

ATTACHMENT J4

Department of Youth Services

[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, **Department of Youth Services**. As the signatory I, a duly authorized agency staff person attest that I have examined agency records pertaining to the above named 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 and/or the American Recovery Reinvestment Act of 2009. 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 juvenile justice detained/committed youth in physical custody of the DYS (youth meeting the definition of juvenile justice youth can have their own income considered for purposes of eligibility)	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:

Any youth who is living at home at the time of enrollment will have their family income considered for the purposes of eligibility determination.

Any youth who is in physical custody (24 hours substitute care) at the time of enrollment will have their own income considered for the purposes of eligibility determination.

Please direct any questions regarding this information to:

Case Manager	
Area Office Address	
Telephone Number	

Authorized Signature: _____ Date: _____

Print Name: _____

Print Title: _____