

The Mississippi Partnership Youth Program Self-Attestation Form

First Name	Middle Initial	Last Name
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Individuals entering the WIOA Youth Program may self-attest certain eligibility elements in extreme circumstances when “hard” documentation is not readily available. Check the appropriate boxes to indicate the items that are being self-attested.

<input type="checkbox"/> Social Security Number: _____			
<input type="checkbox"/> Family Size			
Family Member Name	Relationship to Applicant	Family Member Name	Relationship to Applicant
<input type="checkbox"/> Family Household Income			
Family Member Name	Gross Income	Family Member Name	Gross Income
<input type="checkbox"/> School Status at Program Entry (mark appropriate response)			
<input type="checkbox"/> In School, H.S. or Less		<input type="checkbox"/> Not Attending School, High School Dropout	
<input type="checkbox"/> In School, Alternative School		<input type="checkbox"/> Not Attending School, High School Graduate or has HSE/GED	
<input type="checkbox"/> In School, College		<input type="checkbox"/> Not Attending School, within compulsory attendance age	
<input type="checkbox"/> Homeless/Runaway Youth: I lack a fixed, regular, adequate night time residence or I am under 18 years old and am a runaway youth.			
<input type="checkbox"/> Offender: I am an offender.			
<input type="checkbox"/> Pregnant or Parenting: I am currently pregnant or am currently parenting a child.			
Self-Attestation Statement: <i>I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from the WIOA Gateway Program and/or penalties as specified by law. If documentation of the above items become available I will provide the documentation to the WIOA Gateway Program.</i>			
Participant Signature: _____		Date: _____	
Parent or Guardian Signature: _____		Date: _____	
<i>If required</i>			
Staff Verification Statement: <i>I certify that the individual whose signature appears above provided the information on this recorded form.</i>			
WIOA Provider Signature: _____		Date: _____	