

SAMPLE ELIGIBILITY CHECKLIST FOR WIOA YOUTH PROGRAMS

WIOA Youth Eligibility	
Requirement	Verified
U.S. Citizen or Noncitizen Authorized to Work in the U.S.	<input type="checkbox"/>
Meets Military Selective Service Registration Requirements	<input type="checkbox"/>

AND Complete Out of School Youth or In School Youth Table

WIOA Out-Of-School Youth	
Requirement	Verified
Not Attending Any School	<input type="checkbox"/>
Between the Ages of 16 and 24 at Time of Enrollment	<input type="checkbox"/>
AND Must Check One or More of the Following	Verified
School Dropout	<input type="checkbox"/>
Compulsory School Age, Did Not Attend Recent Quarter	<input type="checkbox"/>
Secondary School Diploma/Equivalent, Low Income, & Basic Skills Deficient	<input type="checkbox"/>
Secondary School Diploma/Equivalent, Low Income, & English Language Learner	<input type="checkbox"/>
Connected to the Juvenile or Adult Justice System	<input type="checkbox"/>
Homeless, Runaway, Foster Youth, Social Security, or Out-of-Home Placement	<input type="checkbox"/>
Pregnant or Parenting	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Low-income and Needs Additional Assistance	<input type="checkbox"/>

WIOA In-School Youth	
Requirement	Verified
Attending School	<input type="checkbox"/>
Between the Ages of 14 and 21 at Time of Enrollment	<input type="checkbox"/>
Low-Income	<input type="checkbox"/>
AND Must Check One or More of the Following	Verified
Basic Skills Deficient	<input type="checkbox"/>
English Language Learner	<input type="checkbox"/>
Connected to the Juvenile or Adult Justice System	<input type="checkbox"/>
Homeless, Runaway, or Foster Youth	<input type="checkbox"/>
Pregnant or Parenting	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Needs Additional Assistance	<input type="checkbox"/>

Priority Population	
Population Group	Verified
Veteran or Eligible Spouse	<input type="checkbox"/>
Foster Youth/Aging Out of Foster Care	<input type="checkbox"/>
Connected to the Juvenile or Adult Justice System	<input type="checkbox"/>
Youth with a Disability	<input type="checkbox"/>
Basic Skills Deficient	<input type="checkbox"/>