



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