WIOA Youth Packet

Youth must be a US citizen or a non-US citizen authorized to work in the U.S. Each youth hard file record must contain appropriate validation (proof) of the documents listed below to verify eligibility and certify enrollment in the Workforce Innovation Opportunity Act (WIOA). WIOA Certification must occur PRIOR to receiving intensive (individualized) services. For ease of hard file reviews, please maintain documents as ordered below. Use this page as cover/checklist for hard file.

DOCUMENTS THAT DEMONSTRATE WIOA ELIGIBILITY - WIOA Application, date of birth, proof of income (if applicable), and Attestation of Homeless Status (if applicable), hard copy documentation is required. When a OSOS youth case record is created, comments (utilizing SENSE Model) must be entered to document proof of all required documents (Include date viewed, document title, issuing authority, document #, and expiration date if applicable.):

☐ Application form, including obstacle identification and household size attestation. Signatures of youth and staff are required - if applicant is under 18, a signature of a parent/guardian is required.
  ☐ If applicable – age appropriate Attestation of Homeless Status
  ☐ If birth gender is male, if at enrollment youth is 18 yrs. or older or if at any time enrolled youth turns 18 - Selective Service registration must be verified.

☐ Income verification - acceptable documentation is included with income guidelines attached

☐ Individual Identifier - Social Security Card (receipt is not acceptable) or valid Passport
  It should be noted that if copies of the SSC are kept then the files need to be locked up.

☐ Proof of Age and Proof of Address - Local requirement is that we are serving Monroe County residents. A Monroe County address must be documented on OSOS at the time of enrollment. Acceptable verification sources for both (age and address) include government, school, or utility issued documents such as: a DHS letter, NYS Driver’s Permit or License, an IEP, a 504 plan, Utility Bills in the name of a household member, and Self-Attestation of Homelessness.

☐ Date of Birth - Birth Certificate, work permit, hospital record of birth, Baptismal Record, driver’s license, Federal, state or local identification card, public assistance/social service records, school records or ID cards (All documents must clearly show valid date of birth)

DOCUMENT THAT DEMONSTRATES ENROLLMENT INTO WIOA:

☐ Signed and dated Certification of Enrollment Form by Navigator/staff and Administrator/Supervisor as certifying staff - Enrollment date on the form must match enrollment date on OSOS.

DOCUMENTS THAT EVALUATE MEASURABLE OBJECTIVES (To be completed following enrollment):

☐ Individualized Service Strategy (ISS) - if Out of School Youth, current TABE results are required for this program year. Expected ISS completion within 60 days of enrollment while keeping in mind ISS is a working document that may require updating as youth goals change.

☐ Job Readiness Rating Scale—measures youth’s eligibility for Youth Work Experience Program (YWEP) placement.

DOCUMENT REQUIRED FOR WORK (if under 18 years of age):

☐ Age appropriate Work Permit – once youth obtains employment, steady or otherwise (i.e YWEP), verification of an age appropriate work permit must be maintained in the hard file.

Updated April 6, 2016
Checklist for Improving WIOA Youth Service Performance

**Intake:**
- **Youth or Adult services:** If a customer is 16-24 years old, (In-School Youth is 16-21, Out-of-School Youth is 16-24) consider whether to enroll in either youth or adult services. **Reminder:** A customer who plans to get a job and does not want training/education leading to a degree or certificate may record as a negative measure under Attainment of Degree or Certificate, and Literacy and Numeracy Gains (Out-of-School youth only).
- Is youth employed at enrollment date? If youth is employed then will be excluded from the Placement in Employment or Education measure.
- To the OSOS Work History tab, add any employment, volunteer, and internship experience to show youth skills.
- Has youth received a HS diploma or high school equivalent prior to the enrollment date? If youth has received it then that may exclude them from the Attainment of Degree or Certificate measure.

**Service Participation:**

**Youth Skill Attainment Goals & Associated Services**
- Work with a youth on the Individual Service Strategy (ISS) within 60 days of enrollment and throughout service involvement to set skill attainment goals that are achievable. It is acceptable to set multiple goals. However, it may make more sense to focus on one at a time by creating 1 goal at a time identified on the ISS (Achievement Objective), corresponding Service from the 14 WIOA Elements/Services, and supported by a comment (SENSE Model).
- Establish a goal “tickler” as a reminder to check in with youth about their progress prior to 60 days. Services must be provided to youth every 60 days (if not sooner) so OSOS is updated **no later than 60 days**.

**Attainment of Degree or Certificate**
- Make sure youth are involved in a service that will result in a degree or certificate applicable for the measure. All youth enrolled in education at the date of participation or at any point during the program are counted for this measure.
- Make sure youth understand their responsibility to provide you with a copy of their degree or certificate when they attain it.
- Develop a relationship with the youth’s training provider or school to keep updated on his/her progress. Ask the provider or school to fax/email you a copy of the youth’s degree or certificate once attained.
- Establish a degree/certificate “tickler” to remind you when youth should receive their degree or certificate.

**Placement in Employment or Education**
- Placement in Employment and/or Education outcomes will only count if the youth is working or is enrolled in school **first quarter after exit**. Reminder: Outcome cannot be claimed while the youth is still active in your program.

**Literacy and Numeracy Gains** *(Out-of-School Youth Only)*
- If an Out-of-School youth is determined basic skills deficient in either Math or Reading, make sure youth is involved in a service that will result in an increase of one or more educational functioning levels within one year of date of participation (i.e. tutoring, Career Ready 101 or KeyTrain, adult basic education or high school equivalency diploma preparation).
- Develop a relationship with the youth’s service provider or school to keep updated on his/her progress. Ask the provider or school to fax/forward you a copy of the youth’s pre, interim, and post TABE results as they occur.
- Establish a Literacy/Numeracy “tickler” to remind you to record TABE results prior to one year of first date of participation/service.
Exit:

- **IMPORTANT:** Notate on OSOS when a youth is institutionalized, incarcerated, relocated to a mandated residential program, called up for active duty, exited for health/medical reasons, or deceased. Any youth falling under any of these situations is excluded from all performance measures.

- Make sure youth are ready to be employed or enter post-secondary education or advanced training before exiting them. If they need additional services, even if you can’t directly provide them, arrange for a One-Stop partner to provide those services and keep the youth enrolled until they finish.

- Consider keeping youth enrolled until they attain their degree or certificate. It may be easier to get documentation from them while they are still enrolled rather than after exit. You also may not want to exit them if they will not attain their degree or certificate until too late (3rd quarter after exit) to be counted.

- Keep track of youth heading for unplanned exits. Try to contact these youth prior to 90 days since their last service to see whether they need additional services to be employed, or enter post-secondary education, advanced training or the military. Even if they have already been exited, you can make sure they receive follow-up services to help them find and retain a positive outcome.

- Check with youth about their post-service intentions. If they are planning to look for a job in a profession or area that will prevent them from showing up in UI wage data, make sure to collect supplemental data during follow-up and enter the information in Outcomes Tab and any additional Tabs (i.e. Work History) in OSOS.

- Make sure to update alternative contact information before exit. Particularly for youth who are often very mobile, this is crucial for staff to be able to contact them several months later.

- For each youth, you may want to use the calendar quarters handout or an electronic tickler to make a schedule for when outcomes will be measured based on their exit quarter.
  - Youth need to be placed in employment, post-secondary education, advance training or the military by the end of the 1st quarter after exit for the Placement in Employment or Education measure.

**Follow-up services for 12 months after exit:**

**Minimum follow-up that enhances Youth performance outcomes should include:**

- Checking in at least once in the 1st quarter (1-6 mos.) after exit to make sure youth are employed, enrolled in post-secondary education, advanced training, or the military for the Placement in Employment or Education measure. Documentation of above status must be collected and any follow-up services provided (interceding/assisting when participant may lose their job/daycare, etc.)

- If it is not already included in the case file, documentation of a degree or certificate earned by the end of the 3rd quarter after exit also needs to occur during follow-up.

**Other Follow-up for Youth**

- Make sure to follow up with youth who are planning to be employed but are unlikely to be in UI wage data. Employment needs to be verified for the 1st quarter after exit for Placement in Employment or Education measure.

This document thanks in part to Social Policy Research Associates (SPR) - [www.spra.com](http://www.spra.com)
WIOA Youth
Reference Material – Review w/Applicant

The information below is intended to assist youth in applying for WIOA services.

What is “WIOA” Youth Program?

The Workforce Innovation & Opportunity Act (WIOA) funds local areas to provide year-round services to help increase the basic skills of youth (academic and employment related), provide structured employment opportunities, job retention and increased earnings leading to a successful post secondary experience.

As a condition of enrollment youth are required to make a sincere commitment and to meet specific standards such as acceptable attendance, proper dress, and respectful behavior. Youth will be informed of these standards prior to being considered for WIOA services. In addition, each youth with help from appropriate staff will complete an Individual Service Strategy (ISS) that will outline his/her goals and objectives while participating in WIOA. Out-of-school youth are required to complete a literacy and math skills assessment.

Who is eligible?

Youth, US citizens or non-US citizens authorized to work in the U.S., between the ages of 16 and 24 (In-School is 16-21, Out-of-School 16-24) who possess potential obstacles to employment and who meet specific income guidelines will be considered for WIOA services. Priority is for youth 17 and older. Services are limited. For youth between the ages of 18 and 24, when the pool of eligible candidates includes veterans and eligible spouses of veterans, the guidelines require that veterans and their spouses be given the highest priority in the selection process.

How do I apply?

Information on local WIOA funded services including descriptions and who to contact is available at RochesterWorks! Career Centers and posted on the RochesterWorks website (255 N. Goodman St., 276 Waring Rd., and www.rochesterworks.org). Individual staff is responsible for identifying and enrolling appropriate youth. Interested youth are encouraged to contact RochesterWorks directly.

All applicants are required to submit a complete and signed application and produce all required documents (see Income Guidelines and Acceptable Documentation attached). Enrollment takes place when the staff has reviewed and approved the application packet. This is commonly done with a formal notice. Completion of an application does not guarantee participation and additional information may be requested and/or required.

What if services are not immediately available?

There are limited appointments and restricted funds available to assist youth. If services are not readily available, interested and eligible youth may ask to be included on a waiting list and/or be referred to another service provider for consideration. If an opening occurs, youth on the waiting list will be contacted. Youth should contact a RochesterWorks! Career Center to learn of the valuable youth employment readiness and job search assistance services offered through the Career Centers (www.rochesterworks.org – (585)258-3500, or 255 N. Goodman St., and 276 Waring Rd.). Important: Youth will not be accepted for individualized assistance without a completed application packet that includes all required signatures and documentation. If you are unsure how to obtain any of the required documentation contact a RochesterWorks! Career Center.
It is against the law for a recipient of Federal financial assistance to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation & Opportunity Act of 1998 (WIOA), on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to such program or activity; or making employment decisions in the administration of, or in connection with such a program activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

<table>
<thead>
<tr>
<th>Lee Koslow</th>
<th>Director</th>
<th>Director</th>
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<tbody>
<tr>
<td>RochesterWorks, Inc.</td>
<td>Division of Equal Opportunity Development</td>
<td>Civil Rights Center (CRC)</td>
</tr>
<tr>
<td>255 North Goodman Street</td>
<td>New York State Department of Labor</td>
<td>U.S. Department of Labor</td>
</tr>
<tr>
<td>Rochester, New York 14607</td>
<td>State Office Campus, Building 12, Room 540</td>
<td>200 Constitution Avenue, NW Room N-4123</td>
</tr>
<tr>
<td>(585)258-3516</td>
<td>Albany, New York 12240</td>
<td>Washington, D.C. 20210</td>
</tr>
<tr>
<td><a href="mailto:lkoslow@rochesterworks.org">lkoslow@rochesterworks.org</a></td>
<td>(518)457-1984 – (TDD) 1-800-662-1220, (VOICE) 1-800-421-1220</td>
<td></td>
</tr>
</tbody>
</table>

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.
RochesterWorks! anticipates that your experience receiving WIOA funded services will be a positive and successful one. Consistent with our policy to ensure fair treatment, including equal opportunity to all participants accessing services, the following steps should be taken if you experience difficulty:

**What to Do If You Have A Formal Complaint**

1. You should first discuss the issue with the staff person/service provider with whom you have been working within five (5) working days of its occurrence.
2. If you are not satisfied with the results in Step 1, you must submit a written complaint to the service provider’s Manager unless your complaint involves the Manager in which case you should submit your written complaint to Antwan Williams, Director of Youth System Services, and a copy to the Grievance Coordinator, Lee Koslow, Technical Assistance and Training Manager at RochesterWorks, Inc. (255 North Goodman Street, Rochester, New York 14607).
3. A copy of your complaint should also be sent to Antwan Williams, Director of Youth System Services at RochesterWorks, Inc. (255 North Goodman Street, Rochester, New York 14607).
   
   **Written grievances must be made within one year of the alleged occurrence.**
4. Your written grievance should include:
   a. Your full name, address, phone number, and should be signed and dated
   b. The staff person and service location involved in the grievance
   c. Reason(s) for grievance and facts related to the grievance (i.e., date of first occurrence and events or conditions which constitute the grievance)
   d. Statement of redress or resolution sought
   e. Result of conversation with staff person (Step 1 above)
5. The Manager will have 14 days from the time of receiving your complaint to work with you to resolve the issue and provide a written report outlining the resolution. If the complaint is resolved to your satisfaction, the grievance process will end here.
6. If no resolution is reached, you have the right to a hearing within 30 days of the filed complaint. A request for a hearing should be made to Lee Koslow, Technical Assistance and Training Manager at (585)258-3516 (255 North Goodman Street, New York 14607). You will receive written notice of the date, time and place of the hearing, seven (7) days prior to the hearing date.
7. The Hearing Officer will prepare a written decision based on the record, which will be mailed to you within five (5) working days of the hearing.
# Out of School (16-24) - WIOA Youth Services Application

*(Complete and sign/date - Applicant/Staff Signature Page 10)*

<table>
<thead>
<tr>
<th>Application Date: __________________________</th>
<th>Age: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Name: __________________________</td>
<td>Social Security Number: ______ - ______ - ______</td>
</tr>
<tr>
<td>Address: ____________________________________________</td>
<td>Street: ___________________ City: ____________ State: ______ Zip: ____________</td>
</tr>
<tr>
<td>Telephone Number: (______) ________ - ____________</td>
<td>Date of Birth: ______ / ______ / ______</td>
</tr>
<tr>
<td>Secondary Contact Number: (______) ________ - ____________</td>
<td>Selective Service #: ________________</td>
</tr>
<tr>
<td>E-mail:__________________________________________</td>
<td></td>
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</tbody>
</table>

**Birth Gender:** [ ] Female  [ ] Male  **If Male and 18 or older, are you registered with Selective Service?** [ ] Yes  [ ] No

Are you a United States citizen: [ ] Yes  [ ] No  **If no, please indicate status:**________________________

Do you have a HS or HSE diploma? [ ] Yes  [ ] No  **Last Grade Completed:**________________________

Name of School/HSE Program attending: ________________________________________________________________

Are you pregnant, or expecting father? [ ] Yes  [ ] No  **Do you support any kids?** [ ] Yes  [ ] No  **How many?** ______

Do you have an age appropriate Work Permit? [ ] Yes  [ ] No  **Are you currently employed?** [ ] Yes  [ ] No

### Staff Use Only: please check ALL potential obstacles to employment that apply (minimum of one required)

An Out of School youth is an individual who is:

(i) Not attending any school (as defined under State law);

(ii) Not younger than age 16 or older than age 24 (our local priority is to serve youth ages 17 and older); and

Check one of the following: *(Anything selected in blue below is subject to low Income requirements)*

- [ ] A school dropout.
- [ ] A 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.

A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is:

- [ ] Basic skills deficient; or
- [ ] An English language learner.
- [ ] An individual who is subject to the juvenile or adult justice system.
- [ ] A homeless individual
- [ ] Foster Care, aged out of Foster Care
- [ ] An individual who is pregnant or parenting.
- [ ] A youth who is an individual with a disability.

- [ ] A low-income individual who requires additional assistance* to enter or complete an educational program or to secure or hold employment. Select one of the following potential obstacles below.

*The Monroe County Workforce Development Board recognizes the following categories as satisfying the definition of "requires additional assistance to complete an educational program or to secure or hold employment":

a) [ ] Chronic absenteeism and truancy from school
b) [ ] Chronic underachievement in school
c) [ ] Chronic behavior problems
d) [ ] Substance Abuser
e) [ ] Victim of physical/sexual/psychological abuse
f) [ ] Poor/No work history
g) [ ] Participant needs additional assistance to secure and hold employment based on an Interview Rating Scale as attached.
Interview Rating Scale *(Documentation only for (g) obstacle for OSY application)*

Applicant Name:____________________________________________________

Rater Name:________________________________________________________

Agency Name:______________________________________________________

Date:_____________________________________________________________

Directions: For each item below, indicate whether the applicant demonstrates the behavior by checking **Yes** or **No**.

*Based on your initial meeting with this applicant…*

<table>
<thead>
<tr>
<th>APPEARANCE</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Arrives on Time</td>
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<tr>
<td>2. Is Appropriately Dressed</td>
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<tr>
<td>3. Is Well Groomed (neat appearance, appropriate hygiene…)</td>
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<tr>
<td>4. Demonstrates Appropriate Body Language</td>
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<tr>
<th>COMMUNICATION</th>
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<tr>
<td>5. Gives appropriate greeting at the beginning of the interview</td>
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<tr>
<td>6. Gives appropriate parting at the end of the interview</td>
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<tr>
<td>7. Expresses self clearly</td>
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<tr>
<td>8. Answers questions appropriately</td>
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<tr>
<td>9. Ask appropriate questions</td>
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<tr>
<td>10. Communicate skills and strengths</td>
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<tr>
<td>11. Is persuasive</td>
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<table>
<thead>
<tr>
<th>QUALIFICATIONS</th>
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<tbody>
<tr>
<td>12. Provides relevant documents (resume, writing sample, portfolio)</td>
<td></td>
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<tr>
<td>13. Knows something about the programs and available jobs</td>
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</table>

Suggested score is 75%, or yes answers to 10 questions **TOTAL:**

*(Less than 75% indicates need for assistance to secure and hold employment.)*
In School (16-21) - WIOA Youth Services Application
(Complete and sign/date - Applicant/Staff Signature Page 10)

Application Date: __________________________ Age: ____________

Applicant’s Name: __________________________ Social Security Number: _______ - _______ - ________

Address: ________________________________________________________________

Street City State Zip

Telephone Number: (______) _______ - __________ Date of Birth: _______ / _______ / ________

Secondary Contact Number: (______) _______ - __________ Selective Service #____________________

E-mail:_____________________________________________________________________________________

Birth Gender: □ Female □ Male If Male and 18 or older, are you registered with Selective Service? □ Yes □ No

Are you a United States citizen: □ Yes □ No If no, please indicate status: ________________________________

Do you have a HS or HSE diploma? □ Yes □ No Last Grade Completed: ________________________________

Name of School/HSE Program attending: __________________________________________________________

Are you pregnant, or expecting father? □ Yes □ No Do you support any kids? □ Yes □ No How many? ______

Do you have an age appropriate Work Permit? □ Yes □ No Are you currently employed? □ Yes □ No

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Staff Use Only: please check ALL potential obstacles to employment that apply (minimum of one required):

An In School youth is an individual who is:
(i) Attending school
(ii) Age 17-21
(iii) A low-income individual

Check one or more of the following:
__ Basic skills deficient.
__ An English language learner.
__ An offender.
__ Homeless, run away, foster care, aged out of foster care
__ Pregnant or parenting.
__ A youth with a disability.
A low-income individual is defined as an individual who:

1. receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the supplemental nutrition assistance program (SNAP, or Food Stamps) (TANF Cash Assistance) program under part A of title IV of the Social Security Act, or the supplemental security income (SSI, but not SSDI), or State or local income-based public assistance (e.g. Safety Net)
2. is a homeless individual
3. receives or is eligible to receive a free or reduced lunch
4. is a foster child on behalf of whom State or local government payments are made
5. is a youth living in a high-poverty area
6. is in a family with total family income that does not exceed the higher of—
   (I) the poverty line; or
   (II) 70 percent of the lower living standard income level; or
is an individual with a disability whose own income meets the income requirement of clause (6), but who is a member of a family whose income does not meet this requirement. (See page 11-Income Eligibility Guidelines)

NOTE: Family members include spouse, children, parents, etc.

Specify Total family members in household/where the applicant lives: ________________________________

(Status of Youth as homeless, foster child or with approved disability may be determined as a household of 1, check with staff assisting you - YDF1)

⇒ Indicate the total gross annual income of all family members as included in line above:_______________________________ Or select one of the low-income identifiers below:

☐ Disability ☐ Food Stamp ☐ Foster child ☐ Public Assistance
☐ Free or reduced lunch ☐ High-poverty area ☐ Homeless ☐ SNAP
☐ SSI > Case #:__________________________ ☐ TANF Cash Assistance

A copy of the Public Assistance documents or Social Security Documents is required to be maintained in the participant file.

All information is kept confidential and nothing on this application should be viewed as expressing directly or indirectly any discrimination as to age, race, religion, color, national origin, sex, disability, marital status, or criminal record. The applicant has been informed regarding WIOA Youth Services, Equal Opportunity and the RochesterWorks! Grievance Procedure. The applicant gives RochesterWorks Inc., and designated representatives of appropriate Federal, State, local and/or other government agencies permission to verify Selective Service Registration and to view data relevant to eligibility and involvement in WIOA funded youth services. I attest that the information provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may disqualify me for future WIOA benefits. All information is subject to verification and other documentation may be required.

_________________________________  ____/____/______     _________________________________   ____/____/_____
Applicant Signature                    Date                                (if under 18) Parent/Guardian Signature                     Date

_________________________________   ____/____/______                                _________________________________
Staff Signature                          Date                             Print Staff Name

[Staff Use Only] Required Documents: ☐ Income ☐ Individual Identifier ☐ DOB ☐ Selective Service Verification (born male- if 18/when turn 18+)
Income Eligibility Guidelines w/Acceptable Documentation

Reference Material – May Be Reviewed w/Applicant

- Determine your pre-tax household income for the 6 month period prior to your WIOA registration from Income Guidelines Chart, 2016 - 70% of the Lower Living or Poverty Income, and use the Income Sources to Include (listed below). Household income is based on family size and earnings of all family members (spouse, children, parents, etc.) living in the same residence. Individuals with approved disabilities may be determined as a family of one for purposes of income eligibility. Indicate your family size and pre-tax household income on page 10. Hard copy for each source of income is required. Documentation (ex: pay stub) must include the Name of the family member.

OR

- Recipients of Cash Welfare, Food Stamps, and Supplemental Security Income are automatically considered low-income. On page 10, please indicate if you or any family member residing in your household receives public assistance benefits from the Department of Human Services or received public assistance benefits in the 6 months prior to application. Verification of benefit is required.

Income Guidelines – based on earnings for 6 months prior to WIOA registration date

<table>
<thead>
<tr>
<th>Household Income* Must Not Exceed 70% of the Lower Living or Poverty Income Guidelines, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Size</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>10</td>
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</tbody>
</table>

For family size greater than 10, refer to RW Staff

* Income amounts are determined before taxes and other deductions are taken. Income requirements are subject to update by the NYS Department of Labor (current guidelines effective April 1, 2016).

Income Sources to Include and Acceptable Documentation and Income Sources to Exclude

<table>
<thead>
<tr>
<th>Include For Determination</th>
<th>Do Not Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wages, Salaries (gross), including Tips</td>
<td>• Unemployment Insurance Benefits</td>
</tr>
<tr>
<td>• Net earnings from self-employment</td>
<td>• Public Assistance (welfare: TANF, SSI, General Assistance)</td>
</tr>
<tr>
<td>• Interest &amp; Dividends from savings &amp; investments</td>
<td>• Non cash benefits (Food Stamps, Housing, Medicaid)</td>
</tr>
<tr>
<td>• Pension Income (all types)</td>
<td>• Lump-sum (one-time) Worker’s Comp</td>
</tr>
<tr>
<td>• Rental Income (net)</td>
<td>• Lump-sum (one-time) Insurance Awards</td>
</tr>
<tr>
<td>• Alimony</td>
<td>• Lump-sum Inheritance</td>
</tr>
<tr>
<td>• Lifetime Annuities/awards</td>
<td>• Proceeds from sale of property</td>
</tr>
<tr>
<td>• Disability Benefits (except one-time lump-sum)</td>
<td>• Child Support</td>
</tr>
<tr>
<td>• Worker’s Compensation (except one-time lump-sum)</td>
<td>• Tax Refunds</td>
</tr>
<tr>
<td>• College/university grants, aid fellowship</td>
<td>• Loans</td>
</tr>
<tr>
<td>• Military Family Allotments</td>
<td>• Gifts</td>
</tr>
<tr>
<td></td>
<td>• Pell Grants or Federal Work Study</td>
</tr>
<tr>
<td></td>
<td>• Active Duty Pay for Veterans</td>
</tr>
</tbody>
</table>
Demographic Information and Data Validation Help Sheet

Applicant Name:  

<table>
<thead>
<tr>
<th>Based on applicant input</th>
<th>Ethnic group most identified with</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ White or Caucasian ☐ Black or African American ☐ Asian</td>
</tr>
<tr>
<td>☐ Hawaiian or Pacific Islander ☐ Alaskan or American Indian</td>
<td></td>
</tr>
</tbody>
</table>

Examine original document(s) and record relevant information

<table>
<thead>
<tr>
<th>☐ Income Verification</th>
<th>☐ Individual Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>(pay stub, PA, SSI...refer to Income Guidelines w/Acceptable Documentation page - hard copy required in file)</td>
<td></td>
</tr>
</tbody>
</table>

Document title:  
Issuing Authority:  
Document #:  
Recipient Name on document:  
Income Amount:  
☐ Weekly ☐ B-weekly ☐ Monthly ☐ Other:  

Document title:  
Issuing Authority:  
Document #:  
Recipient Name on document:  
Income Amount:  
☐ Weekly ☐ B-weekly ☐ Monthly ☐ Other:  

Document title:  
Issuing Authority:  
Document #:  
Recipient Name on document:  
Income Amount:  
☐ Weekly ☐ B-weekly ☐ Monthly ☐ Other:  

<table>
<thead>
<tr>
<th>☐ Date of Birth</th>
<th>☐ Verification of Selective Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>(birth cert., work permit, driver’s license, state/local ID card, PA, school records/ID, hospital record of birth, baptismal record - hard copy required in file)</td>
<td></td>
</tr>
</tbody>
</table>

Document title:  
Issuing Authority:  
Document #:  
Expiration date:  

Document title:  
Issuing Authority:  
Document #:  
Expiration date:  

Verification code:  
Verification letter:  

<table>
<thead>
<tr>
<th>☐ Miscellaneous</th>
</tr>
</thead>
</table>
| (such as Obstacles checked on application):  

Updated April 6, 2016  
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## Selective Service – Who Must Register?

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>All male U.S. citizens born after Dec. 31, 1959, who are 18 but not yet 26 years old, except as noted below:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Military Related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members of the Armed Forces on active duty (active duty for training does not constitute “active duty” for registration purposes)</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Cadets and Midshipmen at Service Academies or Coast Guard Academy</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Cadets at the Merchant Marine Academy</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Students in Officer Procurement Programs at the Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&amp;M University, Virginia Polytechnic Institute and State University</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>ROTC Students</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>National Guardsmen and Reservists not on active duty / Civil Air Patrol members</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Delayed Entry Program enlistees</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Separates from Active Military Service, separated for any reason before age 26</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Men rejected for enlistment for any reason before age 26</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Immigrants**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawful non-immigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired Form I-94, or Border Crossing Document DSP-150)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Permanent resident immigrants (USCIS Form I-551) / Undocumented immigrants</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Special agricultural workers</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Seasonal agricultural workers (H-2A Visa)</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Refugee, parolee, and asylee immigrants</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dual national U.S. citizens</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Confined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarcerated, or hospitalized, or institutionalized for medical reasons</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Handicapped Physically or mentally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to function in public with or without assistance</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Continually confined to a residence, hospital, or institution</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sex Gender Change / Transsexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. citizens or immigrants who are born male and have a sex change</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Individuals who are born female and have a sex change</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

**NOTE:** Immigrants who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after they were 26 years old, were never required to register. Also, immigrants born before 1960, who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after March 29, 1975, were never required to register.
Revised Policy on Certification of Homeless Youth
July 2015

Background:
“Homeless Resolution Strategy Rochester and Monroe County Final Report revised November 19, 2012
Prevalence of Homelessness in Rochester/Monroe County According to data from the Homeless
Management Information System (HMIS), in calendar year 2011, Rochester and Monroe County served:
• 640 Families with Dependent Children • 1,161 Single Men aged 25 and older • 693 Single Women aged
25 and older* • 206 Single Young Adults aged 18-24 * This proportion of single women in the single
adult population (37%) is higher than most other communities where the rate of females is about 30% of
the total single adult population.

Homeless youth have difficulty proving eligibility for WIOA programs. They often do not have the
paperwork (birth certificate, social security card etc.) required. They cannot get income statements from
the family where they may be residing on a temporary basis. Some shelters do provide letters.

Program providers should review each homeless youth case on a case-by-case basis.

Definition of homeless youth: Youth who are under 16-24 staying in a non-stable residence or sleeping
on the street. Non-stable residence means that they are temporarily (2-3 days/weeks/months) staying with
someone other than their legal guardian or living in a shelter.

Procedure:

If the youth is 18 years of age or older, a completed ATTESTATION OF HOMELESS STATUS for
WIOA Year Round Youth Services Eighteen Years of Age or Older form can suffice. The form claims
lack of permanent residence and that the youth is a household of one. Youth will be asked to document
any income.

If the youth is under 18 years of age, a willing adult in his/her temporary residence
must sign an ATTESTATION OF HOMELESS STATUS for WIOA Year Round Youth Services Under
Eighteen Years of Age form claiming that shelter is being provided but no financial support. The form
states that the signer is not legally responsible for the youth.

A letter from a shelter or a residential care facility that the youth has recently left (with 2-3 months) will
suffice to prove insufficient income/homelessness.

Youth must still possess date of birth documentation (birth certificate, and work permit (where
applicable.) Picture identification is recommended and any documents from probation, school, or jobs.

The cases of homeless youth should continue to be reviewed on a case-by-case basis.
ATTESTATION OF HOMELESS STATUS
Applicants Eighteen Years of Age or Older (18+)

I (print full name of applicant) ____________________________________________

do hereby attest that I am without a permanent residence and act as a household of one.

My current residence is (street address, city or town, zip code):____________________________

I have been at this address for (specify weeks or months):____________________

I receive no financial support from the people at this residence.*

Applicant Signature:_____________________________________________________

Date:_________________________________

*Any financial support must be listed.

Note to staff: Attach any information regarding income for this person. His/her income level must be at 70% of poverty level.

Documents verifying youth’s Date of Birth are required.
ATTESTATION OF HOMELESS STATUS
Applicants under Eighteen Years of Age (16-17)

I (print full name of applicant) ___________________________________________________________

do hereby attest that I am without a permanent residence and act as a household of one.

My current residence is (street address, city or town, zip code):______________________________

I have been at this address for (specify weeks or months):____________________________

I receive no financial support from the people at this residence.*

Applicant Signature:______________________________

Date:________________________________________

Lodging is being provided to the person named in this document, but no financial support.
I am not financially responsible for the person named in this document.

Name (please print):___________________________________________________________

Address (street, city or town, zip code):______________________________________________

Signature:_____________________________________________________________________

Date:__________________________________________

*Any financial support must be listed.

Note to staff: Attach any information regarding income for this person. His/her income level must be at
or below 70% of poverty level.

Documents verifying youth’s Date of Birth are required.
Certification of Enrollment into WIOA -Funded Youth Services

Certification must occur prior to receipt of individualized WIOA funded services. Enrollment date on this form must match OSOS enrollment date. – Recertification is not required if there are no breaks in service/ WIOA exit - For youth between the ages of 18 and 24 when the pool of eligible candidates includes veterans and eligible spouses of veterans, the guidelines require that veterans and their spouses be given the highest priority in the selection process.

☐ In School Youth (ISY) ☐ Out-of-School Youth (OSY)
(check one)

Please PRINT information.

Applicant Name:__________________________________________________________________________________________

Date of Enrollment:________________________________________

Staff Name:__________________________________________________________________________________________

This signed form certifies that the applicant named above is eligible to receive individualized WIOA youth services based on the information supplied with their application. The applicant has met the established criteria set by RochesterWorks! and/or it’s agent.

__________________________________________________________________________________________________________

Name of staff certifying records

__________________________________________________________________________________________________________

Signature of staff certifying records

__________________________________________________________________________________________________________

Date
This File Has **NOT** Been WIOA Certified

Applicant Name: ____________________________________________________________

Upon review this file has not been certified due to the following circumstances:

☐ Missing Items for WIOA Certification

*check all that apply:*

☐ Signed Application  ☐ Income Verification  ☐ Date of Birth  ☐ Barrier Identification  ☐ Selective Service  ☐ Other________________________

Explanation:_________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Missing items will be provided for review no later than:______________________________

**OR**

☐ Applicant is Ineligible for WIOA

Explanation:_________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

________________________
Name of staff

__________________________
Signature

__________________________
Date
**JOB READINESS RATING SCALE**

All participants must receive a rating by staff and rate themselves with this tool while participating in services and at the end of service. Comparing the two ratings serves as a basis of a discussion on areas of strength and areas for improvement with individual participants. It can serve as a basis for setting employment goals and providing services along with the Individual Service Strategy (ISS). Originally based on the Rochester City School District’s Certificate of Employability program, the components of this rating scale are strong indicators of job readiness. At the conclusion of services, prior to exiting, the rating scale should be completed again by both staff and youth for understanding where improvements have occurred. Maintain in hard file copies of the two ratings (beginning and end of service).

<table>
<thead>
<tr>
<th>Applicant Name: ____________________________</th>
<th>Date: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Name: ________________________________</td>
<td>Program Name: ____________________________</td>
</tr>
</tbody>
</table>

**Directions:** For each item below, indicate whether the applicant demonstrates behavior by checking **Yes** or **No**.

**Based on your initial meeting with this applicant…**

<table>
<thead>
<tr>
<th>APPEARANCE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arrives on Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is Appropriately Dressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is Well Groomed (neat appearance, appropriate hygiene…)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates Appropriate Body Language</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Gives appropriate greeting at the beginning of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Gives appropriate parting at the end of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Expresses self clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Answers questions appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ask appropriate questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Communicate skills and strengths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is persuasive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALIFICATIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Provides relevant documents (resume, writing sample, portfolio)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Knows something about the programs and available jobs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Suggested score is 75%, or “yes” answers to 10 questions **TOTAL:**

*(Less than 75% indicates need for assistance to secure and hold employment.)*
WORKSITE CONSENT FORM FOR PARENTS/GUARDIAN OF YOUTH SEVENTEEN AND YOUNGER (16-17)  
(Do not complete until actual placement to worksite is confirmed)

Please review the information below and provide relevant emergency, medical, and contact information. If you have any questions or concerns, please contact the staff person assisting you.

____________________________________________________________, will be placed at/with

Youth Name

___________________________________________________________

Worksite w/Address

for the length of ______ hours/days/weeks. He/She will receive a wage/stipend of $___________ per

(circle one) (circle one)

hour/day/week/total and based on actual attendance. The supervisor’s name is ________________________

(circle one)  (circle one)

. He/She can be reached at ________________________.  

Concerning important, urgent or emergency matters involving the above named youth:

___________________________________

Emergency Contact #

Name

___________________________________

Medical Insurance – Name of Company

Contract or Medicaid #

Special Information (allergies, restrictions, other):

___________________________________

I have reviewed the above information, approve and give permission for the above named youth to participate in this work experience. Further I understand he/she may be used to promote RochesterWorks! funded services and give my approval.

___________________________________

Signature of Participant

Date

___________________________________

Signature of Parent/guardian of youth

Date

___________________________________

Signature of Staff

Date
WORKSITE CONSENT FORM
YOUTH EIGHTEEN AND OLDER (18+)
(Do not complete until actual placement to worksite is confirmed)

Please review the information below and provide relevant emergency, medical, and contact information. If you have any questions or concerns, please contact the staff person assisting you.

____________________________________________________________________________________
Youth Name

____________________________________________________________________________________
Worksite w/Address

for the length of _________ hours/days/weeks. He/She will receive a wage/stipend of $________ per
(Circle one) (Circle one)
hour/day/week/total and based on actual attendance. The supervisor’s name is ______________
(circle one).

He/She can be reached at ______________________________.

Concerning important, urgent or emergency matters involving the above named youth:

___________________________
Emergency Contact #

___________________________
Name

___________________________
Medical Insurance – Name of Company

___________________________
Contract or Medicaid #

Special Information (allergies, restrictions, other):

I have reviewed and understand the above information. Further I understand I may be used to promote RochesterWorks! funded services and give my approval.

___________________________
Signature of Participant

___________________________
Date

___________________________
Signature of Program Staff

___________________________
Date
RochesterWorks! Career Center/Navigator-Agency Youth Referral Form

YOUTH NAME: ______________________________________________ NY #: ____________________
AGE: _______________ SCHOOL STATUS (circle one): HS / HSE / N/A
YOUTH CONTACT (Phone#/Email) __________________________________________________________

REFERRED TO: RochesterWorks! or Navigator/Agency

REFERRED FOR:

☐ WIOA Navigator Enrollment/Service Consideration
☐ Workshop/Activity: ________________________________________________________________
☐ Youth Training Grant: ______________________________________________________________
☐ Youth Work Experience: _____________________________________________________________
☐ Prescreening, Job Referral, or Job Matching
  Hot Job No. and/or Position: _______________________________________________________
☐ Other: __________________________________________________________________________

REFERRED BY:
Agency Name: ________________________________________________________________
Navigator/Staff: ___________________________________________________________________
Phone: __________________________________________________________________________
E-mail: __________________________________________________________________________
Fax: ______________________________________________________________________________
Signature & Date ________________________________________________________________
Date entered comment entered in OSOS documenting referral

COMMENTS: _________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

RochesterWorks! is an equal opportunity program.
Auxiliary aids and services are available upon request to individuals with disabilities.