SCW Self-Attestation Form (Adult/DW/EcSA)

Applicant Information

Name:		WID #:	
Address:	City:	State:	Zip:

Self-Attested Information: *Only complete the questions for which self-attestation is being used as the source documentation for a program data element.*

1. Have you been subject to any stage of the criminal justice process for committing a status offense or delinquent act? ☐ **YES** ☐ **NO**
2. Do you have a disability that impacts any of your major life activities? ☐ **YES** ☐ **NO**
3. Are you experiencing housing instability, homelessness, or do not have a fixed, regular, or adequate residence? ☐ **YES** ☐ **NO**
4. Are you currently a single mother or father to a child with or without custody, or are you currently pregnant and will be raising your child without a partner or co-parent? ☐ **YES** ☐ **NO**
5. Are you a member of a low-income household?
   - ☐ **Yes, one or more of the following applies to me (Check all the apply)**
     - ☐ If within the last 6 months, you have received or are receiving, or is a member of a family that is receiving or has received in the past 6 months:
       - ☐ Receiving Supplemental Nutrition Assistance Program (SNAP)
       - ☐ Receiving Temporary Assistance for Needy Family (TANF)
       - ☐ Supplemental Security Income (SSI)
       - ☐ Social Security Disability Insurance (SSDI)
       - ☐ State or local income-based public assistance
     - ☐ Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level
     - ☐ Is an individual who receives, or is eligible to receive a free or reduced price lunch
     - ☐ Is a foster child on behalf of whom State or local government payments are made
     - ☐ Is a participant with a disability whose own income does not exceed the higher of the poverty line or 70% of the lower living standard income level but who is a member of a family whose income does not meet the requirement
     - ☐ Is a homeless participant or a homeless Youth or Runaway Youth
     - ☐ Youth living in a high-poverty area
   - ☐ **No, I am not a member of a low-income household**
6. **Education Information:**
   a. Highest School Grade Completed?
      - ☐ None
      - ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
      - ☐ 5th ☐ 6th ☐ 7th ☐ 8th
      - ☐ 9th ☐ 10th ☐ 11th ☐ 12th

   b. Levels of Education (Select all levels of education you have completed)
      - ☐ None Apply
      - ☐ Completion of a High School Individualized Education Program (IEP)
      - ☐ High School Equivalency
      - ☐ High School Diploma
      - ☐ 1+ years of College
      - ☐ Postsecondary certification, license, or educational certificate (non-degree)
      - ☐ Associate's Degree
      - ☐ Bachelor's Degree
      - ☐ Degree Beyond Bachelor's

   c. Are you currently in school? ☐ **YES** ☐ **NO**
      i. If **Yes – In school,** what level of schooling are you in?

☐ High School, its equivalent, or under

☐ College, vocational training, or certificate program

d. Are you attending an alternative high school, or are you engaged in an alternative course of high school study? ☐ **YES** ☐ **NO**

e. Have you dropped out of school? ☐ **YES** ☐ **NO**

f. Have you attended the most recent complete school year calendar quarter? ☐ **YES** ☐ **NO**

7. Do any of the following apply to you? (Check all that apply)

☐ English Language Learner

☐ Homeless or Runaway Youth

☐ Foster Care Youth Status

☐ Migrant and Seasonal Farmworker (MSFW) Overnight

☐ Eligible Veteran Status

☐ Displaced Homemaker *Note: A displaced homemaker is an individual who was dependent on the income of another family member but is no longer supported by that income **AND** is unemployed **OR** underemployed and is experiencing difficulty in obtaining or upgrading employment*

☐ Long-Term Unemployed (Unemployed for 27 or more consecutive weeks)

8. **Dislocated Worker:** Do any of the following dislocated worker characteristics apply? (Check all that apply)

☐ Have you been terminated, laid off, or received notice of termination or layoff? (DW Categories 1 and 2)

☐ Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5)

☐ Were you unable to continue employment due to your spouse's permanent change of military station, or did you lose employment as a result of your spouse's discharge from the military? (DW Category 6)

☐ Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3)

☐ Was determined eligible for Unemployment Compensation but has exhausted all benefits including extended supplemental benefit rights

Employment Information

	Dislocation Information	**Current Employment Information**
Date	Separation Date (if known):	Start Date:
Job Title		
Business Name		
Address		
City, State, Zip		

Self-Attestation Statement: *to be completed by applicant if needed/as needed*

Participation Certification

I certify that the information provided in this document is true and accurate to the best of my knowledge and belief. I understand that this information is subject to verification and that misrepresentation or incomplete information may be grounds for termination from any program or penalties as specified by law.

Participant Signature

X Date:

Staff Verification

I certify that the individual whose signature appears above provided the information recorded on this form.

Staff Signature

X Date: