

The Mississippi Partnership WIOA Youth Enrollment Checklist

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 to determine acceptable documentation for each item.

Youth Enrollment Data Elements			
Participant Name & Age/Date of Birth	<input type="checkbox"/> Yes	Household Size & Income Status	<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
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Youth Living in High Poverty Area	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
SNAP	<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 _____

Date _____

Verify that these Required Forms have been completed for this participant:

<input type="checkbox"/> Release of Information (ISY Only)	<input type="checkbox"/> Attestation Form
<input type="checkbox"/> Basic Skills Screening Tool	<input type="checkbox"/> Youth & Career Coach Agreement
<input type="checkbox"/> Acknowledgement Form	<input type="checkbox"/> Youth ISS
<input type="checkbox"/> Grievance Discrimination Form	<input type="checkbox"/> Proof of Attending School (ISY only)
<input type="checkbox"/> Grievance Non- Discrimination Form	<input type="checkbox"/> 5% Low Income Approval (if applicable)