



# WIOA YOUTH OUT-OF-SCHOOL ELIGIBILITY TRAINING

PROGRAM YEAR 2024-2025



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**What does W.I.O.A stand for?**

**Workforce  
Innovation  
and  
Opportunity  
Act**

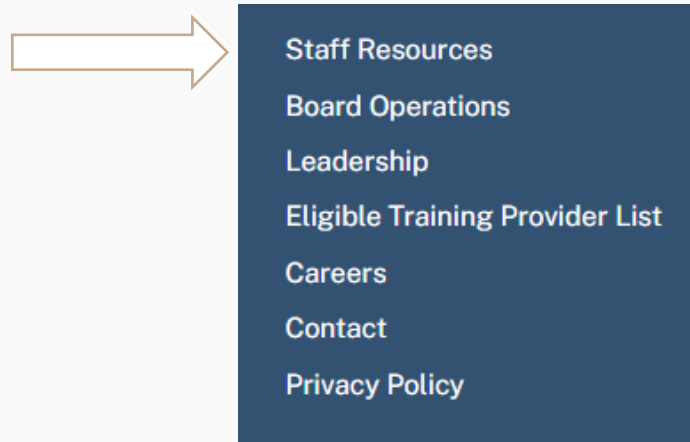
This is a federally funded Youth program and you are a case manager for our WIOA Out-of-School Youth Program (Sacramento County). Your agency is a provider under SETA Sacramento Works.

**ACCESSING FORMS,  
TRAININGS, AND  
RESOURCES FOR THE  
WIOA YOUTH PROGRAM**

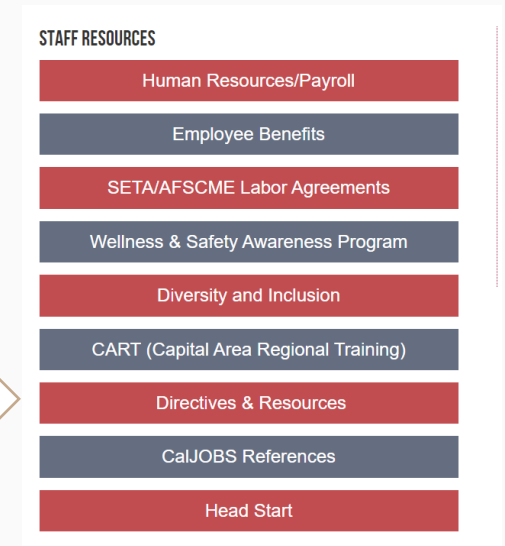
# Everything you need is on the [SETA.NET](http://SETA.NET) website

Reference Video: [Click Here](#)

1. Scroll to the bottom of the home page and you will find the **staff resources** page link.



2. Click **Directives & Resources**



3. Click WIOA Youth Program Forms OSY/ISY



# **OUT-OF-SCHOOL PROGRAM ELIGIBILITY CRITERIA**



## 1. Not Attending School

## 2. 16-24 years old

## 3. Have one or more of the following barriers:

- A recipient of a secondary school diploma or its recognized equivalent who is low income & basic skills deficient and/or English Language Learner
- A low income individual who requires additional assistance to enter or complete an education program or to secure or hold employment
- A school dropout
- Pregnant or Parenting
- Youth with a disability
- Youth who is within the compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter
- Offender (individual who is subject to the juvenile or adult justice system)
- Homeless and/or runaway
- Foster Care or has aged out of the foster care system
- Youth eligible for assistance under section 477 of the Social Security Act
- Out-of-home placement

# OSY Program Eligibility

# Examples of Additional Assistance

- An emancipated youth
- Being treated or referred to an agency for a substance abuse related problem
- Has never worked before or has limited work experience
- Has been fired from a job within 12 months prior to application
- Victim of a recent traumatic event, victims of abuse, or reside in an abusive environment as documented by a school official or other qualified professional
- Has serious emotional, medical or psychological problems as documented by a professional
- Gang Affiliated

# **RIGHT TO WORK DOCUMENTS**

# All Youth Must Have Right to Work Documentation (Not expired or due to expire)

Examples from the I-9 Form include:

## **1. Form of Identity:**

- Drivers License, State Identification Card, U.S Military Card etc.

## **2. Form of Employment Authorization:**

- Social Security Card, Birth Certificate, U.S Citizen ID card etc.

## **3. Form of Identity and Employment Authorization:**

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

[Click here for the List of Acceptable I-9 Documents](#)

# **SELECTIVE SERVICE**

# MALE Youth 18-25years Old MUST Register

- Youth who are 6 months from turning 18 at the time of enrollment must pre-register.
- Youth can register and verify Selective Service Registration on the selective service website below:

<https://www.sss.gov/>

## Required information to register:

- Full Name
- Home Address
- Social Security Number
- Date of Birth
- Email and Phone #

## Required information to verify registration:

- Last Name
- Social Security Number
- Date of Birth

# Registration Acknowledgment Letter or copy of mailed form (replace mailed form with letter once registered online)

**Registration Acknowledgment**

SELECTIVE SERVICE NUMBER [REDACTED] DATE OF BIRTH [REDACTED]

NAME AND CURRENT MAILING ADDRESS [REDACTED]

SIGNATURE OF REGISTRANT [REDACTED]

SSS Form 3A (Apr-11)

SOCIAL SECURITY NUMBER [REDACTED] LAST ACTION DATE 08-26-11

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

DIRECTOR  
*Lawrence G. Romo*  
Lawrence G. Romo

**SELECTIVE SERVICE SYSTEM REGISTRATION FORM**

Register online at [sss.gov](http://sss.gov) or complete this form

DO NOT WRITE IN THIS SPACE

PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY

1 DATE OF BIRTH: (MM-DD-YYYY) [REDACTED] 2 SEX: (Mark with "X") Male  Female  3 SOCIAL SECURITY NUMBER [REDACTED]

4 LAST NAME [REDACTED] SUFFIX: (Mark with "X") JR  III  OTHER SUFFIX [REDACTED]

FIRST NAME & MIDDLE NAME [REDACTED] 5 PHONE NUMBER [REDACTED]

6 E-MAIL [REDACTED]

7 CURRENT MAILING ADDRESS: STREET ADDRESS & APARTMENT NUMBER [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

8 TODAY'S DATE: (MM-DD-YYYY) [REDACTED] 9 I AFFIRM THE FOREGOING STATEMENTS ARE TRUE [REDACTED]

SIGNATURE [REDACTED] AGENCY USE [REDACTED]

SSS FORM 1 (Expires 09-30-2024)  
OMB APPROVAL 3240-0002

We estimate the public reporting burden for this collection will vary from two minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing this burden to: Selective Service System, SSS Forms Officer (3240-0002), Arlington, VA 22209-2425. The OMB control number 3240-0002, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

INT

Click here for a list of who must register and a few exceptions:

<https://www.sss.gov/wp-content/uploads/2020/11/WhoMustRegisterChart.pdf>

# **CALJOBS REGISTRATION**



# All Case Managers Need a CalJOBS Account

- ❑ SETA will create a CalJOBS account for you and send you your login information through email.
- ❑ You will be using this account to document the participant's progress while they are enrolled in the WIOA Youth Program.
- ❑ Documentation includes; WIOA Application after SETA approval, services you provide (activity codes), explanation of services (case notes), right to work docs, performance measures (MSG, credential etc.), and accessing reports.

The link below will take you to the login page:

<https://www.caljobs.ca.gov/vosnet/loginintro.aspx>

# All Youth MUST register for CalJOBS

- ❑ All youth must create an account that will allow pre approval information to be transferred to their WIOA application after WIOA Youth eligibility is approved by SETA staff.
- The youth can create their own account or a Case Manager can “create and individual” within their account.
- ❑ Youth will receive emails with job postings and resources and can use CalJOBS to job search.

**Note: The account accessibility for the youth and the case manager are not the same and the portal home looks different.**

**They may  
have  
already  
pre-  
registered!**

- ❑ A youth may have already went into a Job Center/Agency and registered for CalJOBS previously.
- ❑ Make sure to check if a youth already has an account by using their first/last name, and/or last 4 of social or full social security number.
- ❑ If the youth is already linked to a CalJOBS account check to see if they have a WIOA App too. [Title 1-Workforce Development (WIOA)]

Click the link below to view the “how to” video:

[CalJOBS-Checking for previous registration\(WP\) and WIOA App](#)

**Note: If there is a WIOA App already showing in their programs, then email SETA staff to request approval to be able to re-enroll the youth and be able to send an eligibility packet.**

# Job Seekers Code of Conduct

All youth must be informed of our Code of Conduct when visiting any of our Sacramento Works America's Job Centers in California (AJCC).



SACRAMENTOWORKS

**WELCOME  
to the**

**Sacramento Works America's Job Centers of California (AJCC)**

The Sacramento Works Job Centers want to assist you to find the best job possible with your skills and experiences. The safety of all customers and staff is top priority. Please read and understand your responsibilities when using the Sacramento Works services.

### Job Seeker's Code of Conduct

As a Job Center customer and job seeker, I agree to the following policies and procedures:

- Treat Job Center staff and fellow customers with respect by speaking quietly and not disturbing others.
- Conduct myself and my behavior in a professional, courteous and respectful manner.
- Silence cell phones and take all calls outside.
- Dress in a manner appropriate for business office work environments.
- Use all Job/Training Center equipment for job search and educational purposes only.
- Use approved data devices at the Job Center and allow staff to scan devices for viruses.
- No downloading of software, tampering with, nor changing settings onto Job Center computers.
- No food or drink in the resource room and computer lab.
- Use workplace appropriate language and refrain from profanity.
- If unable to find childcare, supervise my child(ren) and not allow them to disturb others.
- Be open to guidance and instructions offered by the Job Center staff.
- Fully complete all planned training and/or job search activities.
- Inform Job Center staff of address and/or telephone number changes. Update changes in [www.caljobs.ca.gov](http://www.caljobs.ca.gov)
- Notify Job Center staff when unable to attend training and/or planned activity.
- Upon obtaining employment, provide placement information to the Job Center staff.
- Any violation of the Code of Conduct may result in being asked to leave the Job Center.

*Preparing people for success in school, work, and life.*

# Grievance Procedures

All youth must be informed of our WIOA Complaint/Grievance Procedures if ever they feel discriminated or would like to file a complaint.

## WIOA COMPLAINT/GRIEVANCE PROCEDURES

### A. COMPLAINTS OF VIOLATION(S) OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT

If you are a participant or other interested party affected by the America's Job Center of California System operated by the Sacramento Employment and Training Agency ("SETA"), including a one-stop partner or service provider, and you believe that a violation of the requirements of the Workforce Innovation and Opportunity Act ("WIOA") has occurred, you may file a grievance or complaint with SETA as provided in 20 CFR 683.600, *et seq.* Such grievance or complaint must be filed with SETA within one (1) year of the alleged violation. Participants have the right to receive technical assistance. Such technical assistance includes providing instructions on how to file a grievance or complaint, providing relevant copies of documents such as the WIOA regulations, local policies, contracts, etc., and providing clarifications and interpretations or relevant provisions.

The grievance or complaint must be in writing, signed and dated by the grievant/complainant and shall contain the following information:

1. The full name, telephone number (if any) and mailing address of the grievant/complainant.
2. The full name, telephone number (if any) and mailing address of the respondent (the person or entity against whom the grievance/complaint is made).
3. A statement of the basis for the complaint, including the requirement of the WIOA that the grievant/complainant alleges has been violated.
4. A clear and concise statement of the facts, including pertinent dates, constituting the alleged violation.
5. The remedy being sought, which must be consistent with the requirement violated and the facts presented, and may only be one or more of the following remedies:
  - a. A suspension or termination of payments under the WIOA;
  - b. A prohibition of placement of a participant with an employer that has violated any requirement of the WIOA;
  - c. Reinstatement of an employee, payment of lost wages and benefits, and reestablishment of other relevant terms, conditions, and privileges of employment; and
  - d. Other appropriate forms of equitable relief.

Upon receipt of any such complaint or grievance, SETA will process the matter consistent with SETA's Complaint Resolution Procedure and will provide for an informal resolution or hearing of the matter within sixty (60) days of the filing of the grievance or complaint. Any grievance or complaint that alleges a labor standards violation may be submitted to binding arbitration between the parties, if a collective bargaining agreement covering the parties to the grievance or complaint so provides.

# Authorization of Release of Confidentiality

All Youth must  
sign the  
Authorization  
for Release of  
Confidential  
Information  
Form.

## Sacramento Works Job Center

### *AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION*

The Sacramento Works Job Centers are part of an employment and training system that involves the following agencies:

1. Sacramento Employment and Training Agency (SETA)
2. State of California Department of Rehabilitation
3. State of California Employment Development Department
4. Sacramento County Department of Human Assistance and Department of Health & Human Services
5. Probation Department
6. Senior Community Service Program
7. Social Community Service Program
8. Child Care Program (Head Start & Child Action)
9. Local community-based organizations
10. California Youth Authority
11. Local Educational Agencies/School Districts
12. Colleges of the Los Rios Community College District
13. Other \_\_\_\_\_

**I hereby authorize co-located staff of the Sacramento Works Job Center to discuss and/or release information between any of the above agencies, or to a designated representative thereof, about my eligibility, assessment, counseling, attendance, progress and termination. Additional information regarding my job search training and employability status may also be released.**

**By signing below, I acknowledge that I have also received copies of: 1) Code of Conduct; 2) Grievance, Non-discrimination and Equal Opportunity complaint Procedures; and 3) Release of Confidential Information.**

Please Print Name:

Signature:

Date:

# **EMAILING ELIGIBILITY PACKETS**

# YouthMis@seta.net

- ❑ Scan/email all eligibility packets (applications) to the email above and a Technical Assistant Support Staff will review.
- ❑ Do not CC any other emails as the packets contain sensitive information.
- ❑ Once all documentation is reviewed, you will receive an email response with either approval, disapproval, or if corrections are needed/missing information.
- ❑ Packets are reviewed at a first come, first serve basis.
- ❑ The packet should be dated within 1 week it is emailed to SETA.



# Eligibility Forms No Longer Being Used

- ✘ WIOA Youth App Control Log
- ✘ Verification Source Form

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.**

Reset Form

Applicant Name: \_\_\_\_\_

ITEM	VERIFICATION SOURCE	CHECK, IF APPLICABLE
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.: _____	<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
AGE: _____		
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/Wagner Peyser	<input type="checkbox"/> Attached/Created (Make sure it is updated)
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"/> Attached <input type="checkbox"/> Not Applicable
Family Income: (Exclusions)	<input type="checkbox"/> TANF/CalWorks <input type="checkbox"/> Child Support <input type="checkbox"/> UIB <input type="checkbox"/> V-11/Residence Support <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI/Survivors Benefits/Old Age SS <input type="checkbox"/> Other	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
Selective Service Registration: Reg. #: _____	<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
Disclosed Disability:	<input type="checkbox"/> SSA/Disability/SSI <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> IEP <input type="checkbox"/> Other: _____	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
School Status:	<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 or Proof of H.S Graduate Attached (youth under 18yrs)
Reading/Math Assessment:	Reading Grade/Level: _____ Math Grade/Level: _____ Test: <input type="checkbox"/> CASAS E-Test scores attached	<input type="checkbox"/> Attached School Transcript (In-school only)
Non-Economical Disadvantaged Youth (N.E.D. 5%) (Pre-Approved)	Explain Barriers:	<input type="checkbox"/> Attached (Youth Barrier Form)

*My signature below certifies that I have seen the source documents checked.*

Staff's Signature \_\_\_\_\_ Date \_\_\_\_\_



# **WIOA YOUTH ELIGIBILITY PACKET FORMS**

**Youth Barrier and Verification Form**

Youth's Name:  Date:

<u>Required for Program Enrollment:</u>		<u>Verification Documentation:</u>
<input type="checkbox"/>	Not Attending any School	Youth addendum
<input type="checkbox"/>	Not younger than age 16 or older than 24	<input type="text"/> Age: <input type="text"/>
<input type="checkbox"/>	Right to work	<input type="text"/>
<u>Eligible Barrier(s) (mark all that apply):</u> <i>[Barriers # 3-11 do not require low income verification]</i>		
<input type="checkbox"/>	1. A recipient of a secondary school diploma or its recognized equivalent who is <u>low-income</u> and basic skills deficient and/or English Language Learner	<input type="text"/>
<input type="checkbox"/>	2. A <u>low-income</u> individual who requires additional assistance to enter or complete an education program or to secure or hold employment	Youth addendum
<input type="checkbox"/>	3. A School Dropout	Youth addendum
<input type="checkbox"/>	4. 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	Youth addendum
<input type="checkbox"/>	5. Individual who is subject to the juvenile or adult justice system (offender)	<input type="text"/>
<input type="checkbox"/>	6. Homeless and/or runaway	<input type="text"/>
<input type="checkbox"/>	7. Foster Care or has aged out of the foster care system	<input type="text"/>
<input type="checkbox"/>	8. Youth eligible for assistance under section 477 of the Social Security Act	<input type="text"/>
<input type="checkbox"/>	9. Out-of-home placement	<input type="text"/>
<input type="checkbox"/>	10. Pregnant or parenting	<input type="text"/>
<input type="checkbox"/>	11. Youth with disability	<input type="text"/>
<u>Mark if any are applicable to the youth:</u>		
<input type="checkbox"/>	Selective Service (male youth 18-25yrs)	<input type="text"/>
<input type="checkbox"/>	Non-economical disadvantaged youth (5% over-income pre-approved)	Email approval

\*CalJOBS Registration app ID (Wagner Peyser)

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

# Youth Barrier & Verification Form

# Youth Barrier & Verification Form

- Use as a cover sheet when submitting eligibility packets.
- When youth are registered on CalJOBS there is an Application ID linked to their Wagner Peyser CalJOBS registration, you will need to provide this number.
- This form consists of requirements for program enrollment and applicable barriers to be eligible to apply.
- **Make sure to attach all documentation being used for verification.**

**Youth Barrier and Verification Form**

Youth's Name:  Date:

First 3 boxes **MUST** be marked for **ALL** youth

If #1 and/or #2 are **ONLY** marked as a barrier, then low income verification **IS** needed.

<u>Required for Program Enrollment:</u>		<u>Verification Documentation:</u>
<input type="checkbox"/>	Not Attending any School	Youth addendum
<input type="checkbox"/>	Not younger than age 16 or older than 24	<input type="text"/> Age: <input type="text"/>
<input type="checkbox"/>	Right to work	<input type="text"/>
<u>Eligible Barrier(s) (mark all that apply):</u> <i>[Barriers # 3-11 do not require low income verification]</i>		
<input type="checkbox"/>	1. A recipient of a secondary school diploma or its recognized equivalent who is <b>low-income</b> and basic skills deficient and/or English Language Learner	<input type="text"/>
<input type="checkbox"/>	2. A <b>low-income</b> individual who requires additional assistance to enter or complete an education program or to secure or hold employment	Youth addendum
<input type="checkbox"/>	3. A School Dropout	Youth addendum
<input type="checkbox"/>	4. 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	Youth addendum
<input type="checkbox"/>	5. Individual who is subject to the juvenile or adult justice system ( <b>offender</b> )	<input type="text"/>
<input type="checkbox"/>	6. Homeless and/or runaway	<input type="text"/>
<input type="checkbox"/>	7. Foster Care or has aged out of the foster care system	<input type="text"/>
<input type="checkbox"/>	8 Youth eligible for assistance under section 477 of the Social Security Act	<input type="text"/>
<input type="checkbox"/>	9. Out-of-home placement	<input type="text"/>
<input type="checkbox"/>	10. Pregnant or parenting	<input type="text"/>
<input type="checkbox"/>	11. Youth with disability	<input type="text"/>
<u>Mark if any are applicable to the youth:</u>		
<input type="checkbox"/>	Selective Service (male youth 18-25yrs)	<input type="text"/>
<input type="checkbox"/>	Non-economical disadvantaged youth (5% over-income pre-approved)	Email approval



**\*CalJOBS Registration app ID (Wagner Peyser)**

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

Male youth 17.5 yrs+ **must register** for selective service

Each provider can enroll **1 youth over income per program year** with pre approval from SETA

# Examples of documentation accepted for verification

- Assessment Test Scores
- School Records (transcripts, attendance, report card)
- Documentation from Adult/Juvenile Criminal Justice System, referral document, probation etc.
- Foster Care Agency referral, confirmation from social services agency, letter from case worker etc.
- Copy of birth certificate, medical records confirming pregnancy, (WIC) eligibility verification etc.
- Medical records, physician notes, IEP/504 plan, letter from school etc.
- Letter from Homeless shelter or social services agency.
- Self Attestation

# Youth Addendum

**SETA** Youth Addendum

Youth's Name: _____		Last 4 of Social #: _____	
	Yes	No	
Are you attending school?	<input type="checkbox"/>	<input type="checkbox"/>	Are you an English Language Learner?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compulsory School attendance (14-17yrs): (If yes, recent date of attendance below)	<input type="checkbox"/>	<input type="checkbox"/>	Have you previously or currently been in the juvenile or adult justice system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a High School graduate/equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a Migrant Season Farm Worker?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a High School Drop out?	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant or parenting?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Skills Deficient (BSD)?	<input type="checkbox"/>	<input type="checkbox"/>	Are you homeless and/or a runaway?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	Are you in out-of-home placement?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a current or aged out of foster care youth?	<input type="checkbox"/>	<input type="checkbox"/>	Do you live in a high poverty area/zip code?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a foster youth, are you eligible under section 477 of the social security act?	<input type="checkbox"/>	<input type="checkbox"/>	Are you facing individual substantial cultural barriers?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Work History (Most recent job held)**

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (If currently employed, leave end date blank)  
 Are you receiving unemployment compensation?  Yes  No

<b><u>Family Information (includes parents/guardians and dependents)</u></b>		<b><u>Are you receiving?</u></b>	
Family Size (including yourself): _____		Yes	No
List family information below:			
Relationship to Youth	Income	Source of income	
1. Self			Refugee Assistance <input type="checkbox"/>
2. _____			CalFresh/SNAP <input type="checkbox"/>
3. _____			General Assistance <input type="checkbox"/>
4. _____			TANF <input type="checkbox"/>
5. _____			
6. _____			
Total Family Income (past 6 months): _____			

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

<input type="checkbox"/> Never worked/limited work history	<input type="checkbox"/> Incarcerated parent	<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 12months	<input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional
<input type="checkbox"/> Meets Governors special barriers to employment	<input type="checkbox"/> Repeated at least one secondary grade level	<input type="checkbox"/> Other: <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> GPA less than 1.5	<input type="checkbox"/> Referred to or being treated by an agency for substance abuse	
<input type="checkbox"/> Gang affiliated		

By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Program and may result in action to recover any money paid while participation.

Youth Signature: _____	Parent/Guardian (if under 18yrs) Signature: _____	Date: _____
Case Manager Signature: _____	Agency Name: _____	Date: _____



# Youth Addendum

- Supports the Barrier and Verification Form on determining if the youth is eligible for the WIOA Youth Program.
- Barriers marked on the Youth Addendum must match barriers marked on the Youth Barrier and Verification Form.
- This form must be signed and dated by the case manager and youth-Wet signature or verified electronic signature (Adobe Pro, DocuSign etc.)
- ***If youth is under 18yrs old, parent/guardian signature is also required.***

Youth's Name: _____		Last 4 of Social #: _____	
	<b>Yes</b>	<b>No</b>	
<i>Are you attending school?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Are you an English Language Learner?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Compulsory School attendance (14-17yrs)? (If yes, recent date of attendance below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Have you previously or currently been in the juvenile or adult justice system?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you a High School graduate/equivalent?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Are you a Migrant Season Farm Worker?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you a High School Drop out?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Are you pregnant or parenting?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Basic Skills Deficient (BSD)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Are you homeless and/or a runaway?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Youth with a disability?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Are you in out-of-home placement?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you a current or aged out of foster care youth?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Do you live in a high poverty area/zip code?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If a foster youth, are you eligible under section 477 of the social security act?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Are you facing individual substantial cultural barriers?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Work History (Most recent job held)**

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (If currently employed, leave end date blank)

Are you receiving unemployment compensation?  Yes  No

<b><u>Family Information (includes parents/guardians and dependents)</u></b>			<b><u>Are you receiving?</u></b>	
Family Size (including yourself): _____			Yes	No
List family information below:				
Relationship to Youth	Income	Source of income		
1. Self			<input type="checkbox"/>	<input type="checkbox"/>
2. _____			<input type="checkbox"/>	<input type="checkbox"/>
3. _____			<input type="checkbox"/>	<input type="checkbox"/>
4. _____			<input type="checkbox"/>	<input type="checkbox"/>
5. _____			<input type="checkbox"/>	<input type="checkbox"/>
6. _____			<input type="checkbox"/>	<input type="checkbox"/>
Total Family Income (past 6 months): _____			<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Never worked/limited work history	<input type="checkbox"/> Incarcerated parent	<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 12months	<input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional
<input type="checkbox"/> Meets Governors special barriers to employment	<input type="checkbox"/> Repeated at least one secondary grade level	<input type="checkbox"/> Other: <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> GPA less than 1.5	<input type="checkbox"/> Referred to or being treated by an agency for substance abuse	
<input type="checkbox"/> Gang affiliated		

By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Program and may result in action to recover any money paid while participation.

Youth Signature: \_\_\_\_\_ Parent/Guardian (if under 18yrs) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

**All fields/questions need to be answered when submitted or it will be sent back to you for revision.**

If low income verification is not needed due to barriers, please complete family size and input zero on income fields/total family income.



This section should only be filled out if Additional Assistance is a barrier marked on the Youth Barrier and Verification Form



**Youth and case manager signature/date is required**  
(parent/guardian if under 18yrs)



# Definitions

**Not Attending School**=an individual not attending secondary or post secondary school. *If a youth is enrolled in WIOA Title III Adult Ed., YouthBuild, Job Corps, high school equivalency program, or drop out re-engagement programs, they are considered Out of School Youth for eligibility purposes.*

**Offender**=Any adult or juvenile who has been subject to any stage of the criminal justice process, for whom services under the WIOA may be beneficial. Require overcoming barriers to employment resulting from a record of arrest or conviction.

**School Dropout**=an individual who is no longer attending any school and who has not received a secondary diploma/equivalent.

**Compulsory School Age**=Between the ages of 6-18 years old. On their 18 birthday they are no longer subject to compulsory attendance. If they choose not to attend school after turning 18 they may be reported as a dropout. (must not have attended school for a school/calendar quarter)

**Out-of-home Placement**=Placements and services provided to youth and families when a youth must be removed from their homes because of safety concerns as a result of serious parent-youth conflict, or to treat serious physical or behavioral health conditions which cannot be addressed within the family. (court ordered and may live with kinship or relatives' homes, family foster homes, treatment foster homes, or group or residential care)

**Basic Skills Deficient**=A youth who has English, reading, writing, or computing skills at or below 8<sup>th</sup> grade level of a generally accepted standardized test (*CASAS Assessment-separate training*)

**Pregnant or parenting**=An individual who is pregnant or a custodial or non-custodial parent including non-custodial fathers.

**Meets Governors special barriers to employment**=includes barriers such as transgender & gender nonconforming individuals, immigrants, unskilled or under-skilled low-wage workers, youth disconnected from the education system or employment etc.

**Emancipated youth**=under the age of 18 and either entered a valid marriage, active duty of armed forces, or received declaration of emancipation pursuant to CA Family Code 7122.

**Runaway youth**=under 18 years who absents themselves from home or legal residence without permission of a parent/legal guardian.

**Substantial cultural barriers**=perceive themselves as possessing attitudes, beliefs, customs or practices that may influence a way of thinking, acting or working that may serve as a hinderance to employment.

## Youth Addendum

Youth's Name: **Example** Last 4 of Social #: **0000**

	Yes	No		Yes	No
Are you attending school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you an English Language Learner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compulsory School attendance (14-17yrs): (If yes, recent date of attendance below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you previously or currently been in the juvenile or adult justice system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School graduate/equivalent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you a Migrant Season Farm Worker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School Drop out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you pregnant or parenting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basic Skills Deficient (BSD)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you homeless and/or a runaway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Youth with a disability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you in out-of-home placement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a current or aged out of foster care youth?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you live in a high poverty area/zip code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If a foster youth, are you eligible under section 477 of the social security act?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you facing individual substantial cultural barriers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Work History (Most recent job held)

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (If currently employed, leave end date blank)  
 Are you receiving unemployment compensation?  Yes  No

### Family Information (includes parents/guardians and dependents)

Family Size (including yourself): 1  
 List family information below:

Relationship to Youth	Income	Source of income
1. Self	0	0
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Total Family Income (past 6 months): 0

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Never worked/limited work history              | <input type="checkbox"/> Incarcerated parent   | <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 12months                     | <input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional |
| <input checked="" type="checkbox"/> Meets Governors special barriers to employment | <input type="checkbox"/> Repeated at least one secondary grade level                   | <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>                                 |
| <input type="checkbox"/> GPA less than 1.5   | <input type="checkbox"/> Referred to or being treated by an agency for substance abuse |  |
| <input type="checkbox"/> Gang affiliated   |  |  |

## Youth Barrier and Verification Form

Youth's Name: **Example** Date: **07/01/2024**

<u>Required for Program Enrollment:</u>	<u>Verification Documentation:</u>
<input checked="" type="checkbox"/> Not Attending any School	Youth addendum
<input checked="" type="checkbox"/> Not younger than age 16 or older than 24	ID or Drivers License <input type="text"/> Age <input type="text" value="19"/>
<input checked="" type="checkbox"/> Right to work	Social Security Card <input type="text"/>
<b><u>Eligible Barrier(s) (mark all that apply):</u></b> <i>[Barriers # 3-11 do not require low income verification]</i>	
<input type="checkbox"/> 1. A recipient of a secondary school diploma or its recognized equivalent who is <b>low-income</b> and basic skills deficient and/or English Language Learner	<input type="text"/>
<input checked="" type="checkbox"/> 2. A <b>low-income</b> individual who requires additional assistance to enter or complete an education program or to secure or hold employment	Youth addendum
<input type="checkbox"/> 3. A School Dropout	Youth addendum
<input type="checkbox"/> 4. 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	Youth addendum
<input type="checkbox"/> 5. Individual who is subject to the juvenile or adult justice system (offender)	<input type="text"/>
<input checked="" type="checkbox"/> 6. Homeless and/or runaway	Letter from homeless shelter
<input type="checkbox"/> 7. Foster Care or has aged out of the foster care system	<input type="text"/>
<input type="checkbox"/> 8. Youth eligible for assistance under section 477 of the Social Security Act	<input type="text"/>
<input type="checkbox"/> 9. Out-of-home placement	<input type="text"/>
<input checked="" type="checkbox"/> 10. Pregnant or parenting	Birth Certificate
<input checked="" type="checkbox"/> 11. Youth with disability	High school records
<b><u>Mark if any are applicable to the youth:</u></b>	
<input checked="" type="checkbox"/> Selective Service (male youth 18-25yrs)	Online Verification Letter <input type="text"/>
<input type="checkbox"/> Non-economical disadvantaged youth (5% over-income pre-approved)	Email approval

\*CalJOBS Registration app ID (Wagner Peyser)

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

\*All barriers must match on both forms

Agency Name:  Participant Name:

Mark if youth is automatically considered low income:

Low income verification:

Documentation attached:

Family Size	100% Annual LLSIL	70% Annual LLSIL	70% 6 Months LLSIL
1	\$18,488	\$12,942	\$6,471
2	\$30,300	\$21,210	\$10,605
3	\$41,600	\$29,120	\$14,560
4	\$51,354	\$35,948	\$17,974
5	\$60,599	\$42,419	\$21,210
6	\$70,878	\$49,615	\$24,808
Each Add'l	+\$10,279	+\$7,196	+\$3,598

**Included income**

(Included in calculation below)


**Excluded income**

(NOT Included in calculation below)


Use the row(s) that best defines the frequency of payment (always use gross income):

**Weekly**

$$\text{\$ } \underline{\hspace{2cm}} \times 26 = \text{\$ } \underline{\hspace{2cm}}$$

Weekly Amount Total  
+

**Bi-Weekly**

$$\text{\$ } \underline{\hspace{2cm}} \times 13 = \text{\$ } \underline{\hspace{2cm}}$$

Bi-weekly Amount Total  
+

**Monthly**

$$\text{\$ } \underline{\hspace{2cm}} \times 6 = \text{\$ } \underline{\hspace{2cm}}$$

Monthly Amount Total  
+

**Bi-Monthly**

$$\text{\$ } \underline{\hspace{2cm}} \times 12 = \text{\$ } \underline{\hspace{2cm}}$$

Bi-monthly amount Total

**Intermittent/Varying**

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 1} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 2} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 3} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 4} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 5} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 6}$$

From Date:  To Date:

=   
Total

+

**6 month Total**

=   
Total

Note: Using this fillable form electronically will maintain its functionality of formulas and ensure accurate calculations, that may otherwise not work if printed.

# Youth Income Calculation Worksheet

# Youth Income Calculation Worksheet

- This form should be filled out and submitted **ONLY if low income verification is needed.**
- If youth is considered low income due to High Poverty Area, receiving Cal Fresh/food stamps etc. You still need to attach this form with the top portion filled out and box marked for “Youth automatically considered low income”.
- All verification of income when using this form should be attached, such as paystubs, proof of Cal Fresh, Census Tract etc.

# SETA Youth Income Calculation Worksheet

Agency Name:  Participant Name:

Mark if youth is automatically considered low income:

Family Size	100% Annual LLSIL	70% Annual LLSIL	70% 6 Months LLSIL
1	\$18,488	\$12,942	\$6,471
2	\$30,300	\$21,210	\$10,605
3	\$41,600	\$29,120	\$14,560
4	\$51,354	\$35,948	\$17,974
5	\$60,599	\$42,419	\$21,210
6	\$70,878	\$49,615	\$24,808
Each Add'l	+\$10,279	+\$7,196	+\$3,598

Low income verification:

Documentation attached:

### Included income

(Included in calculation below)

### Excluded income

(NOT Included in calculation below)

Use the row(s) that best defines the frequency of payment (always use gross income):

### Weekly

$$\text{\$ } \underline{\hspace{2cm}} \times 26 = \text{\$ } \underline{\hspace{2cm}}$$

Weekly Amount Total

### Bi-Weekly

$$\text{\$ } \underline{\hspace{2cm}} \times 13 = \text{\$ } \underline{\hspace{2cm}}$$

Bi-weekly Amount Total

### Monthly

$$\text{\$ } \underline{\hspace{2cm}} \times 6 = \text{\$ } \underline{\hspace{2cm}}$$

Monthly Amount Total

### Bi-Monthly

$$\text{\$ } \underline{\hspace{2cm}} \times 12 = \text{\$ } \underline{\hspace{2cm}}$$

Bi-monthly amount Total

### Intermittent/Varying

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 1} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 2} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 3} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 4} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 5} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 6}$$

From Date:  To Date:

=

Total

+

=

Total

**\$0.00**  
6 month Total

Note: Using this fillable form electronically will maintain its functionality of formulas and ensure accurate calculations, that may otherwise not work if printed.

If youth are automatically considered low income due to reasons like high poverty area/zip code, Cal Fresh, SSI etc., mark the check box and use the following 2 drop down menus to specify verification. **If this section is marked you DO NOT need to fill out the rest of the form.**

Use this as a reference to determine if the 6 month \$ total is considered low income based on family size.

Based on the frequency of payment, use the row(s) that fit best on the left side of the form.

If payments fluctuates monthly, use the right side of this form.

This form will automatically calculate income for 6 months based on numbers inputted.

# Income Inclusions/Exclusions For Low Income Determination

- ❖ On the next slide you will see a form that is useful to determine what type of income should be included in the youth calculations or not included.
- ❖ If the income is listed on the INCLUDED side, then this should be included on the Youth Income Calculations Form.
- ❖ If the income is on the EXCLUDED side, then you should not include on the Youth Income Calculations Form, but verification must still be attached/applicant statement, if needed.



<u>Income Included</u>	<u>Income Excluded</u>
Unemployment Insurance.	Financial assistance under Title IV of the Higher Education Act, i.e., Pell Grants.
Child Support payments (including foster care child payments).	Supplemental Educational Opportunity Grants and Federal Work Study.
Monetary compensation for services, including wages, tips, salary, commissions, or fees before any deductions.	Needs-based scholarship assistance.
Net receipts from non-farm self-employment (receipts for a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expense).	Loans.
Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses).	Veterans' benefits; Income earned while the veteran was on active military duty and certain other veterans' benefits, i.e., compensation for service-connected disability, compensation for service-connected death, vocational rehabilitation, and education assistance (Title 20 CFR Section 683.230).
Regular payments from railroad retirement, strike benefits from union funds, worker's compensation, and training stipends (e.g., wages from the California Conservation Corp).	Capital gains.

<u>Income Included</u>	<u>Income Excluded</u>
Alimony, military family allotments, or other regular support from an absent family member or someone not living in the household.	Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car.
Private pensions, government employee pensions (including military retirement pay).	Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.
Regular insurance or annuity payments (including state disability insurance).	Non-cash benefits such as employer paid or union-paid portion of health insurance or other fringe benefits, food or housing received in lieu of wages.
College or university scholarships (not needs-based), grants, fellowships, and assistantships.	The value of food and fuel produced and consumed on farms.
Net gambling or lottery winnings.	The imputed value of rent from owner occupied nonfarm or farm housing.
Severance payments.	Medicare, Medicaid, food stamps, school meals, and housing assistance.
Terminal leave pay.	Allowances, earnings and payments to individuals participating in programs under WIOA Title 1. (Reference Title 20 CFR Section 683.275[d]).
Social Security Disability Insurance payments and Social Security old age and survivors' insurance benefits.	When a federal statute excludes income received under that statute in determining eligibility for programs operated under other federal laws, such income is <i>excluded</i> in WIOA eligibility determination as well.

# High Poverty Zip code/Area

- ❖ If a youth resides in a high poverty zip code from the provided list below, they are automatically considered low income and you do not need income calculations. The top portion of the Income Calculation Worksheet must still be filled out. (**These may change once a year and you will be updated**)

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

- ❖ 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 that has a poverty rate of **at least 25%** as set every 5 years using American Community (ACS) 5-year data.

These links below can assist you in searching a specific residential address to determine poverty rate:

<https://geomap.ffiec.gov/ffiecgeomap/>

<https://mtgis-portal.geo.census.gov/arcgis/apps/experiencebuilder/experience/?id=ad8ad0751e474f938fc98345462cdfbf>

# Individual Service Strategy (I.S.S)

YOUTH INDIVIDUAL SERVICE STRATEGY (I.S.S)		
Participant Name: _____	Case Manager: _____	
Agency Name: _____	Program Year: _____	
<b>Barriers (at eligibility):</b>		
<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
PRE	POST	
<b>EDUCATION ENROLLMENT</b>		
Date Established: _____	_____	
Goal: <div style="border: 1px solid black; height: 100px; width: 90%; margin-top: 5px;"></div>	<input type="checkbox"/> Goal Accomplished Name of School/Program: _____ Start date: _____ End Date: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 90%; margin-top: 5px;"></div>	
<b>BASIC SKILLS DEFICIENT/ENGLISH LANGUAGE LEARNER</b>		
<u>Pre-Test Scores</u>		
Reading EFL/Grade: _____ Math EFL/Grade: _____	_____	
Goal: <div style="border: 1px solid black; height: 100px; width: 90%; margin-top: 5px;"></div>	<input type="checkbox"/> Goal Accomplished Name of School/Program: _____ Start Date: _____ End Date: _____ Reading EFL/Grade: _____ Math EFL/Grade: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 90%; margin-top: 5px;"></div>	
<b>DISABILITY</b>		
Date Established: _____	_____	
Goal: <div style="border: 1px solid black; height: 100px; width: 90%; margin-top: 5px;"></div>	<input type="checkbox"/> Goal Accomplished: <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 90%; margin-top: 5px;"></div>	

# Individual Service Strategy (I.S.S)

- This is the plan you discuss with the youth that lists barriers and services that will be provided throughout their enrollment in the WIOA Youth Program.
- **Pre I.S.S**=The Individual Service Strategy plan filled out at time of enrollment.
- Any changes to the I.S.S after enrollment is documented in a case note and on the Bi-Monthly Review & Exit Tracking Sheet (mentioned on pg.42 )
- **Post I.S.S**=The Individual Service Strategy plan filled out throughout the program year and submitted at time of exit with the Bi-Monthly Review & Exit Tracking Sheet.

Check **all barriers at time of eligibility** that must match barriers listed on the Youth Barrier & Verification Form and Youth Addendum

**PRE**=The left side of the form should be filled out in the sections that pertain to the youth's plan.

Complete sections as the youth services are accomplished or updated throughout the program year.

### YOUTH INDIVIDUAL SERVICE STRATEGY (I.S.S)

Participant Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Program Year: \_\_\_\_\_

**Barriers (at eligibility):**

School Drop-out       Basic Skills Deficient       English Language Learner  
 Foster Care       Disability       Juvenile/Adult Justice System  
 Pregnant/Parenting       Homeless       Additional Assistance Needed

PRE	POST
Date Established: _____ EDUCATION ENROLLMENT	
Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished Name of School/Program: _____ Start date: _____ End Date: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Date Established: _____ BASIC SKILLS DEFICIENT/ENGLISH LANGUAGE LEARNER	
<u>Pre-Test Scores</u>	
Reading EFL/Grade: _____ Math EFL/Grade: _____ Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished Name of School/Program: _____ Start Date: _____ End Date: _____ Reading EFL/Grade: _____ Math EFL/Grade: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Date Established: _____ DISABILITY	
Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished: <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

**POST**=The right side of the form should be filled out in the sections that the pre side was filled out. Make sure it is completed by the time youth exits the program.

Any updates to the I.S.S causing the youth to not complete a specific service/plan on their pre I.S.S, must include detailed reasoning in the corresponding box.

Date Established:		SUPPORTIVE SERVICES	
Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): 	
Date Established:		POST SECONDARY PREPARATION & TRANSITION	
Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): 	
Date Established:		ENTREPRENEURIAL SKILLS	
Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): 	
Date Established:		ADULT MENTORING	
Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): 	
Date Established:		OCCUPATIONAL SKILLS	
Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): 	
Date Established:		FOLLOW UP SERVICES	
Youth will be provided with 4 quarterly follow ups after exit (except if exclusionary exit)			
Participant Signature: _____		Date: _____	
Case Manager Signature: _____		Date: _____	

The last page of the Pre I.S.S must be signed and dated by the Case Manager and Youth agreeing to the discussed goals on the form. **(wet signature or verified digital signature).**



The date must match the date on the Youth Addendum.



# Bi-Monthly I.S.S Reviews

- Determines continued goals for the youth and documents the progress to completing goals.
- The PRE I.S.S should be reviewed at least Bi-Monthly with the youth to document any updates needed.
- Any changes to the I.S.S plan assist with the program flow and what is being focused on and provided to the youth.
- It continues the story telling of the youth leading to their exit from the program.

## Bi-Monthly I.S.S Reviews & Exit Tracking Sheet

To determine if any changes are needed to the I.S.S, this form must be filled out every time the I.S.S is reviewed (at least Bi-Monthly) by the case manager with the youth participant. The second portion of this form should be filled out at time of exit. This must be kept in the hard file and ONLY uploaded into CalJOBS when the youth is exited from the program.

[The date reviewed must match a Bi-Monthly Review case note in CalJOBS]

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: \_\_\_\_\_  
Bi-Monthly Review date: \_\_\_\_\_ CM Initials: \_\_\_\_\_

### 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 and this form to CalJOBS at time of Exit)

Exit Date: \_\_\_\_\_  Exit Form Submitted  Exit Case Note Completed

Please document the **date** the Bi-Monthly Review was completed with the youth, this **must match a Bi-Monthly Review Case Note date**.

This section must be filled out at time of exit (further exit training can be found on the link below):

When the I.S.S is reviewed please include the Case Manager's First/Last Name Initials who completed the review, with the youth.

This form should be kept in the hard file and **does not need to be included in your eligibility packet!**

Upload into CalJOBS with the Post I.S.S when youth is exited.



**REQUIRED SECTIONS OF**  
**THE PRE I.S.S**

# These Sections Must Be Filled Out For ALL Youth, or the I.S.S Will Be Returned For Corrections

Date Established:	<b>WORK EXPERIENCE (WEX)</b>	
Goal:	<input type="checkbox"/> Goal Accomplished	Hrs Completed: _____ Start Date: _____ End Date: _____
	<input type="checkbox"/> Not Completed/I.S.S Update (reason below):	
	Direct Hire/Employed: <input type="checkbox"/>	
Date Established:	<b>LEADERSHIP DEVELOPMENT</b>	
Goal:	<input type="checkbox"/> Goal Accomplished	
	<input type="checkbox"/> Not Completed/I.S.S Update (reason below):	

Suggestions for labor market information include Goeducate.org or O\*Net interest profiler



Date Established:	<b>LABOR MARKET INFORMATION</b>	
Goal:	<input type="checkbox"/> Goal Accomplished	Career Exploration Tool Used: _____
	<input type="checkbox"/> Not Completed/I.S.S Update (reason below):	
Career Pathway Interest: _____	Undecided: <input type="checkbox"/>	
Date Established:	<b>WORK READINESS</b>	
Goal:	<input type="checkbox"/> Goal Accomplished	
	<input type="checkbox"/> Not Completed/I.S.S Update (reason below):	

Make sure to put an established date since follow up services are required



Date Established:	<b>FOLLOW UP SERVICES</b>
Youth will be provided with 4 quarterly follow ups after exit (except if exclusionary exit)	

**If a youth is enrolled as a *High school drop out* then education must be filled out on Pre I.S.S at time of enrollment**

Date Established:		EDUCATION ENROLLMENT	
Goal:	<input type="checkbox"/> Goal Accomplished	Name of School/Program: _____	
	<input type="checkbox"/> Not Completed/I.S.S Update (reason below):	Start date: _____	End Date: _____
		<input type="text"/>	

**All other sections of the I.S.S are individual based, and depend on youth barriers/needs for specific services!**

# APPLICANT STATEMENT

# Self- Attestation Form

## APPLICANT STATEMENT

I hereby certify, under penalty of perjury that:

Clear Button

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

# Applicant Statement/Self-attestation

- This form is used as a last resort for verification of specific documentation used for eligibility purposes.
- If a youth/family is paid in cash and cannot provide paystubs or income verification then a statement of average monthly income needs to be collected to determine 6 months income on calculation worksheet.
- If a youth is unable to provide documentation of specific barrier then applicant statement can be used.
- If SETA noticed an increased amount of applicant statements being used for ALL of your cases, eligibility packets are subject to being denied if felt this form is being abused.
- **Suggestion:** Contact SETA staff and we may be able to assist you in finding ways to get proper documentation before using an applicant statement.

# APPLICANT STATEMENT

I hereby certify, under penalty of perjury that:

Clear Button

## CUSTOMER'S STATEMENT

General:

[Large blue text area for customer statement]

Participant/family statement goes here



### For Compulsory Only (16-17 years old)

Name: [Text box]

Age: [Text box]

Last Date Attended School: [Text box]

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.

[Signature line with red arrow icon]

Applicant's/Parent's Signature

[Date line]

Date

[Print Name line]

Print Name

State the reason and/or documentation the statement supports



### OFFICE USE ONLY – MUST BE COMPLETED

The above applicant statement (s) is/are being used to document the following:

[Large blue text area for office use only]

[Signature line with red arrow icon]

Staff Signature

Must be signed and dated by applicant and case manager.

**Wet Signature or verified digital signature.**

# **ELIGIBILITY PACKET PRACTICE**



# Scenario #1

A female Youth named **Joby Seeker** comes into your agency looking to enroll into the WIOA Youth Program. She is a High School Graduate but has never worked. Her birthday is March 26, 2005 and brings in a US Passport. She lives with her dad and sister. Her dad is the only one that works and her and her sister are his dependents. He makes \$900 bi weekly and attached a current paystub. Her overall goal is to become a nurse and would like to enroll into an Occupational Skills Program. She also expressed that her car is currently being fixed for the next 4 months, and she does not own professional clothing.

Use 7/1/2024 as the application date.

*Assemble the eligibility packet for Joby Seeker, fill out the appropriate forms, and determine if the youth qualifies for the program.*

**Neda Jub's CalJOBS Registration: [Click Here](#)**

# Scenario #1

## Youth Barrier & Verification Source

### Youth Barrier and Verification Form

Youth's Name: <input type="text" value="Joby Seeker"/>		Date: <input type="text" value="7/1/2024"/>
<input checked="" type="checkbox"/>	<u>Required for Program Enrollment:</u> Not Attending any School	<u>Verification Documentation:</u> Youth addendum
<input checked="" type="checkbox"/>	Not younger than age 16 or older than 24	<input type="text" value="U.S Passport"/> Age: <input type="text" value="15"/>
<input checked="" type="checkbox"/>	Right to work	<input type="text" value="U.S Passport"/>
<u>Eligible Barrier(s) (mark all that apply):</u> <i>[Barriers # 3-11 do not require low income verification]</i>		
<input type="checkbox"/>	1. A recipient of a secondary school diploma or its recognized equivalent who is <u>low-income</u> and basic skills deficient and/or English Language Learner	<input type="text"/>
<input checked="" type="checkbox"/>	2. A <u>low-income</u> individual who requires additional assistance to enter or complete an education program or to secure or hold employment	Youth addendum
<input type="checkbox"/>	3. A School Dropout	Youth addendum
<input type="checkbox"/>	4. 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	Youth addendum
<input type="checkbox"/>	5. Individual who is subject to the juvenile or adult justice system (offender)	<input type="text"/>
<input type="checkbox"/>	6. Homeless and/or runaway	<input type="text"/>
<input type="checkbox"/>	7. Foster Care or has aged out of the foster care system	<input type="text"/>
<input type="checkbox"/>	8. Youth eligible for assistance under section 477 of the Social Security Act	<input type="text"/>
<input type="checkbox"/>	9. Out-of-home placement	<input type="text"/>
<input type="checkbox"/>	10. Pregnant or parenting	<input type="text"/>
<input type="checkbox"/>	11. Youth with disability	<input type="text"/>
<u>Mark if any are applicable to the youth:</u>		
<input type="checkbox"/>	Selective Service (male youth 18-25yrs)	<input type="text"/>
<input type="checkbox"/>	Non-economical disadvantaged youth (5% over-income pre-approved)	Email approval

\*CalJOBS Registration app ID (Wagner Peyser)

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

Agency Name:  Participant Name: 

 Mark if youth is automatically considered low income: 

 Low income verification: 

 Documentation attached: 

Family Size	100% Annual LLSIL	70% Annual LLSIL	70% 6 Months LLSIL
1	\$18,488	\$12,942	\$6,471
2	\$30,300	\$21,210	\$10,605
3	\$41,600	\$29,120	\$14,560
4	\$51,354	\$35,948	\$17,974
5	\$60,599	\$42,419	\$21,210
6	\$70,878	\$49,615	\$24,808
Each Add'l	+\$10,279	+\$7,196	+\$3,598

**Included income**

(Included in calculation below)


**Excluded income**

(NOT Included in calculation below)



Use the row(s) that best defines the frequency of payment (always use gross income):

**Weekly**

$$\text{\$ } \underline{\hspace{2cm}} \times 26 = \text{\$ } \underline{0.00}$$

Weekly Amount Total

**Bi-Weekly**

$$\text{\$ } \underline{900} \times 13 = \text{\$ } \underline{11,700.00}$$

Bi-weekly Amount Total

**Monthly**

$$\text{\$ } \underline{\hspace{2cm}} \times 6 = \text{\$ } \underline{0.00}$$

Monthly Amount Total

**Bi-Monthly**

$$\text{\$ } \underline{\hspace{2cm}} \times 12 = \text{\$ } \underline{0.00}$$

Bi-monthly amount Total

**Intermittent/Varying**

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 1} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 2} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 3} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 4} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 5} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 6}$$

 From Date:  To Date: 

 = 

Total

+

 = 

Total

**\$11,700.00**  
**6 month Total**

Note: Using this fillable form electronically will maintain its functionality of formulas and ensure accurate calculations, that may otherwise not work if printed.

# Scenario #1

# Income

# Calculation

# Worksheet

# Scenario #1

## Youth

### Addendum

**SETA** Youth Addendum

Youth's Name: **Joby Seeker** Last 4 of Social #: **4567**

	Yes	No		Yes	No
Are you attending school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you an English Language Learner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compulsory School attendance (14-17yrs): (If yes, recent date of attendance below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you previously or currently been in the juvenile or adult justice system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School graduate/equivalent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you a Migrant Season Farm Worker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School Drop out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you pregnant or parenting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basic Skills Deficient (BSD)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you homeless and/or a runaway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Youth with a disability?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you in out-of-home placement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a current or aged out of foster care youth?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you live in a high poverty area/zip code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If a foster youth, are you eligible under section 477 of the social security act?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you facing individual substantial cultural barriers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Work History (Most recent job held)

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (If currently employed, leave end date blank)

Are you receiving unemployment compensation?  Yes  No

Family Information (includes parents/guardians and dependents)

Family Size (including yourself): 3

List family information below:

	Relationship to Youth	Income	Source of income
1.	Self	0	N/A
2.	Father	\$11,700	Employed
3.	Sister	0	N/A
4.			
5.			
6.			

Total Family Income (past 6 months): **\$11,700**

	Are you receiving?	
	Yes	No
Refugee Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CalFresh/SNAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input checked="" type="checkbox"/> Never worked/limited work history	<input type="checkbox"/> Incarcerated parent	<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 12months	<input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional
<input type="checkbox"/> Meets Governors special barriers to employment	<input type="checkbox"/> Repeated at least one secondary grade level	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> GPA less than 1.5	<input type="checkbox"/> Referred to or being treated by an agency for substance abuse	
<input type="checkbox"/> Gang affiliated		

By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Program and may result in action to recover any money paid while participation.

Youth Signature: \_\_\_\_\_ Parent/Guardian (if under 18yrs) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: **Erica Martinez** Digitally signed by Erica Martinez Agency Name: **Example** Date: **7/1/2024**

# Scenario #1

## I.S.S

### YOUTH INDIVIDUAL SERVICE STRATEGY (I.S.S)

Participant Name: Joby Seeker Case Manager: Example  
 Agency Name: Example Program Year: 2024-2025

**Barriers (at eligibility):**

- |   |   |  |
|---|---|--|
| <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 checked="" type="checkbox"/> Additional Assistance Needed |

**PRE**

**POST**

Date Established:

**EDUCATION ENROLLMENT**

Goal:

Goal Accomplished

Name of School/Program: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Not Completed/I.S.S Update (reason below):

Date Established:

**BASIC SKILLS DEFICIENT/ENGLISH LANGUAGE LEARNER**

Pre-Test Scores

Reading EFL/Grade: \_\_\_\_\_ Math EFL/Grade: \_\_\_\_\_

Goal:

Goal Accomplished

Name of School/Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reading EFL/Grade: \_\_\_\_\_ Math EFL/Grade: \_\_\_\_\_

Not Completed/I.S.S Update (reason below):

Date Established:

**DISABILITY**

Goal:

Goal Accomplished:

Not Completed/I.S.S Update (reason below):

***Additional Services Provided:***

Date Established: **FOSTER CARE**

Goal:  Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: **JUVENILE/ADULT JUSTICE SYSTEM**

Goal:  Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: **PREGNANT/PARENTING**

Goal:  Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: **HOMELESS**

Goal:  Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: **7/1/2024** **ADDITIONAL ASSISTANCE**

Barrier: Youth is 19 years old and has never worked.

Goal: Due to young age and no work experience, youth needs additional assistance to gain work experience and obtain permanent employment.

Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: **7/1/2024** **LABOR MARKET INFORMATION**

Goal: Provide career exploration in different fields of interest.  
 Goal Accomplished  
Career Exploration Tool Used: \_\_\_\_\_  
 Not Completed/I.S.S Update (reason below):

Career Pathway Interest: **Nurse** Undecided:

Date Established: **7/1/2024** **WORK READINESS**

Goal: Youth will participate in resume workshops, interview and mock interview workshops.  
 Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: **7/1/2024** **WORK EXPERIENCE (WEX)**

Goal: Youth will be given 150 hrs in work experience in a medical office environment or field that interests them.  
 Goal Accomplished Hrs Completed: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Not Completed/I.S.S Update (reason below):

Direct Hire/Employed:

Date Established: **7/1/2024** **LEADERSHIP DEVELOPMENT**

Goal: Youth will attend leadership development workshops to learn how to take initiative, professional communication skills, and soft skills.  
 Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: **FINANCIAL LITERACY**

Goal:  Goal Accomplished  
 Not Completed/I.S.S Update (reason below):

Date Established: 7/1/2024

SUPPORTIVE SERVICES

Goal: Youth will be assisted with transportation assistance, and interview clothing, as needed.

- Goal Accomplished
- Not Completed/I.S.S Update (reason below):

Empty text box for reasons below.

Date Established:

POST SECONDARY PREPARATION & TRANSITION

Goal:

Empty text box for goal.

- Goal Accomplished
- Not Completed/I.S.S Update (reason below):

Empty text box for reasons below.

Date Established:

ENTREPRENEURIAL SKILLS

Goal:

Empty text box for goal.

- Goal Accomplished
- Not Completed/I.S.S Update (reason below):

Empty text box for reasons below.

Date Established:

ADULT MENTORING

Goal:

Empty text box for goal.

- Goal Accomplished
- Not Completed/I.S.S Update (reason below):

Empty text box for reasons below.

Date Established: 7/1/2024

OCCUPATIONAL SKILLS

Goal: Case Manager will assist youth in enrolling into Occupational Skills Program for nursing.

- Goal Accomplished
- Not Completed/I.S.S Update (reason below):

Empty text box for reasons below.

Date Established: 7/1/2024

FOLLOW UP SERVICES

Youth will be provided with 4 quarterly follow ups after exit (except if exclusionary exit)

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature: Ericka Martinez

Digitally signed by Ericka Martinez

Date: 7/1/2024

***Additional  
Attachments  
that will be  
needed for  
Scenario #1***

- ✓ A copy of the youth's Passport
- ✓ A copy of the father's paystub showing payment of \$900 bi monthly from employer.



## Scenario #2

**Ben Looking**, a male youth, comes into your agency looking for WIOA Youth services. He states he is a high school drop out and has never worked. His birthdate is June 13, 2004, and has a CA ID and social security card. He discloses he has a disability and brings in an IEP from his most recent school attendance. He lives with his parents and 2 siblings. His dad is the only one that works and makes \$2,100 a month, and the youth receives SSI in the amount of \$800 a month. Ben wants to work as an Office Clerk.

Use 7/1/2024 as the application date.

*Assemble the eligibility packet for Ben Looking, fill out the appropriate forms, and determine if the youth qualifies for the program.*

**Ben Looking's CalJOBS Registration: [Click Here](#)**

# Scenario #2

## Youth Barrier & Verification Source

### Youth Barrier and Verification Form

Youth's Name: <b>Ben Looking</b>		Date: <b>7/1/2024</b>
<input checked="" type="checkbox"/>	<u>Required for Program Enrollment:</u> Not Attending any School	<u>Verification Documentation:</u> Youth addendum
<input checked="" type="checkbox"/>	Not younger than age 16 or older than 24	ID or Drivers License <input type="text"/> Age: <b>20</b>
<input checked="" type="checkbox"/>	Right to work	Social Security Card <input type="text"/>
<u>Eligible Barrier(s) (mark all that apply):</u> <i>[Barriers # 3-11 do not require low income verification]</i>		
<input type="checkbox"/>	1. A recipient of a secondary school diploma or its recognized equivalent who is <b>low-income</b> and basic skills deficient and/or English Language Learner	<input type="text"/>
<input checked="" type="checkbox"/>	2. A <b>low-income</b> individual who requires additional assistance to enter or complete an education program or to secure or hold employment	Youth addendum
<input checked="" type="checkbox"/>	3. A School Dropout	Youth addendum
<input type="checkbox"/>	4. 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	Youth addendum
<input type="checkbox"/>	5. Individual who is subject to the juvenile or adult justice system (offender)	<input type="text"/>
<input type="checkbox"/>	6. Homeless and/or runaway	<input type="text"/>
<input type="checkbox"/>	7. Foster Care or has aged out of the foster care system	<input type="text"/>
<input type="checkbox"/>	8. Youth eligible for assistance under section 477 of the Social Security Act	<input type="text"/>
<input type="checkbox"/>	9. Out-of-home placement	<input type="text"/>
<input type="checkbox"/>	10. Pregnant or parenting	<input type="text"/>
<input checked="" type="checkbox"/>	11. Youth with disability	IEP
<u>Mark if any are applicable to the youth:</u>		
<input checked="" type="checkbox"/>	Selective Service (male youth 18-25yrs)	Online Verification Letter <input type="text"/>
<input type="checkbox"/>	Non-economical disadvantaged youth (5% over-income pre-approved)	Email approval

\*CalJOBS Registration app ID (Wagner Peyser)

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

# Scenario #2

## Income

## Calculation

## Worksheet

Low income verification is not needed because the youth is a High School Drop out and has a disability.

# Scenario #2

## Youth

### Addendum

**SETA** Youth Addendum

Youth's Name: **Ben Looking** Last 4 of Social #: **1333**

	Yes	No		Yes	No
Are you attending school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you an English Language Learner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compulsory School attendance (14-17yrs)?: (If yes, recent date of attendance below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you previously or currently been in the juvenile or adult justice system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School graduate/equivalent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you a Migrant Season Farm Worker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School Drop out?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you pregnant or parenting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basic Skills Deficient (BSD)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you homeless and/or a runaway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Youth with a disability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you in out-of-home placement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a current or aged out of foster care youth?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you live in a high poverty area/zip code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If a foster youth, are you eligible under section 477 of the social security act?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you facing individual substantial cultural barriers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Work History (Most recent job held)

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (If currently employed, leave end date blank)  
 Are you receiving unemployment compensation?  Yes  No

Family Information (includes parents/guardians and dependents)

Family Size (including yourself): 5

List family information below:

	Relationship to Youth	Income	Source of income
1.	Self	0	N/A
2.	Parent 1 Mom	0	N/A
3.	Parent 2 Dad	0	N/A
4.	Sibling 1 Sister	0	N/A
5.	Sibling 2 Brother	0	N/A
6.			

Total Family Income (past 6 months): 0

Are you receiving?

	Yes	No
Refugee Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CalFresh/SNAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input checked="" type="checkbox"/> Never worked/limited work history	<input type="checkbox"/> Incarcerated parent	<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 12months	<input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional
<input type="checkbox"/> Meets Governors special barriers to employment	<input type="checkbox"/> Repeated at least one secondary grade level	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> GPA less than 1.5	<input type="checkbox"/> Referred to or being treated by an agency for substance abuse	
<input type="checkbox"/> Gang affiliated		

*By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Program and may result in action to recover any money paid while participation.*

Youth Signature: \_\_\_\_\_ Parent/Guardian (if under 18yrs) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Manager Signature: *Ericka Martinez* Digitally signed by *Ericka Martinez* Agency Name: **EXAMPLE** Date: **7/1/2024**

# YOUTH INDIVIDUAL SERVICE STRATEGY (I.S.S)

Participant Name: Ben Looking Case Manager: Example  
Agency Name: Example Program Year: 2024-2025

### Barriers (at eligibility):

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> School Drop-out | <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> English Language Learner                |
| <input type="checkbox"/> Foster Care                | <input checked="" type="checkbox"/> Disability  | <input type="checkbox"/> Juvenile/Adult Justice System           |
| <input type="checkbox"/> Pregnant/Parenting         | <input type="checkbox"/> Homeless               | <input checked="" type="checkbox"/> Additional Assistance Needed |

**PRE**

**POST**

Date Established: 7/1/2024

### EDUCATION ENROLLMENT

Goal: **Youth dropped out of high school in 10th grade. Case manager will assist youth in enrolling back into school to complete their high school diploma or equivalency.**

Goal Accomplished  
Name of School/Program: \_\_\_\_\_  
Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Not Completed/I.S.S Update (reason below):  
\_\_\_\_\_

Date Established: \_\_\_\_\_

### BASIC SKILLS DEFICIENT/ENGLISH LANGUAGE LEARNER

#### Pre-Test Scores

Reading EFL/Grade: \_\_\_\_\_ Math EFL/Grade: \_\_\_\_\_

Goal: \_\_\_\_\_

Goal Accomplished  
Name of School/Program: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reading EFL/Grade: \_\_\_\_\_ Math EFL/Grade: \_\_\_\_\_  
 Not Completed/I.S.S Update (reason below):  
\_\_\_\_\_

Date Established: 7/1/2024

### DISABILITY

Goal: **Youth has an IEP and needs assistance in work readiness, work experience, and finding permanent employment.**

Goal Accomplished:  
 Not Completed/I.S.S Update (reason below):  
\_\_\_\_\_

# Scenario #2

# I.S.S

Date Established: **FOSTER CARE**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **JUVENILE/ADULT JUSTICE SYSTEM**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **PREGNANT/PARENTING**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **HOMELESS**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
-------	--	--

Date Established: **7/1/2024** **ADDITIONAL ASSISTANCE**

Barrier:	<div style="border: 1px solid black; padding: 5px;">Youth is 20 years old and has never worked.</div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Goal:	<div style="border: 1px solid black; padding: 5px;">Youth needs work readiness skills, work experience, and assistance with job search.</div>	

**Additional Services Provided:**

Date Established: **7/1/2024** **LABOR MARKET INFORMATION**

Goal:	<div style="border: 1px solid black; padding: 5px;">Explore different pathways in specific careers of interest.</div>	<input type="checkbox"/> Goal Accomplished Career Exploration Tool Used: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Career Pathway Interest: <u>Office Clerk</u> Undecided: <input type="checkbox"/>		

Date Established: **7/1/2024** **WORK READINESS**

Goal:	<div style="border: 1px solid black; padding: 5px;">Youth will attend resume, interview, and job retention skill workshops.</div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **7/1/2024** **WORK EXPERIENCE (WEX)**

Goal:	<div style="border: 1px solid black; padding: 5px;">Youth will be given 100hrs of work experience in an office setting.</div>	<input type="checkbox"/> Goal Accomplished    Hrs Completed: _____ Start Date: _____ End Date: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Direct Hire/Employed: <input type="checkbox"/>		

Date Established: **7/1/2024** **LEADERSHIP DEVELOPMENT**

Goal:	<div style="border: 1px solid black; padding: 5px;">Youth will attend leadership development workshops and have the opportunity to volunteer at community events.</div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **FINANCIAL LITERACY**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **SUPPORTIVE SERVICES**

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **POST SECONDARY PREPARATION & TRANSITION**

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
---	--

Date Established: **ENTREPRENEURIAL SKILLS**

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
---	--

Date Established: **ADULT MENTORING**


Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: **OCCUPATIONAL SKILLS**

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Date Established: 7/1/2024 **FOLLOW UP SERVICES**

**Youth will be provided with 4 quarterly follow ups after exit (except if exclusionary exit)**

Participant Signature:  \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Manager Signature: Ericka Martinez Digitally signed by Ericka Martinez Date: 7/1/2024

***Additional  
Attachments  
that will be  
needed for  
Scenario #2***

- ✓ A copy of the youth's CA ID and Social Security card (front and back)
- ✓ A copy of the youth's IEP (front page)
- ✓ Copy of the Selective Service online acknowledgment letter (youth is a 20 year old male)



## Scenario #3

A youth named **Neda Jub** comes into your agency, female, and high school graduate. Her birthdate is July 23, 2001 and brings in a Permanent Resident Card and Social security card. She has recently moved from another country and is an English Language Learner/Basic Skills Deficient, using a ELL letter from her previous school. She lives with her single mother and has no siblings. Her mom works and makes \$2,300 a month. The youth wants to explore a career in Cosmetology. She also mentioned she does not have a bank account and wants to learn how to open one.

Use 7/1/2024 as the application date.

*Assemble the eligibility packet for Neda Jub, fill out the appropriate forms, and determine if the youth qualifies for the program.*

**Neda Jub's CalJOBS Registration: [Click Here](#)**

## Youth Barrier and Verification Form

Youth's Name:  Date:

	<u>Required for Program Enrollment:</u>	<u>Verification Documentation:</u>
<input checked="" type="checkbox"/>	Not Attending any School	Youth addendum
<input checked="" type="checkbox"/>	Not younger than age 16 or older than 24	Permanent Resident Card I-551 <small>Age: 22</small>
<input checked="" type="checkbox"/>	Right to work	Social Security Card
	<u>Eligible Barrier(s) (mark all that apply):</u> <i>[Barriers # 3-11 do not require low income verification]</i>	
<input checked="" type="checkbox"/>	1. A recipient of a secondary school diploma or its recognized equivalent who is <b>low-income</b> and basic skills deficient and/or English Language Learner	ELL Documentation
<input type="checkbox"/>	2. A <b>low-income</b> individual who requires additional assistance to enter or complete an education program or to secure or hold employment	Youth addendum
<input type="checkbox"/>	3. A School Dropout	Youth addendum
<input type="checkbox"/>	4. 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	Youth addendum
<input type="checkbox"/>	5. Individual who is subject to the juvenile or adult justice system ( <b>offender</b> )	
<input type="checkbox"/>	6. Homeless and/or runaway	
<input type="checkbox"/>	7. Foster Care or has aged out of the foster care system	
<input type="checkbox"/>	8. Youth eligible for assistance under section 477 of the Social Security Act	
<input type="checkbox"/>	9. Out-of-home placement	
<input type="checkbox"/>	10. Pregnant or parenting	
<input type="checkbox"/>	11. Youth with disability	
	<u>Mark if any are applicable to the youth:</u>	
<input type="checkbox"/>	Selective Service (male youth 18-25yrs)	
<input type="checkbox"/>	Non-economical disadvantaged youth (5% over-income pre-approved)	Email approval

\*CalJOBS Registration app ID (Wagner Peyser)

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

# Scenario #3 Youth Barrier & Verification Source

# Scenario #3

## Youth

# Addendum

**SETA** Youth Addendum

Youth's Name: **Neda Jub** Last 4 of Social #: **4444**

	Yes	No		Yes	No
Are you attending school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you an English Language Learner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compulsory School attendance (14-17yrs)? (If yes, recent date of attendance below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you previously or currently been in the juvenile or adult justice system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School graduate/equivalent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you a Migrant Season Farm Worker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a High School Drop out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you pregnant or parenting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basic Skills Deficient (BSD)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you homeless and/or a runaway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Youth with a disability?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you in out-of-home placement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you a current or aged out of foster care youth?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you live in a high poverty area/zip code? <b>95652</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If a foster youth, are you eligible under section 477 of the social security act?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you facing individual substantial cultural barriers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Work History (Most recent job held)

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (If currently employed, leave end date blank)  
 Are you receiving unemployment compensation?  Yes  No

<u>Family Information (includes parents/guardians and dependents)</u>			<u>Are you receiving?</u>	
Family Size (including yourself): <u>2</u>			Yes	No
List family information below:				
	Relationship to Youth	Income	Source of income	
1.	Self	0	N/A	Refugee Assistance <input type="checkbox"/> <input checked="" type="checkbox"/>
2.	Mother	0	N/A	CalFresh/SNAP <input type="checkbox"/> <input checked="" type="checkbox"/>
3.				General Assistance <input type="checkbox"/> <input checked="" type="checkbox"/>
4.				TANF <input type="checkbox"/> <input checked="" type="checkbox"/>
5.				
6.				

Total Family Income (past 6 months): 0

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

<input type="checkbox"/> Never worked/limited work history	<input type="checkbox"/> Incarcerated parent	<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 12months	<input type="checkbox"/> Emotional/Medical or Psychological problem documented by a qualified professional
<input type="checkbox"/> Meets Governors special barriers to employment	<input type="checkbox"/> Repeated at least one secondary grade level	<input type="checkbox"/> Other: <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> GPA less than 1.5	<input type="checkbox"/> Referred to or being treated by an agency for substance abuse	
<input type="checkbox"/> Gang affiliated		

By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Program and may result in action to recover any money paid while participation.

Youth Signature: \_\_\_\_\_ Parent/Guardian (if under 18yrs) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Manager Signature: **Ericka Martinez** / Digitally signed by **Ericka Martinez** Agency Name: **Example** Date: **7/1/2024**

Agency Name:  Participant Name:

Mark if youth is automatically considered low income:

Low income verification:

Documentation attached:

Family Size	100% Annual LLSIL	70% Annual LLSIL	70% 6 Months LLSIL
1	\$18,488	\$12,942	\$6,471
2	\$30,300	\$21,210	\$10,605
3	\$41,600	\$29,120	\$14,560
4	\$51,354	\$35,948	\$17,974
5	\$60,599	\$42,419	\$21,210
6	\$70,878	\$49,615	\$24,808
Each Add'l	+\$10,279	+\$7,196	+\$3,598

**Included income**

(Included in calculation below)


**Excluded income**

(NOT Included in calculation below)


Use the row(s) that best defines the frequency of payment (always use gross income):

**Weekly**

$$\text{\$ } \underline{\hspace{2cm}} \times 26 = \underline{\hspace{2cm}} \text{\$0.00}$$

Weekly Amount Total

**Bi-Weekly**

$$\text{\$ } \underline{\hspace{2cm}} \times 13 = \underline{\hspace{2cm}} \text{\$0.00}$$

Bi-weekly Amount Total

**Monthly**

$$\text{\$ } \underline{\hspace{2cm}} \times 6 = \underline{\hspace{2cm}} \text{\$0.00}$$

Monthly Amount Total

**Bi-Monthly**

$$\text{\$ } \underline{\hspace{2cm}} \times 12 = \underline{\hspace{2cm}} \text{\$0.00}$$

Bi-monthly amount Total

**Intermittent/Varying**

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 1} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 2} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 3} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 4} +$$

$$\text{\$ } \underline{\hspace{2cm}} \text{ Month 5} + \text{\$ } \underline{\hspace{2cm}} \text{ Month 6}$$

From Date:  To Date:

=  Total

+  Total

=  Total

**\$0.00**

**6 month Total**

Note: Using this fillable form electronically will maintain its functionality of formulas and ensure accurate calculations, that may otherwise not work if printed.

# Scenario #3

## Income Calculation Worksheet

Low income verification is not needed because the youth lives in a high poverty zip code (95652, but top of form is still filled out.

# YOUTH INDIVIDUAL SERVICE STRATEGY (I.S.S)

Participant Name: Neda Jub Case Manager: Example  
Agency Name: Example Program Year: 2024-2025

### Barriers (at eligibility):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> School Drop-out    | <input checked="" type="checkbox"/> Basic Skills Deficient | <input checked="" 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        |

**PRE**

**POST**

Date Established:

### EDUCATION ENROLLMENT

Goal:

Goal Accomplished

Name of School/Program: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Not Completed/I.S.S Update (reason below):

Date Established: 7/1/2024

### BASIC SKILLS DEFICIENT/ENGLISH LANGUAGE LEARNER

#### Pre-Test Scores

Reading EFL/Grade: N/A Math EFL/Grade: N/A

Goal: **Youth is considered an English Language Learner and Basic Skills Deficient. Case manager will refer youth to ELL classes to improve their English to find employment.**

Goal Accomplished

Name of School/Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reading EFL/Grade: \_\_\_\_\_ Math EFL/Grade: \_\_\_\_\_

Not Completed/I.S.S Update (reason below):

Date Established:

### DISABILITY

Goal:

Goal Accomplished:

Not Completed/I.S.S Update (reason below):

# Scenario #2

# I.S.S

Date Established: **FOSTER CARE**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Date Established: **JUVENILE/ADULT JUSTICE SYSTEM**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
-------	--	--

Date Established: **PREGNANT/PARENTING**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Date Established: **HOMELESS**

Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Date Established: **ADDITIONAL ASSISTANCE**

Barrier:		
Goal:		<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**Additional Services Provided:**

Date Established: **7/1/2024** **LABOR MARKET INFORMATION**

Goal:	Youth will explore different career pathways in their field of interest.	<input type="checkbox"/> Goal Accomplished Career Exploration Tool Used: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Career Pathway Interest: <u>Cosmetology</u> Undecided: <input type="checkbox"/>		

Date Established: **7/1/2024** **WORK READINESS**

Goal:	Youth will attend work readiness workshops such as resume building, interview skills, mock interviews, and job retention.	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Date Established: **7/1/2024** **WORK EXPERIENCE (WEX)**

Goal:	Youth will be given 100 hrs in Work Experience to improve skills to find permanent employment.	<input type="checkbox"/> Goal Accomplished Hrs Completed: _____ Start Date: _____ End Date: _____ <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		Direct Hire/Employed: <input type="checkbox"/>

Date Established: **7/1/2024** **LEADERSHIP DEVELOPMENT**

Goal:	Youth will attend leadership development workshops and opportunities to volunteer at community events.	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
-------	--	--

Date Established: **7/1/2024** **FINANCIAL LITERACY**

Goal:	Youth expressed wanting to learn how to open a bank account. They will attend financial literacy workshops and learn the differences in bank accounts, savings, and how to manage money.	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Date Established: SUPPORTIVE SERVICES

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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Date Established: 7/1/2024 POST SECONDARY PREPARATION & TRANSITION

Goal: Youth is interested in becoming a cosmetologist. Case manager will assist youth in researching schools and training programs, filling out FASFA application for financial aid, and setting up an appointment with a school counselor. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
---	--

Date Established: ENTREPRENEURIAL SKILLS

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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Date Established: ADULT MENTORING

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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Date Established: OCCUPATIONAL SKILLS

Goal: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Goal Accomplished <input type="checkbox"/> Not Completed/I.S.S Update (reason below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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Date Established: 7/1/2024 FOLLOW UP SERVICES

Youth will be provided with 4 quarterly follow ups after exit (except if exclusionary exit)

Participant Signature:  \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Manager Signature: Ericka Martinez Digitally signed by Ericka Martinez Date: 7/1/2024

***Additional  
Attachments  
that will be  
needed for  
Scenario #3***

- ✓ A copy of the youth's permanent resident card and Social Security card (front and back)
- ✓ A copy of the youth's ELL letter from school



# **ELIGIBILITY PACKET OUTLINE**

1. Youth Barrier and Verification Form
2. Youth Addendum
3. Youth Income Calculation Worksheet (if applicable)
4. Pre Individual Service Strategy (I.S.S.)
5. Authorization for Release of Confidential Information
6. Selective Service (if applicable)
7. Supportive Documentation to Determine Eligibility (homeless verification, foster care, paystubs, parenting, ELL/BSD, etc.)

**\*Right to work documents MUST be uploaded into CalJOBS prior to sending eligibility packet and no longer required to be sent to YouthMIS@seta.net**

**NOW WHAT?**

**Submit  
eligibility  
packet to  
YouthMis@seta  
.net**

- **Please do not backdate more than a week when you email your eligibility packets.**
- **You will receive an email with corrections, application denial, or application approval.**
- **Emails are reviewed on a first come first serve basis.**
- **If there are frequent corrections/errors you will be asked to hold on submitting packets and additional training will be scheduled.**

# **Eligibility Approval**

**Once you receive an approval email from SETA staff, you will be instructed to:**

- 1. Create the WIOA App in CalJOBS**
- 2. Open/close Activity code 412, 413, 433, Case note 412, 413, 433.**
- 3. Upload required documents into CalJOBS.**
- 4. Respond to the approval email confirming you have completed the above steps by the deadline specified for that youth.**

**REQUIRED DOCUMENTS IN  
TO CALJOBS VERSUS HARD  
FILE**

Hard File

Both

CalJOBS

Supportive Services & Incentives (receipts)

Worksite Agreements for WEX

WEX Timesheets, Paystubs/wages, evaluations etc.

Disability Documentation in separate file/folder

Additional docs (BSD tutoring, Career Exploration-O\*Net, etc.)

Exit Forms

Bi-Monthly I.S.S Review & Exit Tracking Sheet

Pre I.S.S (enrollment) and Post I.S.S (exit)

Right to Work & Selective Service

Verification of Barrier (except disability)

Youth Barrier & Verification Form

Youth Addendum

Income Calculation Worksheet & Income verification

Credentials & MSG

Verification of enrollment in education and/or training

Follow up Forms

**THANK YOU**

Next Training---CalJOBS  
Activity Codes/Case notes