



# PROCEDURES

**PROCEDURES  
NUMBER #01  
PY2022-23**

<b>Title:</b>	<b>WIOA Title I Youth Program Eligibility</b>		
<b>Effective:</b>	September 27, 2022	<b>Revised:</b>	N/A
<b>Supersedes:</b>	N/A	<b>Version:</b>	001

## I. PURPOSE

The purpose of this procedure is to communicate local policy regarding the WIOA Title I Youth Program Eligibility consistent with the guidance provided under WIOA Sec. 129 (a).

## II. BACKGROUND

In accordance with the Workforce Innovation and Opportunity Act (WIOA), and the WIOA Final Rules, CareerSource South Florida and its workforce investment board has defined the WIOA Title I youth Program Eligibility criteria; and its [procedure guidance.

To be eligible to participate in the WIOA Youth Program, an individual must be an In-school youth (ISY) or an Out-of-school Youth (OSY). The eligible participant must meet all of the following eligibility elements **before** participation takes place

- a. Eligibility determination
- b. The provision of an Objective Assessment
- c. Development of an Individual Service Strategy
- d. Enrollment in any of the 14 Youth Program Elements

All service providers, MIS staff, and/or career advisors, must review and approve all eligibility documentation for each participant before enrollment into the WIOA Youth Program. Once documentation has been reviewed and determined eligible, the record can then be entered in Employ Miami Dade (EMD) / Employ Monroe (EM) by the designated staff overseeing review and approval of documentation. Youth service providers are responsible for the maintenance of the participant's file in EMD / EM and its physical form, including exit, and follow-up and will also provide quarterly updates of services offered to the youth participant.

**NOTE:** These guidelines are subject to revision as additional guidance is issued by the United States Department of Labor. Supplemental information, such as Poverty Guidelines, DEO Poverty Rate Map, Lower Living Income Levels, and other tools included.

### III. OVERVIEW

WIOA promotes career pathways, increased attainment of recognized credentials, and post-secondary certificates or degrees. Eligible youth are those who are 14-24 years of age and face specific local barriers to school completion and/or employment.

### IV. PROCEDURES

#### A. WIOA Title I Youth Program Eligibility

Both in-school youth (ISY) and out-of-school youth (OSY), as defined below, are eligible for youth services.

The term “in-school youth” means an individual who is—

- i. attending school (as defined by State law);
- ii. not younger than age 14 or (unless an individual with a disability who is attending school under State law) older than age 21;
- iii. a low-income individual; and

One or more of the following:

- a. Basic skills deficient.
- b. An English language learner.
- c. An offender.
- d. A homeless individual
- e. Pregnant or parenting.
- f. A youth who is an individual with a disability.
- g. An individual who requires additional assistance to complete an educational program or to secure or hold employment.

**NOTE (ISY ONLY):** For the purposes of WIOA, USDOL does not consider providers of adult education under Title II of WIOA, Youthbuild programs, the Job Corps program high school equivalency programs, or drop-out re-engagement programs to be schools, regardless of the funding source. *Youth attending high school equivalency programs funded by the public K-12 school system who are classified by the school system as still enrolled in school are an exception; they are considered ISY. (CFR 681.230)*

#### B. Out-of-school Youth. — (16-24 years of age)

The term “out-of-school youth” means 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; and

One or more of the following

- a. A school dropout.
- b. A youth who is within the age of compulsory school attendance
- c. A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is—
- d. Basic skills deficient; (A youth who has English reading, writing, or

- computing skills at or below the 8th grade level on a generally accepted standardized test), or
- e. An English language learner.
- f. An individual who is subject to the juvenile or adult justice system.
- g. A homeless individual
- h. An individual who is pregnant or parenting.
- i. A youth who is an individual with a disability.
- j. A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.

### C. Determining Low-Income Eligibility

All in-school youth (ISY) and the following two categories of out-of-school youth must be low-income individuals to be served in the WIOA Youth Program:

- a. A Recipient of a Secondary School Diploma or its Recognized Equivalent Who is a Low-Income Individual and is Either Basic Skills Deficient or an English Language Learner;
- b. A Low-Income Individual Who Requires Additional Assistance to Enter or Complete an Educational Program or to Secure or Hold Employment. The following section is to be used when establishing that a youth is a low-income individual.
- c. The term "low-income individual" means 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,
  - 2. Is in a family with total family income that does not exceed the higher of— the poverty line; or 70 percent of the lower living standard income level;
  - 3. Is a homeless/runaway individual
  - 4. Receives or is eligible to receive a free or reduced price

**Exception:** While the free/reduced lunch low-income category primarily applies to ISY, if an OSY is a parent living in the same household as a child who receives or is eligible to receive free or reduced price lunch based on their income level, then such an OSY would meet the low-income criteria based on his/her child's qualification.

- a. Is a foster child on behalf of whom State or local government payments are made;
- b. Is an individual with a disability whose own income meets the income requirement, but who is a member of a family whose income does not meet this requirement.
  - 1. *Offender-*  
An adult (18-24) or juvenile-
    - Who is or has been subject to any stage of the criminal justice process, and for whom WIOA services under this Act may be beneficial; or

- Who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
2. *A homeless individual and/or Runaway-*  
 A homeless child or youth (as defined in Sec. 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), Pursuant to the Stewart B. McKinney Homeless Act, an individual who lacks a fixed, regular, and adequate nighttime residence. It also includes persons whose primary nighttime residence is one of the following:
- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
  - An institution that provides a temporary residence for individuals intended to be institutionalized.
  - A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
  - Runaway: Pursuant to the Runaway and Homeless Youth Act, individual under 18 years of age who absents himself or herself from home or place of legal residence without permission of the parent(s) or legal guardian.
3. An individual in Foster Care or who has aged out of the foster care system-  
 An individual who is 16-24 and left foster care for kinship guardianship or adoption; youth who were formerly in foster care but may have returned to their families before turning 18.
4. *Pregnant or Parenting-*  
 Mother or father, custodial or non-custodial. If the youth is within the WIOA youth age eligibility, the age when the youth became a parent does not factor into the definition of parenting. A pregnant individual can only be the expectant mother.
5. *An individual with Disability-*  
 Even if the family of a youth with a disability does not meet the income eligibility criteria, the youth is to be considered a low-income individual if the youth's own income:
- Does not exceed the higher of the poverty or 70% of the lower living standard income level for the 6-month period prior to application.
  - Meets the income eligibility criteria for cash payments under any Federal, State, or local public assistance program. (20 CFR 680.640)

**NOTE:** The participant’s income must still be documented.

6. *English Language Learner-*

A participant must meet two components: Has Limited Ability to Read, Write, Speak, or Comprehend English criterion AND either “(A) Native Language Other than English” OR (B) Lives in Family/or Community Environment Where Language Other Than English is the Dominant Language.” Acceptable documentation of “Has Limited Ability to Read, Write, Speak, or Comprehend English” would be an objective assessment.

7. *Basic Skills Deficient –*

A youth is basic skills deficient if they:

- Have English reading, writing, or computing skills at or below the 8th grade level (at or below 8 grade level) on a generally accepted standardized test or a comparable score on a criterion-referenced test or
- Lack a high school diploma or high school equivalency and are not enrolled in secondary education
- Are currently enrolled in an adult literacy program

**D. Objective Assessment Summary**

This assessment must be completed before the ISS is created with the idea that it will assist with completing the ISS and/or the Individual Employment Plan (IEP). Some questions must be asked directly while others will be answered by observing the Youth. Asterisks indicates required fields. All sections must be completed and nothing should be left blank.

a. *Creating the Objective Assessment Summary-*

Under Case Management > press Plan and then click on “Create Objective Summary”

b. *Complete the General Information. Most information will automatically populate from the WIOA application.*

The screenshot shows a web application interface with four tabs: "Case Summary", "Programs", "Plan", and "Assessments". The "Plan" tab is selected and highlighted in blue. Below the tabs, the page is divided into two main sections. The first section is titled "Objective Assessment Summary" and contains the text "There are No Objective Assessment Summaries" and a green button labeled "Create Objective Assessment Summary". The second section is titled "Individual Employment Plan/Service Strategy" and contains the text "There are no Individual Employment Plans/Service Strategies" and a green button labeled "Create Individual Employment Plan/Service Strategy". At the bottom of the page, there is a green button labeled "Return to the Directory of Services".

c. Then go to “Expectations” –

- Program Expectations- “Are you seeking immediate employment” should always be YES.
- What services are you seeking: you cannot leave this blank, you must insert a case note what services, based on the needs of the youth, and your assessment will be provided to assist those barriers to employment.

**Program Expectations**

\* Are you seeking immediate employment  Yes  No

\* What services are you seeking

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

[ Clear Text ]

- Employment Expectations- The occupations will automatically populate from what was entered in the “Background Section” or from the WIOA Application. If not, you must complete it, keep in mind, the end goal is full time employment. Make sure you complete the post-secondary training section, if youth will enroll in a post-secondary program, case

**Employment Expectations**

Occupation 1  
Occupation 2  
Occupation 3

Employment Type  
Full or Part Time  
Shift Preferences  
Desired Salary  
Benefits Needed  
Longest Commute Distance (mi)  
Job Search Assistance Requested

Seeking Post Secondary Education (Youth)  
Post Secondary Preference

Other Assistance Expected

Select Occupation  
\$19,000.00  
Office Clerks, General

Select Occupation

Select Occupation

Regular  
Full Time (30 Hours or More)  
 1st  2nd  3rd  
 Rotating  Split Shift  Any  
\$12.00 hourly (Approx. \$25,000 annually) or more  
 Health Insurance  Paid Vacation Time  
 Paid Sick Leave  Retirement/Pension

Help Getting Started in Job Search  Resume Assistance  
 Completing Job Applications  Interviewing Skills  
 Job Openings  Referrals to Employers

Yes  No

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Participant is interested in enrolling in post-secondary education at the moment.  
Participant received assistance regarding short term trainings in the selected career pathway.  
Educational goals and objectives will be described in the participant's ISS and may be subject to change based on the participant's needs.

[ Clear Text ]

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-TAY/STY in the selected career pathway  
-Worked internships to gain experience in the desired field of study  
-Seeking for credential attainment  
-Seeking for educational assistance  
-Career Market Skills  
-Post-Secondary Preparation and Transition  
-Support Services

[ Clear Text ]

< Back Cancel Print Finish Next >

d. Education History- enter any previous courses or trainings but did

*not earn a credential or did not lead to a credential. Please be descriptive of courses/trainings.*

### Education History

Highest Grade Completed	11th Grade Completed
Currently Enrolled in School	No, Not Attending Any School
Education History Assessment Summary	<p>Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.</p> <div style="border: 1px solid #ccc; padding: 5px;"><p>Last grade completed: 11th grade. Status: High School Dropout Current Status: currently enrolled in GED classes to obtain a GED certificate No other certifications have been obtained.</p></div> <p style="text-align: right;"><a href="#">[ Clear Text ]</a></p>

- *Please do not forget to complete the basic skills/Education Factors Assessment Summary. This is where you case note the BSD determined by the TABE test, and how you will assist to overcome this barrier.*

### Basic Skills / Education Factors

<input checked="" type="checkbox"/> High School Dropout	
<input checked="" type="checkbox"/> Basic Skills Deficient	<input checked="" type="checkbox"/> Reading below 9th Grade
	<input checked="" type="checkbox"/> Math below 9th Grade
	<input checked="" type="checkbox"/> Language Below 9th Grade
	<input type="checkbox"/> Literacy
	<input type="checkbox"/> Non-Reader
<input type="checkbox"/> Lacks Computer Skills	
Primary language spoken at home:	None Selected
<input type="checkbox"/> Needs interpretation services	
<input type="checkbox"/> Limited English Proficiency	
<input type="checkbox"/> Currently Enrolled in ABE/Literacy or ESOL	
<input type="checkbox"/> Behind Grade Level for Age (Youth Only)	
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Needs a Free Application for Federal Student Aid (FAFSA)
	<input type="checkbox"/> Pell Grant
	<input type="checkbox"/> Monetary Award Program (MAP) Grant
	<input type="checkbox"/> Other Financial Aid

### Basic Skills / Education Factors Assessment Summary

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Pre Assessment / Test given: Test of Adult Basic Education (TABE)  
Form: 11, Level E and D  
Date: 03/02/22 - Reading and 03/07/22 - Math and Language  
Location: MDC testing center  
Examiner: Testing center  
No BSS was attained in any of the TABE test categories assessed.  
High School Dropout.  
Participant will receive immediate assistance to complete an educational program leading to a GED certificate.

[\[ Clear Text \]](#)

[<< Back](#) [Cancel](#) [Print](#) [Finish](#) [Next >>](#)

- e. *Degree- if the participant already has a HS Diploma/GED/Training Credential this is where you need to record it*

## Degrees

Degree	Issuing Institution	Completion Date
<a href="#">[Add a New Degree]</a>		
<a href="#">&lt;&lt; Back</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Finish</a> <a href="#">Next &gt;&gt;</a>		

- f. *Certificate- if a participant has a training/vocational certification, you need to record it here.*

## Certificates

Certificate License	Organization
<a href="#">[Add a New Certificate]</a>	
<a href="#">&lt;&lt; Back</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Finish</a> <a href="#">Next &gt;&gt;</a>	

- g. *Employment-*
- Occupational transferable skills: list skills from previous jobs/volunteer, transferrable and nontransferable, technical skills should be listed here. List all soft skills, please mention how the 14 program elements will assist the youth retain and gain skills.*

## Occupational Transferable Skills

Summary of Skill Assessment

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Participant has never worked.  
No occupational transferable skills were identified during the initial assessment process.  
Participant will receive 20 hours of work readiness skills training followed by 140 hours of paid work experience in worksite where the participant can develop her skills in the selected career pathway which has been previously determined. An occupational / educational component will be incorporated to the PWE during the first week of training.  
Assistance to obtain and retain employment within participation will be provided.

[\[Clear Text\]](#)

## Employment History

Employer	Start/End Dates	State
<a href="#">[Add a New Employment History]</a>		
<a href="#">&lt;&lt; Back</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Finish</a> <a href="#">Next &gt;&gt;</a>		



- h. *Household & Income – please make to enter a note whether the youth meets low- income and how it was verified (what document (s) was used)*

**Household & Income**

Information collected on this screen will NOT be included in print form. You are in VIEW ONLY mode.

Name	Relationship	Age	Income Source	Annualized Total
Household & Income Summary				

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

- i. *Work Readiness – summarize what was checked, provide details how...*
- *Does this impact the participant’s ability to attend training and/or employment?*
  - *What support does the participant from his/her family?*
  - *If ISY, how supportive are the parents? If so, mention how they are providing support*

**Work Readiness**

Number of Children under 18

**Dependent Care Needs**

- Child Care
- Special Needs Child
- Adult Care
- Not at This Time

**Dependent Care Comments:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Participant has no dependents.

[\[ Clear Text \]](#)

**Transportation**

*Driver's License:*

- Has a Valid License
- Does not have a License
- Suspended
- Restrictions

**For example:**

**Work Readiness Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Participant does not have a driver's license and has been encouraged to study using the appropriate material and practice to pass the driving tests.  
Transportation assistance (bus pass) will be provided if needed.  
Personal contact information, including email, cell phone number, and alternate numbers were provided.

**Workplace Behavior Assessment Summary:**

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Participant will receive 20 hours of work readiness skills training.  
This training will include the following topics:

- Resume building
- Job applications completion
- Interview and communication skills improvement
- Job search assistance / Educational component - Career Pathway assessment and course completion
- Labor market information
- Labor Regulations and Laws, Equal Employment Opportunity, health and safety standards.

Participant will also receive financial literacy training.

[ [Clear Text](#) ]

j. **Barriers-**

- *Health and Behavior Observations – based on your assessment, case note observations.*

**Health & Behavior Observations Assessment Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

No health or behavioral issues were disclosed by the participant during the initial assessment process.

[ [Clear Text](#) ]

- Living Environment – case note your assessment

**Living Environment Assessment Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Participant lives in a safe living environment.

[\[ Clear Text \]](#)

- Economic Factors/Financial Situation - case note your assessment

**Economic Factors/Financial Situation Assessment:**

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n/a

[\[ Clear Text \]](#)

- Vocational/Occupational Factors – summarize anything checked off

### Vocational/Occupational Factors Assessment

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n/a

[\[ Clear Text \]](#)

- Other Assistance Received – summarize anything checked off

### Other Assistance Received Assessment:

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Public assistance: None  
Our staff has received authorization from the participant to complete a Wagner Peyser application in the EMD system.

[\[ Clear Text \]](#)

- Barriers To Employment – check off anything that applies

### Barriers To Employment

- Lacks Significant Work History
- Sporadic or Limited Work History
- Restricted Commuting Distance
- Restricted Work Schedule
- Unrealistic Wage
- Legal Issues
  - Ex-Offender
  - Currently on Probation
  - Existing/Pending Workers Compensation Claims
  - Pending Court Appearances
  - Court Ordered to Pay Child Support
  - Wage Garnishment
- Single Parent
- Displaced Homemaker
- Pregnant or Parenting Youth
- Runaway Youth
- LWIA Designated Barrier
- Other (Specify in Comments)
- No Barriers to Employment/Work Readiness Issues

### Employment Barriers Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

No GED certificate,  
Lack of a significant work history,  
Basic skill deficiency was identified,  
Lack of transportation.

Youth will be fully supported to become employable, get GED, resume, job search, career exploration and training, with the end goal of becoming self-dependent and a full time job, hopefully enroll post-secondary education.

[ Clear Text ]

A case note must be recorded for the assessment detailing the services provided to assist with the identified barriers to employment, education and training. The 14 program elements should be included in the case note as well, if applicable.

- k. Criminal Background – optional
- l. Test – optional
- m. Referrals – optional
- n. Once all sections of the Objective Assessment Summary are completed, select “Finish” and print the form. The participant and career advisor will need to sign the document and retain in the file for records.

**Congratulations!** You have now successfully completed the Objective Assessment Summary.

**Assessment Case Note:** This case note should include a brief summary of what was stated in the Assessment. It is important that the identified barriers be addressed. If the barrier(s) could prevent the participant from achieving her/his goal, it must be addressed in the case notes. For example, if a customer is basic skills deficient this must be addressed. If the customer decides not to pursue action, that must be clearly stated in the OAS.

#### **E. Individual Service Plan**

The ISS is a distinct plan designed specifically for the WIOA Youth Program participants and is based on the information obtained during the objective assessment. The ISS will serve as the basis for the entire case management service strategy and as a guide for delivery of appropriate services. For each participant, the ISS will identify and document the following.

The IEP/ISS is a living document, and it is to be reviewed on a regular basis, at least every 90 days and whenever a change is made to the customer’s plan, like an addition of goals and objectives; any changes must be mutually agreed by the customer and the career advisor. All updates will be recorded in EFM; again, a signature is required only when adding new goals/objectives, and/or the goal itself has changed or being updated to add additional steps to complete goal. All support services should be recorded, including incentives, and transportation assistance in order to complete goals.

Under Plan you will see this section

### **Individual Employment Plan/Service Strategy**

Then you will select the following

Create Individual Employment Plan/Service Strategy

Return to the Directory of Services

**Before** developing an ISS, the following steps **must have already** been completed.

1. Eligibility determination
2. A WIOA Application indicating eligibility for ISY/OSY
3. The Objective Assessment Summary (OAS)

All ISS plans shall have at least one open goal with at least one open objective for all customers with an active participation. The overall view of the ISS consists of...

1. Goal(s)
2. Objectives
3. Dates of **start** and **end**
4. Signatures

#### **F. Goals**

A Goal should be short/long term and focused on the career pathway, or education of established goal attempted to achieve. Examples:

1. Obtain Full-time, sustainable employment in the accounting field
2. Enter post-secondary education at a 2 year-college or 4 year- college in accounting

**For Example**

## Goal Information

* LWDB/Region	CareerSource South Florida
* Office	CareerSource S Florida -4820- HC
* Program Affiliation	<input checked="" type="checkbox"/> Title I - Workforce Development (WIOA) <input type="checkbox"/> Title III - Wagner-Peyser (WP)
* Type of Goal	Employment
* Term of Goal	Intermediate Term
* Description of Goal	Obtain Full-time, sustainable employment in the accounting field
* Date Established	<input type="text"/> (mm/dd/yyyy)  Today
* Estimated Completion Date	<input type="text"/> (mm/dd/yyyy)  Today
Actual Completion Date	<input type="text"/> (mm/dd/yyyy)  Today
* Completion Status	Open

Goals Comments: Insert a comment how you will achieve this goal, and what resources, support services you will use in order to enter, and/or complete training/employment, or education goal.

## Goal Details(Comments)

**B I U I<sub>x</sub>** | | |

Format    Font    Size



## G. Objective

The objectives of the plan break down the larger goal (employment and/or educational) into shorter steps to reach the established goal(s). Effective objectives will include established (start) dates and projected end/review dates of achievement, in which they should be reviewed and updated when needed.

Objectives should be closed upon completion with a successful or unsuccessful outcome. Objectives can be added throughout customer's active status in program if any new goals or added services are needed that were not discussed- **changes to an objective does not require an ISS signature, unless an external referral is needed to achieve established goal.**

For example:

Goal # /Goal ID	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status
9/2248748	WIOA	Schooling	Short Term	07/13/2022	09/01/2022		Open
<b>Goal Description:</b> Tutoring							
Comments: Participate in tutoring sessions to prepare and pass the DCF competency exams and obtain the necessary certifications to work as a daycare teacher.							
<b>Objectives to Goal #9</b>							
Objective	Date Established	Review Date	Program	Staff	Status		
Tutoring - ELC Childhood Education	07/13/2022	09/15/2022	WIOA	[REDACTED]	Open		
<b>Steps</b>							
Step	Date Set	Completion Date	Edit Date	Due Date	Staff	Status	
<b>Comments:</b> Participant will attend tutoring sessions via zoom following the schedule below: 07/13/2022 - session 1 - 6:00 - 7:30 pm 07/20/2022 - session 2 - 6:00 - 7:30 pm 07/27/2022 - session 3 - 6:00 - 7:30 pm 08/03/2022 - session 4 - 6:00 - 7:30 pm 08/10/2022 - session 5 - 6:00 - 7:30 pm 08/17/2022 - session 6 - 6:00 - 7:30 pm 08/24/2022 - session 7 - 6:00 - 7:30 pm Tutoring sessions will be provided by [REDACTED] working with the ELC, via zoom. Zoom link has been sent to the participant via email.							

## H. The 14 Program Elements

In order to support the attainment of a secondary school diploma or its recognized equivalent, occupational training, unsubsidized employment or entry into postsecondary education, and career readiness for participants, a youth service provider must successfully, at enrollment, enroll a participant in, at least **(1)** of the following elements consisting of—

1. Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized postsecondary credential;

Useful EFM Service Codes to support activity: 406 (Informal), 414 (Formal) (ISY/OSY)

2. Alternative secondary school services, or dropout recovery services, as appropriate;

Useful EFM Service Codes to support activity: 415, 418, 429- ISY/OSY  
These service codes provide instruction and leads to a H.S Diploma or its Equivalency.

3. Paid and unpaid work experiences that have as a component academic and occupational education, which may include—
  - a. Summer employment opportunities and other employment opportunities available throughout school year;
  - b. Pre-apprenticeship programs;
  - c. Internships and job shadowing; and
  - d. On-the-job training opportunities;

Useful EFM Service Codes to support activity: 423, 424, 425, 426, 427, 428 – ISY/OSY 423, 424 (Pre-Apprenticeship and Registered Apprenticeship both provide work experience/skills development – paid or unpaid)

4. Occupational Skill Training, which shall include priority consideration for training programs that lead to recognized postsecondary credentials aligned with in demand industry sectors or occupations in the local area involved.

Useful EFM Service Codes to support activity: 416 (ITA, OSY ONLY), and 430 (Non-ITA- ISY/OSY)

5. Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;

Useful EFM Service Codes to support activity: 422 (ISY/OSY)

6. Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate;

Useful EFM Service Codes to support activity: 410 (ISY/OSY)

7. Supportive services;

Useful EFM Service Codes to support activity: 419, 480, 481, 481, 483, 484, 485, 488 – (ISY/OSY)

8. Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months; this is a formal relationship with an adult mentor and includes structured activities where the mentor offers guidance, support, and encouragement to develop the competence and character of the mentee.

Useful EFM Service Codes to support activity: 411 (ISY/OSY) (F08 after Exit)

9. Follow-up services for not less than 12 months after the completion of participation, as appropriate;

Useful EFM Service Codes to support activity: please see policy “Managing Disengaged Participant Exits” for follow-up service codes

10. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate;

Useful EFM Service Codes to support activity: 417 – A formal referral is needed, and Acceptance of referral.

11. Financial literacy education;

Useful EFM Service Codes to support activity: 421 (ISY/OSY)

12. Entrepreneurial skills training;

Useful EFM Service Codes to support activity: 441 (ISY/OSY)

13. Services that provide labor market and employment information about in-demand Industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services;

Useful EFM Service Codes to support activity: 434 (ISY/OSY), 107 in WP

14. Activities that help youth prepare for and transition to postsecondary education and training.

Useful EFM Service Codes to support activity: 414, 420, 439 – ISY/OSY

**“An individual who requires additional assistance to enter, or to complete an educational program, or to secure and hold employment” is defined by CareerSource South Florida as a youth who meets ONE or MORE of the following criteria:**

To qualify as someone who “Requires Additional Assistance” for the WIOA Title I Youth program, individuals must meet one or more conditions ( youth eligibility barriers) listed in WIOA sec. 129(a)(1)(B)(iii) for OSY and (a)(1)(C)(iv) for ISY.

**1. Determining Additional Assistance for OSY Only**

- a. Has not enrolled in any Secondary or GED course or its equivalency, or Postsecondary school or entered a career path or occupational skills training within the last year or more since dropped out of secondary school or completion of secondary school to include lack of employment or history of employment with earnings below self-sufficiency.
- b. Has dropped out of postsecondary school and is documented by school records
- c. Has never held a full time job (30hrs or more in week) for more than 6 months (applies to 18 or older only)
- d. A youth who lives in public housing and household unit receives welfare or Cash assistance
- e. A youth who has currently or formerly had one or both parents incarcerated
- f. A youth who has been referred by a correctional facility, or by homeless shelter, or by an agency that treats substance abuse.

**2. Determining Additional Assistance for ISY Only**

- a. A youth who has a letter from a guidance counselor asserting their needs of additional assistance to enter, or to complete an educational program or to secure and hold employment.
- b. A youth who lives in public housing and family receives welfare or Cash assistance
- c. A youth who has a GPA of 2.0 or lower
- d. A youth who has repeated one or more secondary grade level
- e. A youth who has been suspended from secondary school within the last 12 months
- f. A youth who has been expelled from secondary school and is attending an alternative school
- g. A youth who is confirmed at risk of failing a grade level or about to drop out of secondary school by a school official
- h. A youth who has been deemed, or required to take remedial or developmental coursework by a postsecondary school official or department
- i. A youth currently enrolled in postsecondary school who has failed an entire semester or has failed more than 2 credit bearing courses within the last 12 months.

- j. A youth who has been referred by a correctional facility, or by homeless shelter, or by an agency that treats substance abuse

**Five-Percent Limitation for “Requires Additional Assistance” (20 CFR 681.300, 310) (ISY ONLY)**

Per **WIOA Section 129(a)(3)(B)**, in any single program year, no more than 5% of a local area’s total ISY participants can be those who require additional assistance to complete an educational program or to secure or hold employment.

**Five-Percent Exception for Low-Income Eligibility (21 FR 681.250(c)) - (ISY AND OSY)**

WIOA allows a low-income exception where five percent of WIOA youth may be participants who ordinarily would be required to be low-income for eligibility purposes and meet all other eligibility criteria for WIOA youth except low-income criteria. The program administrator must calculate the five percent based on the percent of newly enrolled youth in the local area’s WIOA youth program in a given program year who would ordinarily be required to meet low-income criteria.

The 5 percent “limitation” criterion only applies to the ISY youth who need additional assistance; whereas the 5 percent exception criterion applies to ISY and OSY who do not meet low-income criteria;

This procedure provides maximum flexibility in capturing youth eligibility and additional barriers that youth in our region face.

ATTACHMENT A

**WIOA YOUTH ELIGIBILITY DOCUMENTATION DESK AID**

**EXCEPT WHERE SPECIFIED, ONLY ONE DOCUMENT PER CRITERION IS REQUIRED**

**Age/Birth Date**

Birth certificate  
Baptismal record if date of birth is shown  
DD214 transfer or discharge paper  
Veteran ID card issued by the state of Florida Department of Veterans' Affairs  
Hospital record of birth  
Driver's license  
State, federal, or local government ID  
Foreign or US Passport  
School record or School ID card with photograph  
Tribal records

**Citizenship Status/ Authorization to Work in the US**

U.S. passport, certificate of U.S. citizenship, certificate of naturalization, permanent resident card, Unexpired refugee travel document  
U.S. Social Security card issued by the Social Security Administration (other than a card stating not valid for employment, Valid for work only with INS Authorization, Valid for work only with DHS authorization,  
Certificate of Birth Abroad issued by the U.S. Department of State, birth  
Certificate issued by a state, county, municipal authority or outlying possession of the U.S.,  
U.S. Citizen ID card, ID card for use of Resident Citizens in the U.S.  
Employment authorization document issued by DHS  
Certification of report of birth issued by DOS (Forms DS-1350, FS-545, FS-240)

**Attending School**

School Records

Self-Attestation

**Has Not Attended School for at Least Most Recent Complete School Year Calendar Quarter**

School Records

Self-Attestation

**Basic Skills Deficient**

Standardized Assessment Test (TABE) Scores in file and recorded in EMD

**English Language Learner** - Requires documentation of two criteria. All participants certified as “English Language Learner” must meet the Limited Ability to Read, Writer, Speak, or Comprehend English criterion AND either “Native Language Other than English” OR “Lives in Family/or

<b>Limited Ability to Read, Write, Speak or Comprehended the English Language</b>
Standardized Assessment Test (TABE) Scores in file and scores recorded in EMD
School Records
Self-Attestation

Community Environment Where Language Other Than English is Dominant Language.”

**And**

<b>Native Language if Language Other than English</b>
School Records
Self-Attestation

**OR**

<b>Lives in Family or Community Environment Where Language Other Than English Dominant Language</b>
School Records
Self-Attestation

**Homeless or Runaway**

Written Statement from an Individual Providing Temporary Residence
Written Statement from Shelter
Written Statement from Social Service Agency
Self-Attestation

**Foster Child/Aging out of Foster Care Pregnant or Parenting**

Written Confirmation From Social Services Agency
Copy of Child’s Birth Certificate
Copy of Baptismal Record
Self-Attestation

**Offender**

Documentation from juvenile or adult criminal justice system
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**Disability**

Letter from Drug or Alcohol Rehabilitation Agency
Letter/Individual Education Plan from Child Study Team Stating Specific Disability
Medical Records
Observable Condition (Applicant Statement needed)
Physician’s Statement/Psychologist’s Diagnosis
Rehabilitation Evaluation
School Records
Sheltered Workshop Certification
Social Security Administration Disability Records
Social Service Records/Referral
Veterans Administration Letter/Records
Vocational Rehabilitation Letter
Workers Compensation Records

**Requires Additional Assistance to Complete an Educational Program or Secure and Hold Employment (ISY) - To be identified by the career advisor**

Assessment/Test Results (as applicable)
School Records (as applicable)
Self-Attestation (as applicable)

**Requires Additional Assistance to Complete an Educational Program or Secure and Hold Employment (OSY) - To be identified by the career advisor**

Assessment/Test Results (as applicable)
School Records (as applicable)
Self-Attestation (as applicable)

**Selective Service Compliance**

Selective Service Acknowledgment Letter
Form DD-214 "Report of Separation"
Screen printout of Selective Service Verification – go to <a href="https://www.sss.gov/verify/">https://www.sss.gov/verify/</a>
Selective Service Registration Card
Selective Service Verification Form (Form 3A)
Stamped Post Office Receipt of Registration

**Veteran Status**

DD-214
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**Eligible Spouse of Veteran**

DD-214
Death Certificate
Veterans' Administration Documentation of Disability

**Income Documentation**

**Supplemental Nutrition Assistance Program (SNAP) Recipient**

Copy of Authorization to Receive SNAP
Verification from Public Assistance Agency

**Temporary Assistance to Needy Families (TANF) Recipient**

TANF Record
TANF Database Screenshot/Printout

**Supplemental Security Income (SSI)**

Social Security Benefits Record
Public Assistance Record
Public Assistance Database Printout

**Other Public Assistance**

Public Assistance Records
Public Assistance Database Printout
Public Assistance Check



Refugee Assistance Records
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**Family Size**

Birth Certificate(s)
Court/Divorce Decree
Landlord Statement
Lease
Marriage Certificate
Medical Card
Most Recent Tax Return Supported by IRS Documents (e.g. Form 1722)
Public Assistance/Social Service Agency Records
Permanent Resident Green Cards
Written Statement from a Publicly Supported 24-hour Care Facility.
Self-Attestation

**Income - Individual and Family**

Alimony Agreement
Applicant statement (Individual with little or no income, only)
Award Letter from Veterans Administration or copy of check
Bank Statements (Direct Deposit)
Compensation Award Letter
Court Award Letter
Employer Statement/Contact
Farm or Business Financial Records
Housing Authority Verification
Pay Stubs
Pension Statement
Public Assistance Records/Printout
Quarterly Estimated Tax for Self-Employed Persons
Social Security Benefits
Unemployment Insurance Documents and/or Printout

**Free or Reduced-Price Lunch and Resident of High Poverty Area**

School Records Showing Eligibility for Free/Reduced-price Lunch-
Proof of residence in DEO poverty Rate Tool Map showing 30% or greater* -Use this Map - <a href="#">Poverty Rates- Map</a>