



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 1st 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: _____