

ATTACHMENT J

[Commonwealth of Massachusetts Agency Official Letterhead]

This letter certifies that _____,
(Print Name of Child)

is currently in the care/custody of the Commonwealth of Massachusetts Executive Office of Health and Human Service Agency whose letterhead appears above. As the signatory I, a duly authorized agency staff person attest that I have examined agency records pertaining to the above name child on: _____ the purpose of which is to verify personal information of the above named youth pertinent to a determination of eligibility for the provision of services under the Workforce Investment Act of 1998. The results of that examination are provided below.

Results of Documentation Examination		
Date of Birth: _____		
Is a citizen or legal alien of the United States	Yes	No
Is a supported foster child on behalf of whom State or local government payments are made <i>(youth meeting the definition of foster child are automatically eligible)</i>	Yes	No
Is a juvenile justice committed youth in custody of the DYS <i>(youth meeting the definition of juvenile justice youth can have their own income considered for purposed of eligibility)</i>	Yes	No

The Department understands the provision of this information shall be intended solely for the purposes of verifying information pertaining to the eligibility determination for the provision of youth services under Title I (B) (§129) of the Workforce Investment Act of 1998.

NOTE: *For any youth not eligible as a foster youth, income must be verified separately.*

Please direct any questions regarding this information to:

**Authorized Agency
Representative
Area Office Address
Telephone Number**

Authorized Signature: _____ Date: _____

Print Name: _____

Print Title: _____