

Determination of WIA Dependent Status Checklist

If the answer of any of the below categories is "yes," the individual is considered to be independent of his/her parent(s) or guardian(s).

*Support as it relates to dependent includes food, clothing, shelter, utilities, education, medical and dental care, recreation, and transportation; as well as cash public assistance and food assistance.

<input checked="" type="checkbox"/>	Required Documentation	YES	NO	Documentation & comments on file
<input type="checkbox"/>	Are you 24 or older?			
<input type="checkbox"/>	Do you provide more than 50% of your own support ?			
<input type="checkbox"/>	Are you married? (Answer "yes" if you are separated but not divorced)			
<input type="checkbox"/>	Do you have children who receive more than half of their support * from you?			
<input type="checkbox"/>	Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support * from you?			
<input type="checkbox"/>	Do you live in your own residence or in a residence without support * from parents or guardians?			
<input type="checkbox"/>	Are you currently serving on active duty in the U.S. armed forces for purposes other than training? (If you are a National Guard or Reserve enlistee, are you on active duty for other than state or training purposes?)			
<input type="checkbox"/>	Are you a veteran of the U.S. armed forces?			

By signing this document, you attest that all information provided is true and valid.

 Signature of Applicant Date

 Signature of Parent or Guardian** Date

**Parent/guardian signature required only if the applicant is in dependent status.