

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

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| 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.

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| 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? <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> | |