

WIOA Youth Self-Attestation Form

Applicant Information

Full Name: _____ DOB: _____ Last 4 of SSN: _____

Instructions: Complete each section of this form. If a section does not relate to you, check the “not applicable” box. Selected sections must have all requested details provided. This form must be signed and dated for WIOA enrollment.

High School Information

Not Applicable

I have a high school diploma or equivalent. I received it from the school listed below on this date: _____

School _____ City _____

I did not complete high school. I withdrew from the school listed below.

My last grade completed was: _____ My last date of attendance was: _____

School _____ City _____

School Status

(Adult education and non-credit courses are excluded)

I am currently attending the school listed below. My most recent enrollment date is: _____

School _____ City _____

I am not currently attending any school.

Employment

I have never worked.

Provide details on your current or most recent employment:

I am currently employed.

Employer _____

I am currently unemployed

Job Title _____

but have some work history. Start Date _____ Wage _____ Avg Hours/Week _____

of weeks unemployed _____ End Date _____ Reason Job Ended _____

Housing

I am currently homeless/couch surfing/ experiencing housing instability. Not Applicable

Disability Status

I have a disability.

Not Applicable

Parental Status

I am pregnant.

Not Applicable

I provide custodial care for one or more dependent children.

Justice Involvement

I have been arrested and/or convicted of a crime.

Not Applicable

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Full Name: _____ DOB: _____ Last 4 of SSN: _____

English Language

Not Applicable

English is not my native language. My native language is : _____

Household

I live with the following people.

| Name | Relationship to Me | Age |
|------|--------------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Staff Use Only:

WIOA Family Size: _____

Include in WIOA Family Size

-
-
-
-
-
-

Finances

- I live in a high-poverty area.
- I am a **foster youth**.
- I or someone in my household receives or has received food stamps or cash aid in the past six months.
- My household has earned income.
- I have no earned income and have not received any food stamps or cash aid in the past six months. I am supported by the people listed in my household above.

Requires Additional Assistance – Staff Use Only

Not Applicable

Review local [Youth Eligibility Policy](#) and specific all that apply:

Self-Attestation Statement: All the information provided on this document is true and accurate to the best of my knowledge. I understand that providing false information could lead to my immediate removal from the WIOA Youth program.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Only required when Youth applicant is under 18)

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Referring Agency Verification: I certify that the information on this form was provided by the individual(s) whose signature appears above.

Staff Name: _____ Organization: _____

Staff Signature: _____ Date: _____

WIOA Authorized Signature

Staff Name: _____ Organization: _____

Staff Signature: _____ Date: _____