POLICIES AND PROCEDURES

POLICY TYPE:  WIOA Youth Additional Assistance
EFFECTIVE:  August 26, 2020
REVISED:

REFERENCES:
• 20 CFR 681.300, Requires Additional Assistance OSY
• 20 CFR 681.310, Requires Additional Assistance ISY
• Training and Employment Guidance Letter (TEGL) 21-16, WIOA Title 1 Youth Formula Program Guidance

PURPOSE:
To establish a policy to support the need for additional assistance in serving WIOA Out-of-School Youth (OSY) and In-School Youth (ISY) in Lane County.

BACKGROUND:
The Workforce Innovation and Opportunity Act (WIOA) allows for local areas to establish definitions and eligibility documentation requirements for these criteria, where the state board elects not to establish a policy. Policies established at the state or local level should be reasonable, quantifiable, and based on evidence that the specific characteristic of the youth identified in the policy objectively requires additional assistance.

POLICY
Lane Workforce Partnership defines “an individual who requires additional assistance to enter or complete an educational program or to secure or hold employment” as one of the documented following:

• Must be low-income (applies to both OSY and ISY);
• academic or behavioral problems as evidenced by their Individualized Educational Plan (IEP);
• lacking technical or vocational skills to secure employment or youth has never held a job or has not held a job for longer than three (3) consecutive months, or is currently unemployed and was terminated from a job within six (6) months of program application (OSY);
• Limited-English Proficient (LEP). Limited English Proficiency pertains to those youth who are not proficient in the English language, regardless of where they were born, their level of education, or their native culture;
• an emancipated youth;
• has been referred to or is being treated for a medical or substance abuse related problem;

• has experienced recent traumatic events, is a victim of abuse, or resides in an abusive environment as documented by a school official or professional;

• has a parent that is incarcerated;

• has a family history of chronic unemployment including long-term public assistance.

During the eligibility determination process, identification and verification of the criterion of the term “requires additional assistance to complete an educational program, or to secure and hold employment” will be accomplished through initial assessment of the individual.

Supportive documentation is required. Examples may include: telephone verification, written statement from an agency that is aware of the individual’s barrier(s), Applicant’s Statement, etc.

There is a 5% cap of total newly enrolled In-School Youth (ISY) in each program year using the “requires additional assistance”. Any service provider using the 5% “requires additional assistance” for ISY must first have Lane Workforce Partnership WIOA Youth Program Manager’s approval to ensure that the 5% cap has not been exceeded.
DEFINITIONS AND DOCUMENTATION FOR WORKFORCE & INNOVATION ACT (WIOA) YOUTH WHO REQUIRE ADDITIONAL ASSISTANCE TO COMPLETE EDUCATIONAL PROGRAMS OR TO SECURE AND HOLD EMPLOYMENT

NAME OF PARTICIPANT __________________________      PROGRAM __________________

☐ Must be low-income (applies to both OSY and ISY);

☐ academic or behavioral problems as evidenced by their Individualized Educational Plan (IEP);

☐ lacking technical or vocational skills to secure employment or youth has never held a job or has not held a job for longer than three (3) consecutive months, or is currently unemployed and was terminated from a job within six (6) months of program application (OSY);

☐ Limited-English Proficient (LEP). Limited English Proficiency pertains to those youth who are not proficient in the English language, regardless of where they were born, their level of education, or their native culture;

☐ an emancipated youth;

☐ has been referred to or is being treated for a medical or substance abuse related problem;

☐ has experienced recent traumatic events, is a victim of abuse, or resides in an abusive environment as documented by a school official or professional;

☐ has a parent that is incarcerated;

☐ has a family history of chronic unemployment including long-term public assistance.

I certify the above identified information constitutes a significant barrier towards successful completion of this participant’s educational program or to secure and hold employment. Additional Assistance can only be used in conjunction with another eligibility barrier.

PROVIDER SIGNATURE _______________________________    DATE ______________________