

## ADULT ELIGIBILITY VERIFICATION RECORD

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

Determination is correct:

Application is complete, reasonable and internally consistent.

Yes\_\_ No\_\_

Yes\_\_ No\_\_ Signature \_\_\_\_\_

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

## ADULT PRIORITY VERIFICATION RECORD

Priority item	Verification Source	Result
Low Income/ Public Assistance Recipient	<input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Public Assistance Records (REQUIRED IF RECEIVING) <input type="checkbox"/> Free or Reduced Lunch Program <input type="checkbox"/> Self-Attestation / WIOA Signed Application <input type="checkbox"/> Other: _____  See WorkSource System Policy 1019 Rev 4 for additional documentation sources	INC                      EXC
Individual with disability (may be considered a family of one)	<input type="checkbox"/> Individual Employment Plan (IEP) <input type="checkbox"/> Case Notes <input type="checkbox"/> WIOA Registration Form <input type="checkbox"/> State MIS <input type="checkbox"/> Self-Attestation / WIOA Signed Application	
Basic Skills Deficient or ELL	<input type="checkbox"/> School Records <input type="checkbox"/> Standardized Test _____ <input type="checkbox"/> Case Notes	
Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Eligible Spouse of a Veteran	<input type="checkbox"/> DD214 <input type="checkbox"/> Other verification _____	

Priority Level \_\_\_\_\_

Underemployed (Not Self-Sufficient)