# Youth Requiring Additional Assistance Form[[1]](#footnote-1)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ require additional assistance to enter or complete an education program, or to secure and hold employment, because:

* I am one or more grade levels behind in school.
* I have been suspended from school in the past three months.
* I have a diploma but need additional education or training.
* I have not held a full-time job (30+ hours per week) for more than six months.
* I have poor or no work history.
* I have been fired from a job in the last six calendar months.
* I lack work readiness skills necessary to obtain and retain employment.
* I am being raised by someone other than a biological parent.
* I am the child of a parent offender.
* I am a youth at-risk of court involvement.
* I have a gang affiliation.
* I am a refugee / immigrant.
* I currently use, or have used in the past, illegal substances.
* I have a family history of chronic unemployment.
* I reside in an area of high unemployment or crime.
* I am a victim or witness of domestic violence or other abuse.
* I am the child of a veteran of the U.S. Armed Forces.
* I have dropped out of a post-secondary education program within the past 12 months.
* I do not have a clear occupational or educational foal.
* I am a first generation high school student.[[2]](#footnote-2)

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Applicant Signature Date

Additional comments:

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Career Planner Signature Date

1. Form adapted from Southwest Wisconsin Workforce Development Board's Youth Barrier Verification for WIOA Service form. [↑](#footnote-ref-1)
2. List must be adapted to reflect each local area's policy on Youth Requiring Additional Assistance and/or language in the WDA's Local Plan #17(a) and (b). [↑](#footnote-ref-2)