

WIOA TITLE I-B DISLOCATED WORKER PROGRAM ELIGIBILITY CHECKLIST

The Workforce Innovation and Opportunity Act (WIOA) Title I-B Dislocated Worker (DW) Program has been developed to assist Local Workforce Development Boards (LWDBs), service providers and staff in collecting the information necessary to verify the DW eligibility criteria. To receive services through the DW program, the individual must meet eligibility under any of the categories listed below.

- **DO NOT** upload documents into the system of record if the Social Security Number (SSN) is listed - service provider staff/case manager, enter a note as visually verified. Documents containing a partial (last 4 digits of the) SSN may be uploaded.
- All medical and disability documentation /information **MUST** be kept in a sealed confidential envelope separate from the files of eligible applicants, registrants, and participants.
- **Any Personally Identifiable Information (PII) must be stored properly and handled with extreme care!**
- When self-attestation is listed as one of the acceptable methods of verification, case managers should attempt to obtain the other documents first but may use self-attestation when it is most appropriate for the participant under the current circumstances (e.g., obtaining documents is burdensome to the participant.) When it is being used for medical or disability purposes, use “generic language.”

There is no Age limit!

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<p>SOCIAL SECURITY NUMBER</p> <p>N/A</p>	<p>Provision of an SSN is not an eligibility requirement. If the SSN is not provided, follow the policy to collect and enter supplemental wage data into the system of record as the system can't match wages without the SSN.</p> <p>DO NOT upload documents containing the full SSN into the system of record. If a document with an SSN must be uploaded, the first five digits must be redacted.</p> <p>Career advisors must add a case note in the system of record with reference to what type of document was visually verified.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> DD-214 (if name and SSN is shown) <input type="checkbox"/> Social Security benefits letter/notice (if name and SSN is shown) <input type="checkbox"/> Social Security card issued by SSA <input type="checkbox"/> Unemployment Insurance records (GUIDE 01 screen, wage statement) <input type="checkbox"/> Pay stub (if name and SSN is shown) <input type="checkbox"/> W-2 (if name and SSN is shown)

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<p>CITIZENSHIP OR EMPLOYMENT ELIGIBILITY</p> <p>Documentation MUST be in file</p>	<p>Verification documents as listed on the USCIS Form I-9</p> <ul style="list-style-type: none"> • One verification source from list A on I-9. • One verification source from list B AND one verification source from list C of I-9. 	N/A	<p>Staff MUST review the source documentation from the USCIS Form I-9 as listed on the second line to the left, and may use some of the following documents as listed on the I-9:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Tribal Records <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident card (provided that is not expired)
<p>SELECTIVE SERVICE STATUS <i>(Males born on or after January 1, 1960)</i></p> <p>Documentation MUST be in file</p>	<p>Section 189 (h) of WIOA requires that all male persons receiving any assistance or benefits under this title follow Selective Service Registration requirements, under the Military Selective Service Act (MSSA), if otherwise eligible.</p>	<p>WIOA Section 189(h) 20 CFR § 683.225 TEGL 11-11 Change 2</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Telephone verification (1-847-688-6888) <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Selective Service registration record (Form 3A) <input type="checkbox"/> Stamped post office receipt of registration <input type="checkbox"/> Internet print out verification from www.sss.gov <input type="checkbox"/> Selective Service registration card <input type="checkbox"/> Selective Service Status Information/advisory opinion letter <input type="checkbox"/> Locally Approved Selective Service Waiver (for males who did not register - "Status Information Letter" and written self-attestation as listed on TEGL 11-11 Change 2 for details)
	<p>For non-U.S. citizens male who came into this country for the first time after his 26th birthday.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Date of entry stamp in his passport <input type="checkbox"/> I-94 with date of entry stamp on it <input type="checkbox"/> Letter from the U.S. Citizenship and Immigration Services (USCIS) indicating the date the man entered the United States presented in conjunction with documentation establishing the individual's age <input type="checkbox"/> Non-U.S. male who entered the U.S. illegally after his 26th birthday. He must provide proof that he was not living in the U.S. from age 18 through 25 <input type="checkbox"/> Non-U.S. male on a valid non-immigrant visa <p>The Selective Service System also provides a quick reference chart showing who must register located at this link.</p>

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<p>ELIGIBLE VETERAN STATUS OR ELIGIBLE SPOUSE OF A VETERAN</p> <p>Documentation MUST be in file</p> <p>N/A</p>			<p><input type="checkbox"/> DD-214</p> <p><input type="checkbox"/> Cross Match with Veterans data</p> <p>Spouse of a veteran:</p> <p><input type="checkbox"/> Cross Match with Veterans data</p> <p><input type="checkbox"/> Military document (ID, other DD form indicating dependent spouse)</p> <p><input type="checkbox"/> Documentation such as DD-214, indicating status of veteran that meets the requirement for “spouse of a veteran.”</p>
<p>PELL GRANT</p> <p>Documentation MUST be in file</p>	<p>Proof of application required ONLY if the participant is seeking assistance for postsecondary education.</p>	<p>20 CFR § 680.230</p>	<p>Proof of application required ONLY if the participant is seeking assistance for postsecondary education:</p> <p><input type="checkbox"/> Copy of Pell grant check</p> <p><input type="checkbox"/> Letter from school indicating Pell grant eligibility</p> <p><input type="checkbox"/> Student aid report, indicating Pell grant eligibility information</p>

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<p>CATEGORY I – General Dislocation</p>	<p><i>One document from each item 1, 2a OR 2b, AND 3 is required:</i></p>		
<p>Laid off/terminated (or received notice of layoff/termination), eligible/exhausted unemployment, and unlikely to return to previous industry/occupation.</p>	<p>1. An individual, including recently separated U.S. veterans within 48 months after discharge or release from active duty, who has been terminated or laid off, or has received a notice of termination or layoff from employment.</p>	<p>WIOA § 3(15)(A)(iii) 20 CFR § 680.660</p>	<p>1</p> <ul style="list-style-type: none"> <input type="checkbox"/> DD-214, showing the individual was “separated” from active military duty under conditions other than dishonorable <input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22) <input type="checkbox"/> Military orders <input type="checkbox"/> Veterans Administration letter or records <input type="checkbox"/> Worker Adjustment and Retraining Notification Act (WARN) notice <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> Layoff letter from the employer or union representative letter or statement (if this information is obtained via telephone, staff must identify the company name, name of the whom you spoke with, job title of individual you spoke with, and layoff information, to include date of dislocation and job classification) <input type="checkbox"/> Self-attestation (must include layoff information such as date of dislocation, company information, and job classification)

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	<p>AND</p> <p>2a. Is eligible for or exhausted entitlement to unemployment compensation.</p> <p>OR</p> <p>2b. Has been employed for a duration sufficient to demonstrate attachment to the workforce (determined on a case-by case basis by the LWDA), but is not eligible for unemployment compensation due to insufficient earning or having performed services for an employer that was not covered under state unemployment compensation law.</p> <p>AND</p> <p>3. Is unlikely to return to a previous industry or occupation.</p>		<p>2a or 2b</p> <ul style="list-style-type: none"> <input type="checkbox"/> UI records, including continued claim form (GUIDE 07 screen) <input type="checkbox"/> Verification of UI eligibility by UI office <input type="checkbox"/> DD-214, showing the individual was “separated” from active military duty under conditions other than dishonorable <input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22) <input type="checkbox"/> Military orders <input type="checkbox"/> Paycheck stubs <input type="checkbox"/> W-2 and/or tax returns <input type="checkbox"/> Statement by the employer or union representative (if this information is obtained via telephone, staff must identify the company name, name of the whom you spoke with, job title of individual you spoke with, and layoff information, to include date of dislocation and job classification) <input type="checkbox"/> Self-attestation (must include layoff information such as date of dislocation, company information, and job classification) <p>3</p> <ul style="list-style-type: none"> <input type="checkbox"/> Labor market information that shows zero or negative growth rate for the industry or occupation <input type="checkbox"/> Employment Service confirms that in the previous sixty days there was a lack of job order for the occupation to qualified job seekers <input type="checkbox"/> The local Chamber of Commerce, Economic Development representative, or other credible sources of regional economic information confirms that occupation or industry has shown a significant employment decline in the local labor market area <input type="checkbox"/> Notice that a plant closure or substantial layoff, within the labor market area in the same industry or occupation, has occurred in the last six months or TAA eligibility documents

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	<p>OR</p> <p>3. Is employed at a facility at which the employer has made a general announcement that such facility will close.</p> <p>(If this is selected, the individual may be eligible for services not including training, individualized career, and supportive services)</p>	<p>WIOA §Section 3(15)(B)(i)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> WARN notice that meets the definition of a closing or substantial layoff at a plant, facility or enterprise <input type="checkbox"/> Statement by the employer or union representative (if this information is obtained via telephone, staff must identify the company name, name of the whom you spoke with, job title of individual you spoke with, and layoff information, to include date of dislocation and job classification) <input type="checkbox"/> Self-attestation (must include layoff information such as date of dislocation, company information, and job classification)
<p>CATEGORY III – Self Employed Dislocation (Element 802)</p>			
<p>Previously self-employed, but unemployed due to economic conditions or natural disasters.</p>	<p>1. Was self-employed, including employment as an independent contractor, small business owner, farmer, rancher, fisherman or gig worker.</p> <p>BUT</p> <p>2. Is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disaster.</p>	<p>WIOA §Section 3 (15)(C)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bankruptcy documents listing both the name of the business and applicant’s name <input type="checkbox"/> Business license/Permit <input type="checkbox"/> Completed Federal Income Tax Return (Schedule SE) for the most recent tax year <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> Copy of Articles of Incorporation for the business listing the applicant as a principal <input type="checkbox"/> Self-attestation (must include layoff information such as date of dislocation, company information, and job classification)

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CATEGORY IV – Displaced Homemaker (Element 807)	<i>Must qualify under 1 OR 1a and meet the conditions under 2</i>		
	<p>The term “displaced homemaker” means an individual who has been providing unpaid services to family members in the home and who:</p> <ol style="list-style-type: none"> Has been dependent on the income of another family member but is no longer supported by that income. <p>AND</p> <ol style="list-style-type: none"> Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. <p>OR</p> <ol style="list-style-type: none"> <ol style="list-style-type: none"> Is the dependent spouse of a member of the Armed Forces on active duty, whose family income is significantly reduced because of a deployment, or a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; <p>AND</p> <ol style="list-style-type: none"> Is unemployed or underemployed and experiencing difficulty finding or upgrading employment. 	<p>WIOA § 3(16)</p> <p>WIOA § 3(16)(A)(i)</p> <p>WIOA § 3(16)(A)(ii)</p> <p>WIOA § 3(16)(A)(ii)</p>	<p>1 and 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation (must include layoff information such as date of dislocation, company information, and job classification) <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Crossmatch with Public Assistance Records <input type="checkbox"/> Copy of Spouse's Layoff Notice <input type="checkbox"/> Copy of Spouse's Death Record <input type="checkbox"/> Copy of Spouse's Permanent Change of Station (PCS) Orders (for a military move or assignment) <input type="checkbox"/> Copy of Divorce Records <input type="checkbox"/> Copy of Applicable Court Records <input type="checkbox"/> Copy of Bank Records (showing financial dependence on spouse, no separate individual income support, or no employment income earned) <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Signed Individual Employment Plan

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<p>CATEGORY V – Dislocated Spouse of Active-Duty Member of the Armed Forces</p>	<p>The individual is the spouse of an active-duty member of the Armed Forces and meets either criteria below:</p>		
	<p>1. Has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such members. Active duty is defined in section 101(d)(1) of title 10, United States Code (U.S.C).</p> <p>OR</p> <p>2. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p>	<p>Title 10 of U.S. Code Section 101(d)(1) Title 10 of U.S. Code Section 991(b) Title 10 of U.S. Code Section 101(a)(13)(B) Title 38 U.S Code Section 101(16)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> DD-214, showing the individual was “separated” from active military duty under conditions other than dishonorable <input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22) <input type="checkbox"/> Military orders <input type="checkbox"/> Veterans Administration letter or records <input type="checkbox"/> Worker Adjustment and Retraining Notification Act (WARN) notice <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> Employer or union representative letter or statement <input type="checkbox"/> Self-attestation (must include layoff information such as date of dislocation, company information, and job classification) <input type="checkbox"/> DD-214 or other documentation certifying a service-connected death or disability <input type="checkbox"/> Self-certification stating the family income has been reduced due to deployment, call or order to active duty, permanent change in station, or the service-connected death or disability of the member