

WIOA TITLE IB

ELIGIBILITY AND VERIFICATION CHECKLIST

CRITERIA	ACCEPTABLE VERIFICATION AND DOCUMENTATION (Only one document from this column per eligibility criterion is required, unless otherwise stated*)	YOUTH	ADULT	DW
SOCIAL SECURITY NUMBER Validation <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 <input type="checkbox"/> Letter from social services agency <input type="checkbox"/> U.S. passport <input type="checkbox"/> Social Security benefits letter/notice <input type="checkbox"/> Social Security card issued by SSA <input type="checkbox"/> Unemployment Insurance records <input type="checkbox"/> Pay stub <input type="checkbox"/> W-2	X	X	X
DATE OF BIRTH/AGE VERIFICATION Validation <input type="checkbox"/> Documentation <u>MUST</u> be in file	<input type="checkbox"/> Baptismal record (if date of birth is shown) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Certificate of Release or Discharge from Active Duty (DD-214), <input type="checkbox"/> Driver's license/state ID <input type="checkbox"/> Federal, state or local government ID card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service agency records <input type="checkbox"/> School records/identification card <input type="checkbox"/> Tribal records <input type="checkbox"/> Work permit <input type="checkbox"/> Cross match with Dept. of Vital Statistics Adults/DW/DWG Exiters who received self-services only: <input type="checkbox"/> WIOA Applicant Statement w/ corroborating witness signature is acceptable documentation. Adults/DW/DWG Exiters who received staff-assisted basic career services only (not individualized career or training services): <input type="checkbox"/> Hard or electronic case notes which reflect that the client has shown proof of age, and should include, for example, the driver's license number or other uniquely identifiable information of the document is acceptable documentation.	X	X	X
ADDRESS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A Documentation must show current address.	<input type="checkbox"/> WIOA Applicant Statement with corroborating witness signature <input type="checkbox"/> Computer print-out from government agency <input type="checkbox"/> Public assistance award letter <input type="checkbox"/> Homeless - primary nighttime residence <input type="checkbox"/> Housing authority verification <input type="checkbox"/> Insurance policy (residence & auto) <input type="checkbox"/> Landlord statement <input type="checkbox"/> Residential lease agreement	X	X	X

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	<input type="checkbox"/> Letter from social service agency or school <input type="checkbox"/> Library card <input type="checkbox"/> Medicaid/Medicare card <input type="checkbox"/> Phone directory <input type="checkbox"/> Postmarked mail addressed to applicant <input type="checkbox"/> Property tax record <input type="checkbox"/> Public assistance records <input type="checkbox"/> Rent receipt <input type="checkbox"/> School identification card <input type="checkbox"/> Selective Service registration card <input type="checkbox"/> Utility bill <input type="checkbox"/> Voter registration card <input type="checkbox"/> Driver's license/state ID			
CITIZENSHIP OR ELIGIBLE TO WORK <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A All documents must be unexpired.	<input type="checkbox"/> Baptismal certificate the indicates birthplace <input type="checkbox"/> One verification source from List A on I-9 form (http://www.uscis.gov/sites/default/files/files/form/i-9.pdf) <input type="checkbox"/> One verification source from List B AND one verification source from List C (http://www.uscis.gov/sites/default/files/files/form/i-9.pdf) <input type="checkbox"/> DD214 <input type="checkbox"/> Day-care or nursery school record	X	X	X
SELECTIVE SERVICE STATUS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Telephone verification (1-847-688-6888) <input type="checkbox"/> DD-214 <input type="checkbox"/> Selective Service registration record (Form 3A) <input type="checkbox"/> Selective Service verification form <input type="checkbox"/> Stamped post office receipt of registration <input type="checkbox"/> Internet www.sss.gov <input type="checkbox"/> Selective Service registration card <input type="checkbox"/> Selective Service advisory opinion letter <input type="checkbox"/> Selective Service registration w/WIOA <input type="checkbox"/> Exempted based on Selective Service guidance <input type="checkbox"/> Not Applicable	X	X	X
INDIVIDUALS WITH DISABILITIES <input type="checkbox"/> Documentation <u>MUST</u> be in file when an individual claims they have a disability. <input type="checkbox"/> N/A	<input type="checkbox"/> Letter from drug or alcohol rehabilitation agency <input type="checkbox"/> Medical records <input type="checkbox"/> Physician's statement <input type="checkbox"/> Psychiatrist's statement <input type="checkbox"/> Psychologist's diagnosis <input type="checkbox"/> Rehabilitation evaluation	X	X	X

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	<input type="checkbox"/> School records <input type="checkbox"/> Sheltered workshop certification <input type="checkbox"/> Social Security Administration disability records <input type="checkbox"/> Social service records/referral <input type="checkbox"/> Veteran's Administration letter/records <input type="checkbox"/> Vocational rehabilitation letter <input type="checkbox"/> Workers' compensation record			
VETERAN STATUS OR SPOUSE OF A VETERAN <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 <input type="checkbox"/> Cross Match with veterans data Spouse of a veteran: <input type="checkbox"/> Cross Match with veterans data <input type="checkbox"/> Military document (ID, other DD Form) indicating dependent spouse <input type="checkbox"/> Documentation (such as DD214) that indicates status of veteran that meets the requirement for "spouse of a veteran." Adults/DW/DWG exiters who received only basic career services (not individualized career or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> AJC case notes	X	X	X
EMPLOYMENT STATUS AT PARTICIPATION <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Pay stub <input type="checkbox"/> Case notes showing information collected from participant Adults/DW/DWG exiters who received only core services (not intensive or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> AJC case notes	X	X	X
UI COMPENSATION PROGRAMS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> UI Records (benefit history, wage, record, letter)	X	X	X
PELL GRANT <input type="checkbox"/> Documentation <u>MUST</u> be in file	<input type="checkbox"/> Copy of check <input type="checkbox"/> Letter from school <input type="checkbox"/> Student aid report	X	X	X

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<input type="checkbox"/> N/A				
HOMELESS INDIVIDUAL OR RUNAWAY YOUTH <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Written statement from a shelter or social service agency <input type="checkbox"/> Written statement from an individual providing temporary residence <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant)	X	X	X
OFFENDER <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Documentation from Juvenile or Adult Criminal Justice System <input type="checkbox"/> Documentation phone call with court representatives <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant)	X	X	X
INDIVIDUAL STATUS/FAMILY SIZE <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Court decree <input type="checkbox"/> Divorce decree <input type="checkbox"/> Disabled (Family of 1) <input type="checkbox"/> Landlord statement <input type="checkbox"/> Lease (if family size is given) <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Public assistance/social service agency records <input type="checkbox"/> Public housing authority (if resident or on waiting list) <input type="checkbox"/> Written statement from publicly supported 24-hour facility <input type="checkbox"/> Social Security card issued by SSA <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> Birth certificates <input type="checkbox"/> Most recent tax return	X	X	
INDIVIDUAL/FAMILY INCOME Validation <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Alimony agreement <input type="checkbox"/> Award letter from Veterans Administration <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Court award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Housing authority verification <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension/annuity statement <input type="checkbox"/> Public assistance records <input type="checkbox"/> Quarterly estimated tax for self-employed persons <input type="checkbox"/> Social Security benefits <input type="checkbox"/> UI documents and/or printout <input type="checkbox"/> Bank statements	X (when income determination is required by policy)	X	

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	<input type="checkbox"/> WIOA Applicant Statement w/ corroborating witness signature Adults exiters who received only basic career services (not individualized or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/ corroborating witness signature <input type="checkbox"/> AJC case notes			
TEMPORARY ASSISTANCE TO NEEDY FAMILILES (TANF) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Cross-match with TANF public assistance records Individual applying must be listed on current grant. Adults/DW/DWG exiters who received only basic career services (not individualized career or training services): <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> AJC case notes	X	X	
OTHER PUBLIC ASSISTANCE RECIPIENT OR LOW-INCOME STATUS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A A. General Assistance - state/local government B. Refugee Cash Assistance (RCA) C. Supplemental Nutrition Assistance Program (SNAP) D. Supplemental Security Income (SSI/SSA Title XVI) E. High-Poverty Area Note: Does not include foster care	The applicant is receiving or has received cash assistance or other support services from the following sources (items A-D) in the last six months prior to participation in the program and must be listed on current grant or show dates of eligibility for benefits or lives in a high poverty area. A. General Assistance <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Agency award letter <input type="checkbox"/> Cross-match with public assistance database B. Refugee Cash Assistance <input type="checkbox"/> Refugee assistance records/printout <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Agency award letter	X	X	

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payments.	<p>C. Nutrition Assistance (formerly Food Stamp Program)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tribal commodity program records/printout <input type="checkbox"/> Public assistance records/printouts <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Agency award letter <p>Individual applying must be listed on current grant or show dates of eligibility within previous 6 months for benefits.</p> <p>D. Supplemental Security Income</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Agency award letter <input type="checkbox"/> Cross-match with public assistance database <p>Adults/DW/DWG exiters who received only basic career services (not individualized career or training services):</p> <ul style="list-style-type: none"> <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> AJC case notes <p>E. High-Poverty Area (for individuals in WIOA Youth program)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Printout from U.S. Census Bureau using the youth's address at http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t 			

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PREGNANT OR PARENTING YOUTH <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Child's baptismal record <input type="checkbox"/> Case notes regarding observable condition <input type="checkbox"/> Child's birth certificate <input type="checkbox"/> Doctor's note confirming pregnancy <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature	X		
YOUTH WHO NEED ADDITIONAL ASSISTANCE <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Case notes <input type="checkbox"/> Individual Service Strategy <input type="checkbox"/> See LWDA policy and plan <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant)	X		
EDUCATION STATUS AT TIME OF PARTICIPATION <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<p style="text-align: center;"><u>Enrolled at time of participation</u></p> <input type="checkbox"/> School transcripts <input type="checkbox"/> Attendance records <input type="checkbox"/> School documentation <p style="text-align: center;"><u>Out of School at time of participation</u></p> <input type="checkbox"/> High School Equivalency (HSE) diploma <input type="checkbox"/> High School diploma <input type="checkbox"/> Dropout letter <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant) <input type="checkbox"/> State MIS	X		
BASIC SKILLS DEFICIENCY <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> School records <input type="checkbox"/> Standardized assessment test <input type="checkbox"/> Case notes	X		
DISPLACED HOMEMAKER <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A See definition of displaced homemaker at WIOA Section 3 (16)	<input type="checkbox"/> Bank records <input type="checkbox"/> Court records <input type="checkbox"/> Divorce decree <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Spouse's layoff notice <input type="checkbox"/> Spouse's death certificate <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature DW/DWG exiters who received only basic career services (not individualized career or training services): <input type="checkbox"/> State MIS			X

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	<input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> AJC Case Notes			
DATE OF DISLOCATION <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Notice of layoff <input type="checkbox"/> Public announcement with follow-up cross-match with UI System <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Verification from employer <input type="checkbox"/> Applicant Statement w/corroborating witness signature			X
DISLOCATED WORKER (CATEGORY I)* <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A A. 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; AND <ol style="list-style-type: none"> 1. Is eligible for or has exhausted entitlement to Unemployment Insurance (UI) compensation, OR 2. 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 	<i>*One document each from item A, A (1) or A (2), and A (3) is required.</i> <u>A</u> <input type="checkbox"/> DD-214 <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 <u>A (1) or A (2)</u> <input type="checkbox"/> UI records, including continued claim form <input type="checkbox"/> Verification of UI eligibility by UI office <input type="checkbox"/> DD-214 <input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22) <input type="checkbox"/> Military orders <input type="checkbox"/> Pay check stubs <input type="checkbox"/> W-2 and/or tax returns <input type="checkbox"/> Statement by the employer or union representative <input type="checkbox"/> WIOA Applicant Statement <u>A (3)</u> <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 <input type="checkbox"/> WIOA Applicant Statement, stating that the individual has been actively seeking, but unable to find employment in their previous industry or occupation for a period of ninety days or more			X

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<p>having performed services for an employer that was not covered under state unemployment compensation law; AND</p> <p>3. Is unlikely to return to a previous industry or occupation.</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"/> Documentation from an employer or WIOA Applicant Statement stating the individual was laid off from their job due to lack of certification for the job from which they were laid off. 			

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