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## Youth DET Contract Policy 1 – Youth Program Documentation for Program Eligibility

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### 1. Purpose

To provide the necessary guidance and policy for eligibility determination to staff who determine eligibility for enrollment into a Youth Program. This policy was created using WIOA Public Law 113-128, WIOA Final Regulations, appropriate TEGs, and existing DET policy.

### 2. Definitions

Many terms found within this policy are defined in the Definitions Section of the current Contractor's Procedures Guide or as they have been updated and disseminated.

### 3. Verification Requirements

All participants must be registered with a Jobseeker account in Delaware JobLink (DJL). Certain data elements entered during registration must be verified while others must be documented.

Verification and documentation are different.

Verification means to confirm eligibility requirements through examination of official documents: for example, social security card, birth certificates, or public assistance records.

Documentation means to maintain physical evidence, which is obtained during the verification process. Such evidence would be copies of documentation, and signed self-certification statements (with Contract Specialist's prior approval).

A participant must be determined eligible and documentation supporting eligibility must be uploaded in (DJL) consistent with General DET Policy 3 and 5. Once the enrollment for the participant is approved in DJL, they are considered enrolled and in the denominator for performance.

This policy contains a list of acceptable documents or methods for verifying and documenting each required eligibility factor. This list is attached as Attachment A. This list is extensive but not all inclusive. Before using a document or method to verify eligibility that is not included in this policy, approval must be obtained from your Contract Specialist. This policy also includes several attachments that are required forms for documenting eligibility.

All eligibility items are documented at the time of enrollment. While the Self-Certification Form may be allowed as documentation for some eligibility items, Contractors must obtain prior approval to use this form from the Contract Specialist. The one exception is when this form is used to document additional barriers.

### 4. General Eligibility

Eligibility factors described in this section are common to both In and Out of School Youth Programs. B-E must be documented. See Attachment A for the list of acceptable documentation.

#### A. Registered in DJL

Registration is the process of collecting information to support a determination of eligibility. This is complete when the participant or staff have completed all of the following demographic sections:

- Personal. This includes:
  - Social Security Number. Social Security Number is not required but is requested in order to obtain employment outcomes. If a participant does not want to provide their Social Security number, Attachment B will be completed.

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- Veteran Status. It is important that the client answers these questions accurately so they can benefit from applicable services/priority.
- Wounded Warrior Caregiver
- Migrant Worker
- Employment Status
- Eligibility to Work in the US
- Dislocated Worker
- Work Wanted
- Low Income (this does not include the Low Income Monetary Determination Section)
- Public Assistance Information
- Needs and Barriers
- Work Wanted. *For youth this should be the career goal of the youth at the time of enrollment.*

Staff will review the sections with participants and edit as appropriate during their first appointment with participant.

### Releases in Delaware JobLink:

- The Equal Opportunity Notification (found on the Enrollment Details screen under “EEO Printable Version” shall be reviewed with participant, signed, and placed in file.
- Delaware JobLink Authorization for the Release of Information (found on the Universal Screen under “Printable Client Releases”).
- The Provider may have additional releases unique to their program not found in DJL.

### B. Citizenship or Eligible to Work

A participant must be authorized to work in the United States to receive services. Participation in programs and activities or receiving funds shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States.

### C. Date of Birth (Age)

In School Youth	Out of School Youth
14-21 at the time of enrollment	16-24 at the time of enrollment

### D. Residency

Preference shall be given to Delaware residents. Exceptions to this are when:

- Participant lives in a town split by state boundaries (e.g. Delmar); or
- Participant lives in a bordering state\*; or
- Participant lives in another states and is collecting/exhausted Delaware Unemployment Insurance.

\*In-school youth shall be enrolled in a Delaware school.

### E. Selective Service Registrant

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Men born after December 31, 1959 must register with Selective Service within 30 days of their 18<sup>th</sup> birthday or at least before they reach the age of 26. This includes males who are:

- Citizens of the U.S.;
- Non-citizens, including illegal aliens, legal permanent residents, seasonal agricultural workers, and refugees, who take up residency in the U.S. before their 26<sup>th</sup> birthday; and/or
- Dual nationals of the U.S. and another country regardless of whether they live in the U.S.

For U.S. citizens, Selective Service registration is not required if the man falls within one of the following categories:

- Men who are serving in the military on full-time active duty;
- Men attending the service academies;
- Disabled men who are continually confined to a residence, hospital or institution; and/or
- Men who are hospitalized, institutionalized, or incarcerated are not required to register during their confinement; however, they must register within 30 days after being released if they have not yet reached their 26<sup>th</sup> birthday.

For non-U.S. citizens, Selective Service registration is not required if the man falls within one of the following categories:

- Non-U.S. male who came into this country for the first time after his 26<sup>th</sup> birthday.
- Non-U.S. male who entered the U.S. illegally after his 26<sup>th</sup> birthday.
- Non-U.S. male on a valid non-immigrant visa.

See Attachment C for a desk aid of who should register.

Any male who is between the ages of 18 and 26 and has not registered would be required to register prior to WIOA enrollment.

Any youth who turns 18 while enrolled in a program, shall be registered for Selective Services.

### **5. In School Youth**

In School Youth is defined as an individual who:

1. Meets the General Eligibility
2. Attends any school, including an alternative school, when that education leads to a State of Delaware High School Diploma;
3. Meets the definition of a low-income individual (WIOA enrollments only); and
4. Meets the definition of at least one (1) of the barriers.

#### Low Income (WIOA Enrollments Only)

One of the following criteria must be documented in order to be considered Low Income:

- i. 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 SNAP, TANF, SSI, Refugee Cash Assistance, or state funded General Assistance;
- ii. Is in a family with total family income that does not exceed the established income limits in relation to family size. This income chart takes the most recent poverty line or 70% of the

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lower living standard income level whichever is greater to establish income limits per family size. This chart can be found as Attachment D.

- iii. Is a homeless individual (as defined in the section 41403(6) of the Violence Against Women Act of 1994, or a homeless child or youth (as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act\*);
- iv. A foster child (as defined in the Definitions)\*;
- v. Is an individual with a disability whose own income meets the income requirements in ii, but who is a member of a family whose income does not meet this requirement\*;
- vi. If the youth's address is considered to be a high poverty area as found on [www.factfinder.census.gov](http://www.factfinder.census.gov). Visit this website for additional information on determining if a youth is living in a high poverty area.

\* Youth who meet these criteria for low income, are automatically eligible since these criteria are also a Barrier.

### Barrier

Meets the definition of at least one (1) of the following barriers:

- i. Basic Skills Deficient;
- ii. An English Language Learner;
- iii. An offender;
- iv. A homeless individual;
- v. A foster child;
- vi. Pregnant or parenting; or
- vii. An individual with a disability.

### **6. Out of School Youth**

Out of School Youth is defined as an individual who:

1. Meets the General Eligibility;
2. Not attending any school leading to a secondary school diploma; and
3. Meets the definition of at least one (1) of the following barriers:
  - i. A school dropout;
  - ii. Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter. A school year calendar quarter is defined as 45 days;
  - iii. Recipient of a secondary school diploma or its recognized equivalent who is a low-income individual (see Low Income under In School Youth) and is basic skills deficient or an English language learner;
  - iv. An offender;
  - v. A homeless or runaway youth;
  - vi. A foster child;
  - vii. Pregnant or parenting; or
  - viii. An individual with a disability.

7. **Attachment List**
  - A. List of Acceptable Documentation
  - B. Client Acknowledgement for no SSN
  - C. Selective Service Desk Aid
  - D. Income and Family Size Chart
  - E. Citizenship or Eligible to Work Form
  - F. Self –Certification Form
  - G. Statement of Family Size
  - H. Family Income Determination Worksheet

## List of Acceptable Documentation

The following is a list acceptable documents for each required eligibility factor. All documents must be current. This list is extensive but not all inclusive. Before using a document or method to verify eligibility that is not included in this policy, approval must be obtained from your Contract Specialist

<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
General Eligibility	Citizenship or Eligible to Work	Documents listed in accordance with the I-9 found at <a href="https://www.uscis.gov/i-9">https://www.uscis.gov/i-9</a> must be verified.  Attachment E shall be completed as documentation that items were verified.
	Age/Date of Birth	<ul style="list-style-type: none"> <li>• Driver's License</li> <li>• State or Federal ID</li> <li>• Birth Certificate</li> <li>• Baptismal record (if date of birth shown)</li> <li>• DD-214 or Report of Transfer or Discharge Paper</li> <li>• Passport</li> <li>• Hospital Record of birth</li> <li>• Public Assistance/Social Service Records</li> <li>• School Records/Identification Card</li> <li>• Work Permit</li> </ul>
	Residency	<ul style="list-style-type: none"> <li>• Driver's License or State ID</li> <li>• Utility Bill</li> <li>• Lease or Landlord Statement</li> <li>• Rent Receipt</li> <li>• Voter Registration Card</li> <li>• Public Assistance/Social Service Records</li> <li>• Document from a School / School District</li> </ul>
	Selective Service Registrant  Documentation should support registration or that Participant was not required to register	<ul style="list-style-type: none"> <li>• Internet Verification <a href="https://www.sss.gov/">https://www.sss.gov/</a></li> <li>• Selective Service Acknowledgement Letter</li> <li>• Selective Service Registration Card</li> <li>• Selective Service Verification Form (Form 3A)</li> <li>• DD-214, "Report of Separation"</li> <li>• Stamped Post Office Receipt of Registration</li> <li>• Selective Service Telephone Verification (847) 688-6888</li> <li>• Date of entry stamped on passport</li> <li>• I-94 with date of entry stamp</li> <li>• Letter from U.S. Citizenship and Immigration Services (USCIS) indicating the date the man entered the U.S.</li> <li>• Proof he was not living in the U.S. from 18-25 (for those who entered illegally after 26<sup>th</sup> birthday).</li> </ul>

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<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
Low Income	Public Assistance	<ul style="list-style-type: none"> <li>• Copy of authorization for assistance from Social Services/Social Security (SSI)</li> <li>• Copy of Public Assistance Check</li> <li>• SNAP Benefit Card</li> <li>• Medical Card or Public Assistance Card showing cash grant status</li> <li>• Public Assistance Records/Printout</li> <li>• Refugee Assistance Records</li> <li>• Email from DSS representative.</li> <li>• Other</li> </ul>
	Family Income (must also document family size-see next block)	<p>Family income and family size must be documented if the customer meets the definition of Low Income outlined in section 5 In School Youth, Low Income, ii or v. No other criteria in Low-income (e.g. SNAP recipient) requires the family income or size to be documented. When documenting income, the Statement of Family Size/Family Income (Attachment H) and the Income Verification sheet (Attachment I) shall be completed as well</p> <ul style="list-style-type: none"> <li>• Paystubs</li> <li>• Statement of Family Size/Family Income (Attachment G)</li> <li>• Bank statements</li> <li>• Alimony agreement</li> <li>• Award letter from Veterans Administration</li> <li>• Compensation award letter</li> <li>• Court award letter</li> <li>• Employer statement/contact</li> <li>• Farm or business financial records</li> <li>• Housing authority verification</li> <li>• Pension statement</li> <li>• Public assistance records</li> <li>• Quarterly estimated tax for self-employed persons (Schedule C)</li> <li>• Social Security Benefits</li> <li>• UI Documents and/or Printouts</li> <li>• Other</li> </ul>
	Family Size	<ul style="list-style-type: none"> <li>• Statement of Family Size/Family Income (Attachment G)</li> <li>• Disabled (family of one)</li> <li>• Foster Child (family of one)</li> </ul> <p>Most Recent Tax Return supported by IRS Documents (e.g., Form Letter 1711)</p>

<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
	Homeless	<ul style="list-style-type: none"> <li>• Written statement from an individual providing temporary residence</li> <li>• Written statement from shelter</li> <li>• Written statement from Social Service Agency</li> <li>• Self-Certification Form</li> <li>• Other</li> </ul>
	Foster Care	<ul style="list-style-type: none"> <li>• Written confirmation from the Department of Services for Children, Youth and their Families <a href="http://kids.delaware.gov/fs/fostercare.shtml">http://kids.delaware.gov/fs/fostercare.shtml</a></li> </ul>
	Individual with a Disability Must also document individual's income.	<ul style="list-style-type: none"> <li>• Letter/Document from Division of Vocational Rehabilitation</li> <li>• Letter/Document from Division for the Visually Impaired</li> <li>• Letter/Document from Veteran Administration</li> <li>• Letter/Document from Drug or Alcohol Rehabilitation Agency</li> <li>• Medical Records</li> <li>• Observable Condition in conjunction with (Self-Certification Form Needed)</li> <li>• Letter from Child Study Team stating Specific Disability</li> <li>• Physician's Statement</li> <li>• Psychiatrist's Diagnosis</li> <li>• Psychologist's Diagnosis</li> <li>• Rehabilitation Evaluation</li> <li>• Sheltered Workshop Certification</li> <li>• Social Service Records/Referral</li> <li>• Social Security Administration Disability Records</li> <li>• Signed Documentation from School Official</li> <li>• Workers Compensation Record</li> <li>• Other</li> </ul>
Youth Barriers	Basic Skills Deficient	<p>Assessments provided by the local education agency (e.g. Smarter Balance, PSAT, and SAT)</p> <p>Assessment approved by the National Reporting System</p> <p>Other Approved Assessment</p> <p>School Records</p> <p>Other (need Contract Specialist's approval prior)</p>
	Pregnant or Parenting	<p>Birth Certificate</p> <p>Hospital Record of Birth</p> <p>Physician's Note</p> <p>Referrals from Official Agencies</p> <p>School Program for Pregnant Teens</p> <p>School Records</p> <p>Statement from Social Service Agency</p> <p>Other (need Contract Specialist's approval prior)</p>

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<u>Eligibility Category</u>	<u>Eligibility Criteria</u>	<u>Acceptable Documentation</u>
	School Dropout or age of compulsory school attendance (16), but has not attended school	Attendance Record Documentation from school, district, or Department of Education (email accepted) Referral received from school, district, or Department of Education (email accepted) Other (need Contract Specialist's approval prior)
	Offender	Court Documents Halfway House Resident Letter from Probation Officer Police Records Other (need Contract Specialist's approval prior)
	Homeless, Runaway Youth	Written Statement from an Individual providing Temporary Residence Written Statement from Shelter Written Statement from Social Service Agency Self-Certification Form (with contract manager approval) Other (need contract manager's approval prior)
	Foster Child	Court Contact Court Documentation Medical Card Verification of Payment made on Behalf of the Child Written Statement from State/Local Agency Self-Certification Form (with contract manager approval) Other (need contract manager's approval prior)
	Disability	See Low Income, Individual with Disability
	Secondary School diploma or its recognized equivalent who is a low-income individual and is basic skills deficient	see Low Income and Basic Skills Deficient

I, \_\_\_\_\_ have opted to not provide my social security number. The program in which I am applying for uses social security numbers to report employment outcomes to the United States Department of Labor and the Delaware Workforce Development Board. I understand that my employment will not be reported in this manner and therefore I will provide the program staff with my employment information, including copies of paystubs when I obtain employment and as they are

requested, for no less than one year after I am no longer in the program. This is required in order for my employment outcomes and success to be reported and ensures that free youth programs continue to be available.

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Participant Signature

Date

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Parent/Guardian Signature (if youth under 18)

Date

**SELECTIVE SERVICE-WHO MUST REGISTER FOR?**

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.

<b>Category</b>	<b>Yes</b>	<b>No</b>
All male U.S. citizens born after December 31, 1959, who are 18 but not yet 26 years old, except as noted below:	X	
<b>Military Related</b>		
Members of the Armed Forces on active duty (active duty for training does not constitute "active duty" for registration purposes)		X*
Cadets and Midshipmen at Service Academies or Coast Guard Academy		X*
Cadets at the Merchant Marine Academy	X	
Students in Officer Procurement Programs at the Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&M University, Virginia Polytechnic Institute and State University		X*
National Guardsmen or Reservists not on active duty/Civil Air Patrol members	X	
Delayed Entry Program enlistees	X	
ROTC Students	X	
Separatees from Active Military Service, separated for any reason before age 26	X*	
Men rejected for enlistment for any reason before age 26	X	
<b>Immigrants**</b>		
Lawful non-immigrants on current non-immigrant visas. A complete list of acceptable documentation for exemption may be found at <a href="https://www.sss.gov/portals/0/pdfs/documentationlist.pdf">https://www.sss.gov/portals/0/pdfs/documentationlist.pdf</a>		X
Permanent resident immigrants (USCIS Form I-551)	X	
Seasonal agricultural workers (H-2A Visa)		X
Refugee, parolee, and asylee immigrants	X	
Undocumented immigrants	X	
Dual national U.S. citizens	X	
<b>Confined</b>		
Incarcerated, hospitalized, or institutionalized for medical reasons		X*
<b>Handicapped physically or mentally</b>		
Able to function in public with or without assistance	X	
Continually confined to a residence, hospital, or institution		X
<b>Transgender People</b>		
U.S. citizens or immigrants who are born male and have changed their gender to female	X	
Individuals who are born female and have changed their gender to male		X

\*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 25

\*\*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 or the Federated States of Micronesia, or Palau resides in the U.S. for more than one year in any status, except when the individual resides as an employee of the government of his homeland or as a student who entered the U.S. for purpose of full-time studies, as long as such person maintain that status.

The below chart should be used to determine if a youth is low income due to the total family income not exceeding the established income limits in relation to family size. This income chart takes the most recent poverty line or 70% of the lower living standard income level whichever is greater to establish income limits per family size.

This chart is subject to change as updates are received at least annually

Family Size	Maximum Income
1	\$12,140
2	\$16,460
3	\$21,162
4	\$26,126
5	\$30,835
6	\$36,063
Add for each additional family member	\$5,228

2018 South Metro

## Citizenship or Eligible to Work Form

## Attachment E

The following is a list of acceptable documents. All documents must be unexpired and originals (no copies). In order to document a participant's United States citizenship or eligibility to work in the United States, staff must verify one of the documents listed in List A or a combination of one document listed in List B with one document in List C.

This form is required to be completed and uploaded in Delaware JobLink to document citizenship or eligibility to work.

**Please circle the document(s) verified.**

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Staff Complete:**

I have reviewed the official documents circled in the lists above to verify participant is a citizen or eligible to work.

**Staff Signature:** \_\_\_\_\_

**Participant Complete:**

I have supplied these documents circled in the lists above to the Program in order to verify that I am a United States citizen or eligible to work in the United States.

**Participant Signature:** \_\_\_\_\_

**Self-Certification Form**

**Attachment F**

IDENTIFYING INFORMATION
Applicant's Name: _____
Item being Documented: _____

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE FOLLOWING INFORMATION IS TRUE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

\_\_\_\_\_  
APPLICANT'S SIGNATURE and DATE

\_\_\_\_\_  
APPLICANT'S PHONE NUMBER

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (as needed)

CERTIFICATION
I certify that the individual whose signature appears above provided the information recorded on this form.
Staff Signature/Date: _____
Supervisor or Reviewer Signature/Date: _____

## Statement of Family Size

**STATEMENT OF FAMILY SIZE**

IDENTIFYING INFORMATION			
Applicant's Name			
	Last	First	MI
Address			
PID:		Application Date:	

**To be completed by applicant with staff assistance**

For use in completing this form, the definitions of FAMILY and FAMILY INCOME can be found on the previous pages. Please provide information regarding the applicant's FAMILY as requested below.

FAMILY MEMBER'S NAME	RELATIONSHIP TO APPLICANT
Student	Self
Total Number in Family:	

If applicable, please complete the following information for FAMILY MEMBERS not currently residing in the applicant's residence (see instructions).

NAME	LOCATION	REASON

I attest to the best of my knowledge that the information above is true and correct.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

**CORROBORATING WITNESS** (cannot be family member listed above) – I attest to the best of my knowledge that the information is true and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

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**The following is guidance on how to complete the Statement of Family Size Form that follows**

*IDENTIFYING INFORMATION*

Please complete this block with the applicant's name, address, social security number, and application date.

*FAMILY MEMBERS NAME/RELATIONSHIP TO APPLICANT/FAMILY MEMBER INCOME*

- List the names of all FAMILY MEMBERS (including applicant) as defined by the family definition living in the applicant's residence on the date of registration/enrollment.
- Indicate the relationship of each FAMILY MEMBER to the applicant.
- Complete the block Total Number in Family.

*NAME/LOCATION/REASON*

- List the names of any FAMILY MEMBERS not currently residing in the applicant's residence.

This should include any FAMILY MEMBER who is not currently living in the residence but would be considered a part of the applicant's family. These absences may be due to temporary and voluntary residence elsewhere (e.g., attending school or college, or visiting relatives). It would not include involuntary temporary residence elsewhere (e.g., incarceration, or placement as a result of a court order). Members of the Armed Forces on extended temporary assignment elsewhere are considered to be assigned involuntarily and would not be considered as part of the applicant's FAMILY.

- Indicate the location of the absent family member.
- Indicate the reason for the absence. Include whether the absence is voluntary or involuntary and if it is temporary or permanent.

The applicant must sign and date the form.

A corroborating witness must sign and date the form attesting to the accuracy of the given information. The corroborating witness may not be a member of the family. However, the witness may live in or out of the residence, and may or may not be related to the applicant. **The witness must have verifiable knowledge of the applicant's FAMILY STATUS.**

The form must be completed in its entirety to establish eligibility.

**Income Verification Methods***Introduction*

This form needs to be completed when the youth was documented as being low income by meeting criteria ii or v in the Low income definition found in the policy under section 5 In School Youth, Low Income. When income is used to document low income status, the eligibility is based on the income of the family. Family income will be documented as described in herein. The verification of income is accomplished through the combination of three forms as follows:

- Statement of Family Size
- Family Income Worksheet
- Supporting Documentation (i.e. paystubs or Self Certification in extraordinary circumstances)

The Family Income Worksheet is used to summarize the family income for the family members entered on the Statement of Family Size. Family income is subject to the definitions of Family and Includable Family Income.

A separate section of the Family Income Worksheet will be completed for each applicant and family member over 15 years of age. When the individual has no income, “no income” should be written on the Annualized Total line. For family members with wages/salary, the form will be completed as specified, identifying, the periods of work, and the amount of income for the period. For individuals with other includable income, the type of income and amount of income will be provided.

Income is calculated for the six (6) month period prior to application. It is then doubled to obtain the individuals annual income. When this has been completed for all the family members, the individual family incomes are totaled to obtain the total annual family income. The total annual family income is then compared with the appropriate income table.

The form will also be used to document excludable income when it assists in verifying the support of the family.