WIOA Youth
Self Attestation Form

I, ________________________________ self attest that I meet the criteria for the
Eligibility element(s) checked below:

☐ Income

☐ Youth experiencing a disability (ADA Definition)

☐ Youth in or alumni of the foster care system

☐ Out-of-School Youth including dropout

☐ Homeless Individual and/or Runaway Youth

Where do you currently sleep/live?

________________________________________________________________________

☐ Youth Offender

☐ Youth with an incarcerated parent

☐ Alaska Native or American Indian Youth

☐ Pregnant or Parenting Youth

☐ Youth Who Needs Additional Assistance

☐ School Status at Participation: **In School**  ☐  **Out of school**  ☐

__________________________________________  __________________________
Participant Signature                              Date