

THE MISSISSIPPI PARTNERSHIP REQUEST FOR 5% EXCEPTION IN-SCHOOL GATEWAY PROGRAM

Youth Provider:	Date:
Staff Person:	

Please complete the following information and email (crackley@trpdd.com) or fax to the Fiscal Agent (662-489-0958) for consideration for approval to enroll an individual who is not considered low income by the WIOA.

You may not enroll anyone using the 5% Exception without written approval from the Fiscal Agent.

1. Participant's Name:	
2. Participant's Last 4 of SSN:	3. County:
4. Family Size:	5. Family Annual Income:
6. Indicate the appropriate barrier category(ies): a. _____ Basic Skills Deficient b. _____ English Language Learner c. _____ Offender d. _____ Homeless or Runaway e. _____ Foster Child f. _____ Pregnant or Parenting g. _____ Youth with a Disability	
7. How would this youth benefit from participating in your WIOA Youth Program? <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	