

## OUT-OF-SCHOOL YOUTH

A proud partner of the American Job Center	ELIGIBILITY CHECKLIST							
Participant Name:		Agency Name:		Career Connect State ID#				
lote: Only one document required for each section. If applicable, the same document can be used for multiple sections.								
AUTHORIZATION TO WORK IN US								
<ul> <li>□ Birth Certificate with place of birth</li> <li>□ U.S. Social Security card (other than a card the indicates not valid for employment)</li> <li>□ Enhanced Driver's License/REAL ID</li> <li>□ Alien Registration card indicating Righ Work</li> <li>□ Baptismal Certificate with place of bir</li> <li>□ DD-214 with place of birth</li> <li>□ Foreign Passport stamped Eligible to verify Hospital Birth Record indicating US Citizenship</li> <li>□ U.S. Naturalization Certificate</li> </ul>	Self-Attestation requirements or □ E-Verify with do □ Certificate of U. t to or N-561) □ Consular Report th of Birth □ Certification of I work Dept. of State (H -1350) □ Permanent Resi	on How to Meet DACA utlined in DOL TEGL 02-14 ocumentation S. Citizenship (INS Form N-560 of Birth Abroad or Certificate Birth Abroad issued by the Form FS-240, FS-545 or Form DS dent Card or Alien Registration th photograph (INS Form I-151	stamp or a unexpired Unexpired Form I-68. Unexpired Document 1766) with Unexpired Unexpired Unexpired Form I-57. ID card for (INS Form	Employment Authorization t (INS Form I-688A or I-688B or or without photograph I Reentry Permit (INS Form I-327) I Refugee Travel Document (INS 1) r use of Resident Citizen in the U.S.				
AGE  □ Birth Certificate □ Baptismal Certificate with DOB □ DD-214/Report of Transfer or Discharge with DOB □ Standard Driver's License □ IL State ID or other Federal, State or Local Gov't issued ID □ Enhanced Driver's License/REAL ID □ Hospital Birth Record □ U.S. Passport □ Public Assistance/Social Service records □ School Records/Identification □ Court Records (showing DOB) □ Youth Only-Work Permits □ Workers Compensation Record with DOB	Selective Service Selective Service Selective Service Selective Service Selective Service Stamped Post Or Locally Approved Other approved  Social Security Car	Registration Record (form 3A)  ffice Receipt of Registration d Selective Service Waiver d document (see Career Connect):  AL SECURITY  rd (Must be signed)	Driv	residency  Indard Driver's License or Enhanced ver's License/REAL ID Itate ID or other Federal, State or all Gov't issued ID Id Stamp Award Letter/Public istance Records (current) Ineless-DHS Letter, Signed Applicant Itement or Shelter/Temp Residence Itement or Shelter/Temp Residence Itement or Shelter/Temp Residence Itement or Lease Itement or				

☐ Current Utility Bill w/Customer's Name ☐ Applicant statement/self attestation, in

☐ Other, Requires Partnership approval:

limited cases

Participant Name:		Agency Name:		Career Connect State ID#				
Note: Only one Scenario is needed to meet Out-of-School Youth Eligibility. One selection is required in each section, unless indicated.								
Applicant is not attending school: (as defined under State Law)  ☐ Self Attestation	Age: ☐ 16-24 years of age (see documentation above for age).		AND one of the following:  Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year's calendar quarter; OR In Foster Care or aged out of Foster Care; OR Homeless or Runaway; OR Individual with a Disability; OR Subject to juvenile or adult justice system; OR Pregnant or Parenting; OR					
	SCENAR	O 1: DOCUMENT VERIF	FICATION					
COMPULSORY SCHOOL ATTEN	☐ Court cont nal ☐ Court docu ☐ Medical Ca ☐ Verification of child	$\square$ Written statement from State/Local		HOMELESS/RUNAWAY  □ Written statement from shelter □ Written statement from an individual providing temporary assistance □ Written statement from Social Service agency-homeless shelter/runaway services □ Signed applicant statement				
INDIVIDUAL WITH A DISABI  □ Letter from drug or alcohol rehabition agency □ Medical Records □ Social Service records/Referral □ Physician's statement □ Rehabilitation evaluation records □ Individual Education Plan from sch □ Sheltered workshop certification □ Worker's Compensation Record □ Social Security Administration disarecords □ Veterans Administration Disability Determination letter/Records □ Vocational Rehabilitation Letter □ School Records □ Psychiatrist or Psychologist Diagnom Case Notes regarding observable condition by Case Manager	Police reco   Court Docu   Halfway ho   Letter of pa   Letter from   Applicant s   Iimited case   SC   Attendance   Applicant S	uments puse resident prole probation officer tatement/self attestation, i es  HOOL DROPOUT  tter Records	☐ Child's Bi☐ Hospital (☐ Medical (☐ Physician ☐ Referral f☐ School pr☐ School Re☐ Signed ap ☐ Public As records	's Statement from official agencies rogram for pregnant teens ecords oplicant statement sistance/Social Service es regarding observable				

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a delipant Name.	<b>J</b>		
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SCENA	RIO 2: HS GRADUATE, BSD or ELL & LOW-IN	ICOME	
High School Graduate	Basic Skills Deficient (BSD)	Low Income Qualifiers:	
□ Copy of secondary diploma or recognized equivalent □ Letter from Educational Institution verifying graduation and date of graduation □ HS Graduate or Equivalent WIOA Application (signed and dated)	Results from authorized assessment test School Records verifying applicant unable to take assessment test BSD Tool  OR  English Language Learner (ELL) Results from authorized assessment test WIOA Application (signed and dated) Case notes from Career Planner	Cash Welfare (TANF)  ☐ Food Stamps (SNAP) ☐ Living in a High Poverty Area  OR  Family Income Calculation ☐ Gross wages/Salary ☐ Unemployment Insurance ☐ Self-Employed Income ☐ Child Support ☐ Social Security Disability ☐ Pension ☐ Financial Support by Family Member ☐ Alimony ☐ Rental Income ☐ Insurance Annuities ☐ Applicant Statement ☐ Other income source not listed in	
		"Excluded Income"	
SCENARIO 3: H	S GRADUATE, LOW INCOME & REQUIRES A	DDITIONAL ASSISTANCE	
High School Graduate  Copy of secondary diploma or recognized equivalent  Letter from Educational Institution verifying graduation and date of graduation  HS Graduate or Equivalent WIOA Application (signed and dated)	Low Income Qualifiers:  Cash Welfare Food Stamps (SNAP) Living in a High Poverty Area OR Family Income Calculation Gross wages/Salary Unemployment Insurance Self-Employed Income Child Support Social Security Disability Pension Financial Support by Family Member Alimony Rental Income Insurance Annuities Applicant Statement Other income source not listed in "Excluded Income"	Additional Assistance Criteria:  English Language Learner Family member affected by violence* History of substance abuse* No work history* Parent and/or Legal Guardian has a history of incarceration and/or substance abuse* Reading and Math scores below grade level Residing in a Community of High Crime LINK: <a href="https://www.cityrating.com/crime-statistics/illinois/">https://www.cityrating.com/crime-statistics/illinois/</a> *Self Attestation can be used for Verification (also applies to Scenario 4 below)	
SCENAR	NO 4: 5% WINDOW ( <u>REQUIRES PARTNERSH</u>	IIP APPROVAL)	
High School Graduate  ☐ Copy of secondary diploma or recognized equivalent ☐ Letter from Educational Institution verifying graduation and date of graduation ☐ HS Graduate or Equivalent WIOA Application (signed and dated)	Income Calculation  ☐ Income Calculation showing over income  NOTE: Not more than 5% of youth individuals assisted under this section may be persons who would be covered individuals, except that the persons are not low-income individuals	Additional Assistance Criteria:  □ English Language Learner □ Family member affected by violence* □ History of substance abuse* □ No work history* □ Parent and/or Legal Guardian has a history of incarceration and/or substance abuse* □ Reading and Math scores below grade level □ Residing in a Community of High Crime LINK: https://www.cityrating.com/crime-statistics/illinois/	