

THE MISSISSIPPI PARTNERSHIP REQUEST FOR 5% EXCEPTION IN-SCHOOL GATEWAY PROGRAM

Youth Provider:	Date:
Staff Person:	

Please complete the following information and email (crackley@trpdd.com) or fax to the Fiscal Agent (662-489-0958) for consideration for approval to enroll an individual who is not considered low income by the WIOA.

You may not enroll anyone using the 5% Exception without written approval from the Fiscal Agent.

1. Applicant's Name:	
2. County:	
3. Family Size:	4. Family Annual Income:
5. Indicate the appropriate barrier category(ies): a. _____ Basic Skills Deficient b. _____ English Language Learner c. _____ Offender d. _____ Homeless or Runaway e. _____ Foster Child f. _____ Pregnant or Parenting g. _____ Youth with a Disability	
6. How would this youth benefit from participating in your WIOA Youth Program? _____ _____ _____ _____	