
GST MICHIGAN WORKS! POLICY 15-19

TO: Chief Executive of SubRecipients and Agency Staff

FROM: Jody Kerbyson, CEO

SUBJECT: Youth Programs Locally Defined “Requires Additional Assistance”

EFFECTIVE: October 1, 2015

PROGRAM: Workforce Innovation and Opportunity Act (WIOA) Youth programs

REFERENCES: Workforce Innovation and Opportunity Act (WIOA) Manual

BACKGROUND: A low income youth who needs additional assistance is a person between the ages of 14 and 24 and requires additional assistance to complete an education program or to secure and hold employment. Local areas are to define “requires additional assistance” criterion.

POLICY: In efforts to assist youth who are most “at risk” the following criteria is being adopted as the local definition of “Youth who require additional assistance”. Youth must have been determined low income and have one “at risk factor” from the listing below to be eligible for the youth program.

Youth (At Risk Factors)

- Have repeated at least one secondary grade level one year over age for their grade;
- Have a core grade point average of less than 1.5;
- For each year of secondary education, are at least two semester credits behind the rate required to graduate from high school;
- Have been suspended five or more times, or have been expelled;
- Have court/agency referrals mandating school attendance;
- Are deemed at risk of dropping out of school by a school official;
- Have attended post-secondary training and was unsuccessful in completing it due to academic, financial or personal reasons;
- Have been referred to or are being treated by an agency for a substance abuse related problem;

- Have experienced recent traumatic events (Examples: death of a parent, a parent incarcerated, been removed from place of residency, victim of abuse, or reside in an abusive environment).
- Have a physical/mental/learning limitation that prohibits an individual from working in certain occupations;
- Have never held a job (OSY- 18 yrs. old and up);
- Have been fired from job within the 12 months prior to application (OSY- 18 yrs. old and up);
- Have never held a full-time job for more than 13 consecutive weeks (OSY- 18 yrs. old and up); .

(For ISY, Requires Additional Assistance only limited to 5%. No limit for OSY.)

Source documentation

Source documentation of the above “at risk factors” can be verified by a school official, physician, partnering agency or self attestation and will be included in the participant’s file.

ACTION: GST Michigan Works! Service Providers and Agency Staff shall take the appropriate actions necessary to implement the directives of this policy issuance. Service Providers officials shall ensure the information contained in this policy is disseminated to all appropriate staff.

INQUIRES: Questions regarding this policy issuance should be directed to Angela Libkie 810-233-5974 Ext. 102 or JulAnn Kuenzli 989-635-3561 Ext. 230

SIGNED: Jody Kerbyson, CEO 10/1/15
 Jody Kerbyson, CEO Date

Attachment



REQUIRES ADDITIONAL ASSISTANCE

The individual identified below is applying for job training assistance through GST Michigan Works! This individual is requiring additional assistance to complete an educational program or to secure or hold employment. This individual has barriers to employment that makes the youth at risk of being successful in the labor market.

Name of Applicant _____

Self-Attestation: I certify that I require additional assistance in order to complete an educational program or to secure or hold employment due to the following situation.

I have attended post-secondary training and was unsuccessful in completing it due to academic, financial or personal reasons.

I have been referred to or am being treated for a substance abuse related problem.

I have experienced a recent traumatic event in my family. _____
(Example: the death of a parent, a parent has been incarcerated, been a victim of abuse, been removed from my place of residency or other situation that affects my ability to focus on employment).

I have a physical/mental/learning limitation that has not been formally documented with a physician or agency that prevents me from working in certain occupations

Other _____

Out of School Only (18 yrs +)

I have no work experience (I have never had a job).

I have been fired from a job within the last year.

I have never held a full time job for more than one year and lack the job readiness skills to find employment on my own.

_____/_____/_____
Signature of Applicant Date