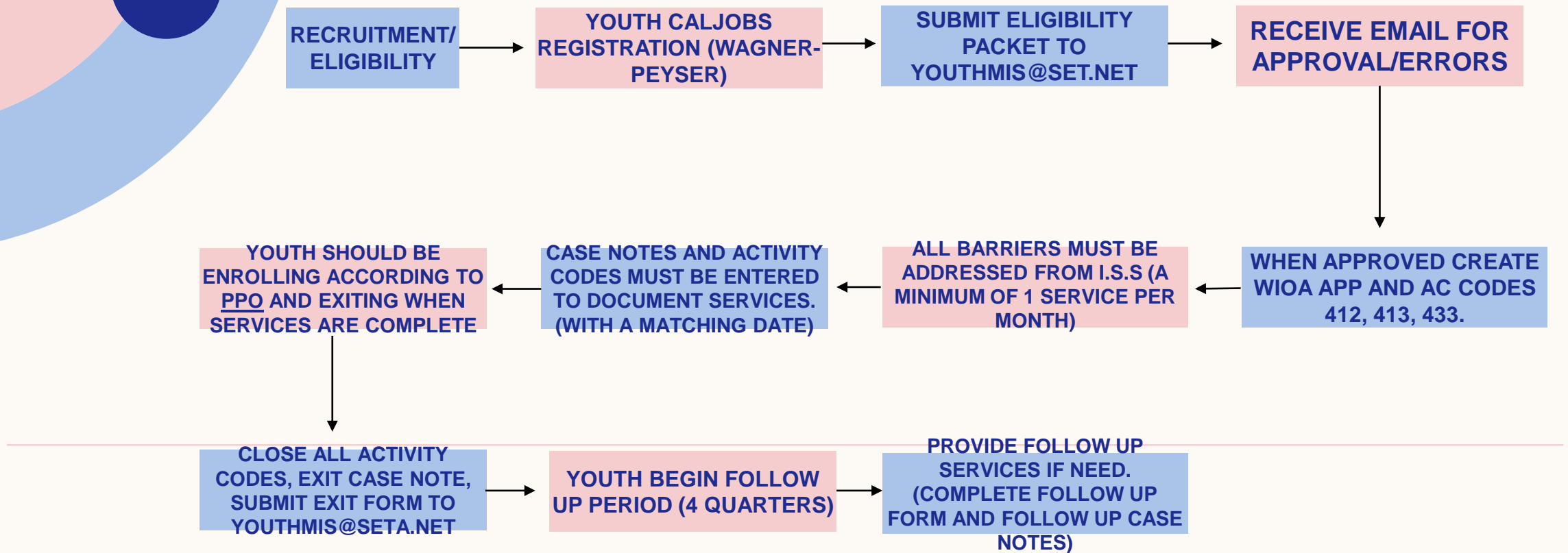
**SUBMIT ELIGIBILITY
PACKETS TO
YOUTHMIS@SETA.NET**

YOUTHMIS@SETA.NET

- Scan eligibility packets (applications) to the email above and your technical assistant support staff will reply if corrections are needed
- They will review all documentation and make sure you are not missing anything.
- Please be patient as it may take a couple of days to hear a response as packets are reviewed at a first come first serve basis.

CUSTOMER FLOW

37



- ❖ You must provide a service at least once a month.
- ❖ If you go 90 days without a service CalJOBS will soft exit your youth from the system.
- ❖ Set up alerts on CalJOBS so you do not forget to close activity codes on time and cause a system closure.



NEXT STEPS.....

- ❑ CalJOBS account will be created and login credentials will be emailed to you. (If you do not have an account)
- ❑ CASAS Training will be provided and new staff will need to complete certificate training. (An account will be created if you do not have one already, after certificates are received)
- ❑ Case note and Activity Code Training/CalJOBS training will be scheduled next.
- ❑ Start recruiting youth and sending eligibility packets to YouthMIS@seta.net, reach out to support staff if assistance is needed.

THANK YOU!!