

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: _____
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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 or Aged Out of Foster Care
 ☐ Homeless
☐ Offender
 ☐ Pregnant/Parenting
 ☐ Runaway or 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 Qualification: _____ 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.

- | | |
|---|---|
| <input type="checkbox"/> NextGen Application Completed, Signed & Dated | |
| <input type="checkbox"/> Latest Grievance Form Signed | <input type="checkbox"/> Selective Service Registration (Males 18+) |
| <input type="checkbox"/> GA Illegal Immigrant/Enforcement Act Affidavit Signed, Dated & Notarized (18+ years old) | |
| <input type="checkbox"/> Picture Identification | <input type="checkbox"/> Residency of County * Unless Homeless or Foster Care |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> 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:** _____