

# THE MISSISSIPPI PARTNERSHIP ADULT PRIORITY OF SERVICE FORM

*This form must be completed for each WIOA Adult Participant who is requesting WIOA Individualized Career Services and/or Training Services from The Mississippi Partnership. A new Priority of Service Form should be completed for each participation period that the participant is enrolled.*

**Name:** \_\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

**Indicate the individual's Priority of Service Group:**

- Statutory Priority Group (Check the appropriate category)**
  - Veteran or Eligible Spouse
  - Recipient of Public Assistance
  - Low-Income Individual
  - Individual who is basic skills deficient (See Basic Skills Deficient Policy for further explanation)
  
- Additional Priority Group (Check the appropriate category)**
  - Individuals with significant barriers to employment (including substance abuse)
  - Eligible Migrant and Seasonal Farmworkers
  - Offenders
  - Homeless Individuals
  - Individuals facing substantial cultural barriers or who are English Language Learners
  - Individuals with a disability who are not otherwise included in one of the Statutory Priority Groups
  - Single Parents (included single pregnant women and non-custodial parents)
  - Foster Children or Aged Out of Foster Care young adults
  - Individuals aged 55 or older
  
- Not in a Priority Group**

Priority must be provided in the following order:

1. First, to veterans and eligible spouses who are also included in the groups given Statutory Priority Groups for WIOA adult formula funds. (This means that veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient would receive first priority for services provided with WIOA adult formula funds.)
2. Second, to non-covered persons who are included in the Statutory Priority Groups for WIOA adult formula funds.
3. Third, to veterans and eligible spouses who are not included in the Statutory Priority Groups.
4. Lastly, to non-covered persons outside the groups given priority under WIOA.
5. Lastly, to non-covered persons outside the Statutory Priority and Additional Priority Groups listed above.

*(Non-covered persons means individuals who are not veterans or eligible spouses)*

**Signature of Staff Person:**

**Date**