

WIB of SWMO Youth Eligibility Policy

The Southwest Region WIB has established the locally defined eligibility criteria through collaboration with our WIOA Partners. Youth meeting this criteria will be referred to the Youth Program by our Partners (identified in Section 5A of Local Plan) along with any additional Community Agencies serving customers meeting this criteria. Documentation needed to establish eligibility will follow requirements set by the Missouri Division of Workforce Development (WIOA Youth Technical Assistance Guide).

WIOA section 129(a)(1)(B)(VII) OSY Locally Defined:

- At risk of drop out (letter from training provider official);
- No employment history (supported by Applicant Statement or UI Wage Data);
- Substance abuse; (Referring Partner Agency/Agency Statement or Applicant Statement)
- Lacks occupational goals/skills; (Referring Partner Agency/Agency Statement or Applicant Statement)
- Incarcerated parent(s); or (Referring Partner Agency/Agency Statement or Applicant Statement)
- Domestic violence (Referring Partner Agency/Agency Statement or Applicant Statement)
- Migrant youth (Referring Partner Agency/Agency Statement or Applicant Statement)
- Limited English proficiency (Referring Partner Agency/Agency Statement or Applicant Statement)
- Chronic health conditions (Referring Partner Agency/Agency Statement or Applicant Statement)

WIOA section 129(a)(1)(C)(VII) ISY Locally Defined:

- At risk of drop out (letter from school official);
- No employment history (supported by Applicant Statement or UI Wage Data);
- Behavioral problems at school; (letter from school official)
- Substance abuse; (Referring Partner Agency/Agency Statement or Applicant Statement)
- Lacks occupational goals/skills; (Referring Partner Agency/Agency Statement or Applicant Statement)
- Incarcerated parent(s); or (Referring Partner Agency/Agency Statement or Applicant Statement)
- Domestic violence (Referring Partner Agency/Agency Statement or Applicant Statement)
- Migrant youth (Referring Partner Agency/Agency Statement or Applicant Statement)
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- Chronic health conditions (Referring Partner Agency/Agency Statement or Applicant Statement)