NEXTGEN PROGRAM
OUT-OF-SCHOOL (OSY) YOUTH
ELIGIBILITY CHECKLIST

** The NextGen Application is NOT an acceptable document to verify eligibility.

Applicant Name:	**Age:**	**Last 4 SSN:**

SCHOOL STATUS Applicant MUST be determined a WIOA Out-of-School Youth (OSY) to qualify for the NextGen Program.

☐ Documentation of School Status: _____

AGE Applicant MUST be age 16 to 24 at time of enrollment.

☐ Documentation of Age: _____

ELIGIBLE WIOA BARRIER VERIFICATION (Select One)
MUST have validation document(s) for AT LEAST ONE barrier:

○ Disabled   ● Dropout   ○ Foster Care <u>or</u> Aged Out of Foster Care   ○ Homeless

○ Offender   ○ Pregnant/Parenting   ○ Runaway <u>or</u> Out-of-home Placement

        Document(s): _____

○ HSD Recipient **+** BSD/ELL **+** Low-income

        HSD Recipient Document: _____   BSD/ELL Document: _____

○ Requires Additional Assistance qualifier based on the RAA Policy **+** Low-income

        RAA Policy <u>Qualification</u>: _____   Document: _____

☐ Low-income Documentation (if applicable): _____

ADDITIONAL ELIGIBILITY / INTAKE DOCUMENTS
All documents MUST be scanned into VOS clearly. Numbers, names, and images need to be visible.

☐ NextGen Application Completed, Signed & Dated

☐ Latest Grievance Form Signed   ☐ Selective Service Registration (Males 18+)

☐ GA Illegal Immigrant/Enforcement Act Affidavit Signed, Dated & Notarized (18+ years old)

☐ Picture Identification   ☐ Residency of County * Unless Homeless or Foster Care

☐ Date of Birth   ☐ Social Security Number

☐ Orientation Form Signed & Dated by Participant

I affirm that I have received the required NextGen Program eligibility documents for the above-named applicant. I have conducted eligibility certification and have validated that the information and documents are true and accurate. I assure that the documents will be uploaded to the WorkSource Georgia Portal (VOS) prior to providing WIOA services to the applicant.

The date below will serve as the Eligibility Date to be entered in VOS.

NGSP Staff Name (Print): _____

NGSP Staff Signature: _____   **Date:** _____