

## The Mississippi Partnership WIOA Youth Enrollment Checklist

**Name:** \_\_\_\_\_

First Name Middle Initial Last Name

**Date of Birth :** \_\_\_\_\_  
Month / Day / Year

WIOA Staff must ensure that each of the following Data Elements are documented in the participant's file. WIOA Staff should refer to the MS Partnership Youth Eligibility & Data Validation Policy & TEGL 23-19, Change 3 to determine acceptable documentation for each item.

Youth Enrollment Data Elements			
Participant Name & Age/Date of Birth	<input type="checkbox"/> Yes	SNAP	<input type="checkbox"/> Yes
Social Security Number	<input type="checkbox"/> Yes	Other Public Assistance <i>Such as General Assistance or Refugee (GA) or Cash Assistance (RCA)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Citizenship Status/Authorized to Work in the U.S.	<input type="checkbox"/> Yes	Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Selective Service Status	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Free/Reduced Lunch Recipient	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Low Income	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Youth Living in High Poverty Area	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		

Youth Barrier Data Elements				
Individual with a Disability	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		Foster Care Youth Status at Program Entry	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
School Status at Program Entry	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		Homeless or Runaway at Program Entry	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Pregnant or Parenting Youth	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		Ex-Offender Status at Program Entry	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Single Parent at Program Entry	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		English Language Learner	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Youth who Needs Additional Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		Basic Skills Deficiency	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

By signing below, I certify that all required documentation for this participant has been included:

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Manager/Reviewer Signature	Date
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Date \_\_\_\_\_

Verify that these Required Forms have been completed for this participant:	
<input type="checkbox"/> Release of Information (ISY Only)	<input type="checkbox"/> WIOA Attestation Form (if applicable)
<input type="checkbox"/> Acknowledgement Form	<input type="checkbox"/> Youth Objective Assessment Form
<input type="checkbox"/> Grievance Discrimination Form	<input type="checkbox"/> Youth ISS
<input type="checkbox"/> Grievance Non- Discrimination Form	<input type="checkbox"/> Proof of Attending School (ISY only)
<input type="checkbox"/> WIOA Family Size & Income Form	<input type="checkbox"/> 5% Low Income Approval (if applicable)
<input type="checkbox"/> WIOA Zero Income Form (if applicable)	