

# WIOA ADULT ELIGIBILITY VERIFICATION RECORD

Applicant Name \_\_\_\_\_

| Eligibility item   | Verification Source  | Result  |
|--|--|---|
| <b>Social Security Number</b>                              | If applicant refuses to provide SS#, notify Managing Director.   | # _____   |
| <b>US Citizen or otherwise Eligible to work in the U.S</b> | <input type="checkbox"/> I-9 Documentation<br><input type="checkbox"/> Self-Attestation Form   | <input type="checkbox"/> From List A _____<br>OR<br><input type="checkbox"/> From List B _____<br>And List C _____  |
| <b>Age</b>   | <input type="checkbox"/> Driver's License<br><input type="checkbox"/> Baptismal Record<br><input type="checkbox"/> Birth certificate or hospital record of birth<br><input type="checkbox"/> DD-214 (Report of Transfer or Discharge)<br><input type="checkbox"/> Federal, State, Local or Tribal ID Card<br><input type="checkbox"/> US Passport<br><input type="checkbox"/> Public Assistance/Social Service Records                                     | <input type="checkbox"/> School Records or ID Cards<br><input type="checkbox"/> Work permit<br><input type="checkbox"/> Justice System Records<br><input type="checkbox"/> Selective Service Registration<br><input type="checkbox"/> Medical Records<br><input type="checkbox"/> Tribal Records<br><input type="checkbox"/> Self-Attestation |
| <b>Selective Service</b>                                   | <input type="checkbox"/> Selective Service Acknowledgment Letter<br><input type="checkbox"/> Form DD 214 (Report of Separation)<br><input type="checkbox"/> Screen Printout of verification site <a href="http://www.sss.gov">www.sss.gov</a><br><input type="checkbox"/> Selective Service Registration Card<br><input type="checkbox"/> Selective Service Verification (Form 3A)<br><input type="checkbox"/> Stamped Post Office Receipt of Registration | <b>Registration Number:</b> _____   |

## ADULT PRIORITY VERIFICATION RECORD

| Priority item   | Verification Source   | Result                |
|---|---|-----------------------|
| <b>Low Income/ Public Assistance Recipient</b>  | <input type="checkbox"/> Employer Statement/Contact<br><input type="checkbox"/> Public Assistance Records (REQUIRED IF RECEIVING)<br><input type="checkbox"/> Free or Reduced Lunch Program<br><input type="checkbox"/> Self-Attestation / WIOA Signed Application<br><input type="checkbox"/> Other: _____<br><br>See WorkSource System Policy 1019 (Latest Change) for additional documentation sources | <b>INC</b> <b>EXC</b> |
| <b>Individual with disability (may be considered a family of one)</b>                                       | <input type="checkbox"/> Individual Employment Plan (IEP) or School 504 records<br><input type="checkbox"/> Assessment Test Results<br><input type="checkbox"/> Self-Attestation / WIOA Signed Application  |                       |
| <b>Basic Skills Deficient</b>   | <input type="checkbox"/> CASAS assessment results: _____  |                       |
| <b>English Language Learner</b>   | <input type="checkbox"/> Assessment Test Results _____<br><input type="checkbox"/> Applicable Records from Education Institution (transcripts, or other school documentation)<br><input type="checkbox"/> Intake Application, Enrollment Form, or ISS<br><input type="checkbox"/> Case Notes<br><input type="checkbox"/> Self-Attestation   |                       |
| <b>Veteran</b><br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Eligible Spouse of a Veteran | <input type="checkbox"/> DD214<br><input type="checkbox"/> Other verification _____   |                       |

Priority Level \_\_\_\_\_     
  Underemployed (Not Self-Sufficient)

|   |   |
|---|---|
| Applicant is: <input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible<br><br>Application is complete, reasonable and internally consistent.<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Determined by: _____ Date _____<br>(staff member signature)<br><br>Reviewed by: _____ Date _____<br>(manager or designee signature) |
|---|---|