

Youth 5% Exception Review

County: _____

Youth: _____

Which 5% Barrier:

_____ Inschool: Our local area has identified additional assistance as: 1. An individual who lacks significant work experience; or is behind at least one grade level; or receives or is a member of a family that receives or is at risk of receiving public assistance (TANF/OWF/PRC/Food Stamps/ Medicaid); or a child living in out-of-home placement; or a youth that has a disability to include emotional dependency, behavioral disorder, psychological or physical, including those medicated; or a individual who requires additional financial assistance to complete an educational program or to secure and hold employment.

_____ Income: Up to five (5) percent of **in-school and out-of-school** youth participants served by youth programs in a local area may be individuals who would be covered individuals except that the persons **are not low-income**.

These local barriers are limited to 5% of the population and the area has decided that ANY youth enrolled into WIOA must be screened by the youth standing committee and accepted PRIOR to enrollment using this barrier. Documentation of this screening must be signed by the Area WDB Chair and maintained in the participant's file.

Area youth enrolled(use just YIS if 1st barrier; all if 2nd)

5% of above

_____ A

of Youth already in exemption

_____ B

(Provide a scanned hard copy of all above data)

of Youth that could be added to exemption

_____ A-B

Explain in detail the reason for the requested exemption in detail on one attached sheet.

Request for Review Submitted by:

Signed Name of WIOA Program Operator for County

Date