

## WIOA Youth Support Form

| Identifying Information |       |                       |                         |
|-------------------------|-------|-----------------------|-------------------------|
| Applicant's Name:       | _____ | Participant ID: _____ |                         |
| Last                    | First | MI                    |                         |
|                         |       |                       | Application Date: _____ |

**I HAVE HAD LITTLE OR NO INCOME OR I AM A MEMBER OF A FAMILY THAT HAS HAD LITTLE OR NO INCOME FOR THE 6-MONTH PERIOD PRIOR TO APPLICATION.**

1. What is your household's monthly grocery bill? \_\_\_\_\_  
 How does your household pay for this expense? \_\_\_\_\_

2. What are your household's monthly housing expenses (include rent and utilities)? \_\_\_\_\_  
 How does your household pay for this expense? \_\_\_\_\_

3. What are your household's monthly transportation expenses (car payment, gas, bus, etc.)? \_\_\_\_\_  
 How does your household pay for this expense? \_\_\_\_\_

4. What is the average monthly cost for clothing and shoes for your household? \_\_\_\_\_  
 How does your household pay for this expense? \_\_\_\_\_

5. What are your household's monthly entertainment expenses? \_\_\_\_\_  
 How does your household pay for this expense? \_\_\_\_\_

**If an individual is not living in a single residence with other family members, that individual is not a member of a family for the purpose of WIOA income calculations.**

20 CFR § 675.300 defines family as "two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (1) A married couple and dependent children; (2) A parent or guardian and dependent children; or (3) A married couple."

Circumstances where only the youth's income is considered in determining whether the youth satisfies WIOA income limits for the program. 20 CFR § 681.280 provides that:

- OSY with a disability: NOT REQUIRED TO BE LOW-INCOME** (20 CFR § 681.280) This includes all other OSY barriers other than the two barriers of OSY that are required to be low-income.
- ISY with a disability: My own income, rather than my family's income, must meet the low-income definition and not exceed the higher of the poverty line or 70 percent of the LLSIL.**

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 FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

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|                     |      |  |      |
|---------------------|------|--|------|
| Applicant Signature | Date | Parent/Guardian or Other Responsible Adult Signature | Date |
|---------------------|------|--|------|

|                        |      |
|------------------------|------|
| Case Manager Signature | Date |
|------------------------|------|