



WIA Youth 5% Window Enrollment Request

Applicant Name:            Applicant CTHires User ID#:

Priority of Service Factors (check all that apply):

- Basic Skills Deficient            Reading Score:            Math Score:
- Offender/Ex-Offender/linked with juvenile justice system
- English Language Learner (please specify 1<sup>st</sup> language): \_\_\_\_\_

Special Assistance Categories (check all that apply):

- Youth of color who is a child of a single parent
- Youth of color who is a child of parents without postsecondary education
- Young victim of violence/assault or exposed to violence/assault
- Young male of color

WIOA Youth Staff Name:

Supervisor Name:

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CWP review

Total WIOA Youth enrollment to date \_\_\_\_\_            5% window enrollment to date \_\_\_\_\_

CWP determination:    Criteria are met \_\_\_\_\_            Approved \_\_\_\_\_            Denied \_\_\_\_\_

CWP signature: \_\_\_\_\_            Date: \_\_\_\_\_