WIOA Youth Enrollment Checklist

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
State ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-School\_\_\_\_\_ Out-of-School\_\_\_\_\_

\*(ECM Index)

**Before 1st Appointment:**
\_\_\_\_\_ NEworks Registration

**1st Appointment:**

\_\_\_\_\_ General Profile update address/phone/e-mail address

\_\_\_\_\_ Start WIOA app immediately

\_\_\_\_\_ Add up 6 month income (double)

\_\_\_\_\_ WIOA Orientation/ Initial Assessment (case note)

\_\_\_\_\_ Overall Budget in NEworks

\_\_\_\_\_ NEworks Assessments: Job Skills, Personal Skills, Work Values

\_\_\_\_\_ Scan documents into ECM– start by creating new participant info sheet

\_\_\_\_\_ Plan of Action (case note)

**2nd Appointment:**

\_\_\_\_\_ Manager Approval (case note)

\_\_\_\_\_ Participation date

\_\_\_\_\_ Core services in enrollment table (401, 422, etc.) typically only open for a couple days at a time, document any you provide, must provide at least one

\_\_\_\_\_ WIOA App - print, sign, scan (WIA Application)

\_\_\_\_\_ Objective Assessment Summary (412) - print, sign, scan and close activity before starting a training activity or when participant signs (Assessments)

\_\_\_\_\_ IEP started (413) – start on DON individualized career service date- print, sign, scan and close activity before starting a training activity or when participant signs (Individual Employment Plan)

**Required E-Forms before participation:**

**Paper forms can be used in place of E-forms- Provide a case note justification if paper is used**

\_\_\_\_\_ Self-Attestation if needing proof without documentation (Self Attestation Statement)

\_\_\_\_\_ Release of UI information (Release of UI Information)

\_\_\_\_\_ US Citizen Attestation (US Citizenship Attestation Form)

\_\_\_\_\_ Equal Opportunity is the Law (EO is the Law)

\_\_\_\_\_ Release of Confidential Information (Release of Confidential Information) Not required only sign when needed

\_\_\_\_\_ Disability Self-Disclosure Statement & Reasonable Accommodation Request (Self Attestation) Paper only

**Before enrolling in OST:**

\_\_\_\_\_ FAFSA (Student Financial Aid)

\_\_\_\_\_ Casas or another approved test (add in assessment folder in NEworks and upload to ECM) (Assessments)

\_\_\_\_\_ COA (Training Budget Worksheet)

**Required E-Forms before enrolling into OST (after DON Training):**

\_\_\_\_\_ Student Orientation Agreement (Student Orientation Agreement) Paper only

\_\_\_\_\_ Release of Information (FERPA) (Release of Information FERPA) Paper only

\_\_\_\_\_ Memorandum for the Record (ITA Funds Agreement Memorandum for the Record)

\_\_\_\_\_ Approved Training Program in ECM (from ETPL list) (School Records)

\_\_\_\_\_ Demand Occupation in ECM (From H3 website) (Demand Occupation)

\_\_\_\_\_ Individual Training Account (signed soon after OST begins)

(WIOA Individual Training Account Voucher)

**NEworks Verification Documents**

Verify Social Security #: \_\_\_\_\_ Letter/Printout from Social Security Office (Selective Service Records)

 \_\_\_\_\_ Social Security Card (Social Security Card)

Verify Address: \_\_\_\_\_ Driver’s License (Driver’s License)

 \_\_\_\_\_ Food Stamp Award Letter (DHHS Documentation)

 \_\_\_\_\_ Lease / Landlord Statement (Lease/Rental Documents)

\_\_\_\_\_ Postmarked Mail Addressed to Applicant (Postmarked Mail)

\_\_\_\_\_ Utility Bill (Public/Private Agency Record)

Verify Date of Birth: \_\_\_\_\_ Birth Certificate (Birth Record)

 \_\_\_\_\_ Driver’s License(Driver’s License)

 \_\_\_\_\_ DD214 (DD-214)

 \_\_\_\_\_ Passport (Passport)

 \_\_\_\_\_ Federal, State or Local Government ID Card (Federal/State/Local Government ID)

Verify Selective Service: \_\_\_\_\_ [www.sss.gov](http://www.sss.gov) (Selective Service Records)

Verify Citizenship: \_\_\_\_\_ Birth Certificate (Birth Record)

 \_\_\_\_\_ Passport (Passport)

 \_\_\_\_\_ Driver’s License & SS Card (Driver’s License)

 \_\_\_\_\_ Alien Registration Card- Must run SAVE (Alien Registration Documents)

Verify Disability: \_\_\_\_\_ Medical Records (Medical Documents)

(if applicable) \_\_\_\_\_ Vocational Rehab Letter (Public/Private Agency Records)

\_\_\_\_\_ Social Security Administration Letter/Records (Social Security Benefits Doc) \_\_\_\_\_ Physician’s Statement (Medical Documents)

 \_\_\_\_\_ Veterans Administration Letter/Records (Military Documents)

Verify Military Service: \_\_\_\_\_ DD214 (DD-214)

(if applicable)

Verify Employment Info: \_\_\_\_\_ UI Records (UI Records)

 \_\_\_\_\_ Self-Attestation (Self Attestation Statement)

 \_\_\_\_\_ Pay Stubs (Employment Records)

Verify UI: \_\_\_\_\_ UI Records (UI Records)

Compulsory School Age: \_\_\_\_\_ School Records (School Records)

Verify School Status: \_\_\_\_\_ Self –Attestation (Self Attestation Statement)

 \_\_\_\_\_ School Record (School Records)

Verify TANF: \_\_\_\_\_ Copy of Public Assistance Record (Public Assistance Records)

(if applicable) \_\_\_\_\_ Copy of Medicaid Card showing Grant Status (Medical Documents)

 \_\_\_\_\_ Statement from Social Services Agency (Public/Private Agency Records)

Verify SSI: \_\_\_\_\_ Statement from Social Security (Social Security Benefits Document)

(if applicable)

Verify General Assistance: \_\_\_\_\_ Statement from Social Services Agency (Public/Private Agency Records)

(if applicable) \_\_\_\_\_ Medicaid Card showing Grant Status (Medical Documents)

 \_\_\_\_\_ Public Assistance Records/Printout (Public Assistance Records)

Verify Food Stamps (SNAP):\_\_\_\_ Current Food Stamp (SNAP) Receipt (DHHS Documentation)

(if applicable) \_\_\_\_\_ Food Stamp (SNAP) Letter (DHHS Documentation)

Verify Refugee: \_\_\_\_\_ Statement from Social Services (Public/Private Agency Records)

(if applicable) \_\_\_\_\_ Medicaid Card showing Grant Status (Medical Documents)

 \_\_\_\_\_ Public Assistance Records/Printout (Public Assistance Records)

Verify SSDI: \_\_\_\_\_ Statement from Social Services Agency (Public/Private Agency Records)

(if applicable) \_\_\_\_\_ Public Assistance Records/Printout (Public Assistance Records)

Youth in High Poverty Area:\_\_\_\_\_ Verified based upon address

(If applicable)

Foster Child: \_\_\_\_\_ Court documentation (Court Documents)

(If applicable) \_\_\_\_\_ Written statement from state/local agency (Public/Private Agency Records)

Receives Free/Reduced Lunch: \_\_\_ School document (School Records)

Basic Skills Deficient: \_\_\_\_\_ Copy of any generally accepted standardized test (Assessments)

(If applicable) \_\_\_\_\_ School records (School Records)

Verify Homeless: \_\_\_\_\_ Written Statement from Shelter (Public/Private Agency Records)

(if applicable) \_\_\_\_\_ Written statement from Social Service Agency (Public/Private Agency Records)

Verify Runaway \_\_\_\_\_ Written Statement from Shelter (Public/Private Agency Records)

(if applicable) \_\_\_\_\_ written statement from Social Service Agency (Public/Private Agency Records)

Foster Care Status \_\_\_\_\_ Written statement from Social Service Agency (Public/Private Agency Records)

(if applicable) \_\_\_\_\_ Court/Guardianship Documents (Court Documents)

Out-of Home Placement \_\_\_\_\_ Written Statement from Social Service Agency (Public/Private Agency Records)

(if applicable)

Section 477 SSA Eligible: \_\_\_\_\_ Written Statement from Social Service Agency (Public/Private Agency Records)

(if applicable)

Verify Offender: \_\_\_\_\_ Court Documents (Court Documents)

(if applicable) \_\_\_\_\_ Letter From Probation Officer (NDCS (Corrections) Documentation)

 \_\_\_\_\_ Police Records (Public/Private Agency Records)

 \_\_\_\_\_ Letter of Parole (NDCS (Corrections) Documentation)

Pregnant/Parenting Youth:\_\_\_\_\_ Physician’s Note (Medical Documents)

(If applicable) \_\_\_\_\_ Written Statement from Social Service Agency (Public/Private Agency Records)

 \_\_\_\_\_ Birth Certificate (Birth Record)

 \_\_\_\_\_ Hospital Record of Birth (Medical Records)

 \_\_\_\_\_ School Records (School Records)

Displaced Homemaker: \_\_\_\_\_ Applicant Statement (Self Attestation Statement)

 \_\_\_\_\_ Court Records (Court Documents)

 \_\_\_\_\_ Divorce Decree or Legal Separation (Court Documents)

Verify Family Size: \_\_\_\_\_ Social Security Cards of each family member (Social Security Card)

 \_\_\_\_\_ Public Assistance/ Social Service Agency records (Public Assistance Records)

Verify Annual Family Income:\_\_\_ Pay Stubs {If receiving SNAP disregard} (Paystubs)

\*Self-Attestation may be used in limited cases if you cannot acquire required documents.