

REQUIRED VERIFICATION DOCUMENTS (RVD) ELIGIBILITY CHECKLIST

**WIOA Adult and Dislocated Worker
GENERAL ELIGIBILITY**

Circle the document used for verification in each applicable category and retain a photocopy on file.

ELIGIBILITY CRITERIA (All items on this page must be verified)	ACCEPTABLE DOCUMENTATION (Only one document from this column per eligibility criteria is required)
	Attach completed Form I-9 to certification packet
<p>RIGHT TO WORK</p> <p>Must have either one document from List A (Documents that establish identity and employment eligibility)</p> <p>_____</p> <p>Document #</p> <p>_____</p> <p>Alien Registration #</p> <p align="center">OR</p> <p>Or one document from List B (Documents that establish identity)</p> <p>_____</p> <p>Document #</p> <p align="center">And</p> <p>One document List C (Documents that establish employment eligibility)</p>	<p align="center">List A Documents – one required</p> <p><input type="checkbox"/> U.S. Passport or U.S. Passport Card</p> <p><input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p><input type="checkbox"/> Unexpired foreign passport with a temporary I-551 stamp</p> <p><input type="checkbox"/> Unexpired Employment Authorization Document that contains a photograph (Form I-766)</p> <p><input type="checkbox"/> Unexpired foreign passport with unexpired Arrival-Departure Record, Form I-94 w/endorsement of alien’s non-immigrant status, if status authorizes the alien to work for the employer.</p> <p><input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association</p> <p align="center">List B Documents – (one required plus one from List C) (The following documents must be current and not expired)</p> <p><input type="checkbox"/> Driver’s license or ID card (issued by federal, state or local government agencies or entities provided it contains photograph, or information such as name, date of birth, gender, height, eye color and address)</p> <p><input type="checkbox"/> School ID with a photograph</p> <p><input type="checkbox"/> Voter’s Registration Card</p> <p><input type="checkbox"/> U.S. Military card or draft record</p> <p><input type="checkbox"/> Military dependent’s ID card</p> <p><input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card</p> <p><input type="checkbox"/> Native American tribal document</p> <p><input type="checkbox"/> Driver’s license issued by Canadian government authority</p> <p align="center">And</p> <p align="center">List C Documents – (one required plus one from List B)</p> <p><input type="checkbox"/> U.S. Social Security card issued by the Social Security Administration (other than a card stating not valid for employ.)</p>

<p>_____</p> <p>Document #</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Birth Abroad issued by the Department of State (Form FS-545) <input type="checkbox"/> Original or certified copy of birth certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal <input type="checkbox"/> Native American tribal document <input type="checkbox"/> U.S. Citizen ID Card (Form I-197) <input type="checkbox"/> Identification card for Use of Resident Citizen in the United States (Form I-179) <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security
<p>BIRTH DATE/AGE</p> <p>_____/_____/_____</p> <p>BIRTHDATE</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214, Form <input type="checkbox"/> Driver's License <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 Records <input type="checkbox"/> School Records/Identification Card
<p>SELECTIVE SERVICE REGISTRANT</p> <p>_____</p> <p>Selective Service #</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Acknowledgment Letter <input type="checkbox"/> SDA/State Registration Process <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Selective Service Verification Form <input type="checkbox"/> Screen printout of the Selective Service Verification <p>Internet site: https://www.sss.gov/Home/Verification</p>

ELIGIBILITY

(Check all that apply)

- Adult - Qualifies as Low-Income Individual (priority)
- Adult - Qualifies as not economically self-sufficient (below 150% of LLSIL)
- Qualifies as Dislocated Worker

ECONOMIC ELIGIBILITY**CASH PUBLIC ASSISTANCE**

Note: The applicant receives or is a member of a family that receives cash payments under a federal, state, or local income-base public assistance program.

CASE NUMBER: _____

- Authorization to Receive Cash Public Assistance
- Public Assistance Records/Printout
- Refugee Assistance Records/Printout
- Signed Statement from Health & Welfare
- Telephone Verification with County Welfare Office
- Cross-match with public assistance database

FOOD STAMPS

Note: The documentation listed must show the applicant is listed or is a member of a household that is listed on the Food Stamp Grant for the month of application or within the 6-month income period, or that the individual has been determined eligible for Food Stamps

CASE NUMBER: _____

- Authorization to Obtain Food Stamps
- Statement from County Welfare Office
- Public Assistance Records / Printout
- Telephone Verification with County Welfare Office

HOMELESS

- Statement from a Social Service Agency
- Statement from an Individual Providing Temporary Residence
- Written Statement from Shelter
- Telephone Verification
- Applicant Statement

FOSTER CHILD for which State or local government payments are made on his/her behalf

- Court Document/Foster Child or Group Home Agreement
- Public Assistance Records
- Verification of Payments made on Behalf of Child
- Written Statement from State/Local Agency

INDIVIDUALS WITH DISABILITIES

Note: Disability status as well as income must be verified. The applicant's disability must constitute or result in a substantial barrier to employment.

An individual with a disability shall be considered a family of one for eligibility purposes.

Documentation must be maintained in separate, locked file.

- Letter from Drug or Alcohol Rehabilitation Agency
- Medical Records
- Observable Condition (Applicant Statement Needed)
- Physician's Statement
- Psychiatrist or Psychologist Diagnosis/Statement
- Rehabilitation Evaluation
- School Official Statement/Record/IEP
- Sheltered Workshop Certification
- Social Security Administration Disability Records
- Social Service Records/Referral
- Veterans Administration Letter/Records
- Vocational Rehabilitation Letter/Statement
- Workers Compensation Records/Statement
- Telephone Verification
- Applicant Statement

ECONOMIC ELIGIBILITY (CONT'D)

INDIVIDUAL/FAMILY INCOME

Note: Documentation should be provided for each applicable income source received by the applicant and each family member for the six-month income period immediately preceding the determination date.

It is necessary to verify family size when utilizing family income eligibility.

An applicant who claims little or no income must submit an applicant statement that little or no income was received during the past six months, the reason why, and how he was supported during this time.

- Accountant Statement
- Alimony Agreement
- Bank Statements (Direct Deposit)
- Compensation Award Letter
- Court Award Letter
- Employer Statement
- Farm or Business Financial Records
- Housing Authority Verification
- Pay Stubs
- W-2
- Pension Statement
- Public Assistance Records
- Applicant Statement
- Quarterly Estimated Tax for Self-employed Persons
- Profit/Loss Statement
- Social Security Benefits Records
- Telephone Verification with Employer (by staff)
- Unemployment Insurance Documents and/or Printout
- Verbal –DW eligible ONLY
- Other: _____

FAMILY SIZE/INDIVIDUAL STATUS

Note: In addition to documentation of family size, additional documentation may be required to establish that the family is living in a single residence.

Persons ordinarily included in the definition of family, but claiming to be no longer dependent, must attest to their individual status. The head of household, in which that person resides, if possible, should corroborate such statement. Individual must also show source of support.

List all family members and relationship, including self:

- Family of 1
- Lease/Rental Agreement
- Birth/Baptismal Certificates or Church/Hospital
- Records of Birth
- Decree of Court
- Divorce Decree
- Landlord Statement
- Marriage Certificate
- Public Assistance/Social Service Agency Records
- Written Statement from a 24-Hour Care Facility or Institution (e.g. Mental, Prison)
- Most Recent Tax Return Supported by IRS document form letter #1722
- Applicant Statement (last resort)
- Verbal - DW eligible ONLY

Total # of individuals in family: _____

Family Member

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Relationship Document used to verify relationship
Self

DISLOCATED WORKER ELIGIBILITY

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p>A. TERMINATED OR LAID OFF</p> <p>or</p> <p>RECEIVED NOTICE, AND</p>	<p>TERMINATION/LAYOFF STATUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employer or Union Notice, Letter or Statement (identifying customer) <input type="checkbox"/> Severance pay documentation <input type="checkbox"/> UI Documents verifying status; <input type="checkbox"/> IAW Profiled, REA Profiled, RESEA Profiled, PJSA <input type="checkbox"/> Invitation letter to Self-Employment Assistance (SEA) orientation <input type="checkbox"/> Screen print of SEA schedule
<p>UI ELIGIBLE OR EXHAUSTED</p> <p>or</p> <p>SUFFICIENT ATTACHMENT TO WORKFORCE, AND</p> <p>UNLIKELY TO RETURN TO PREVIOUS INDUSTRY OR OCCUPATION</p>	<p>UI ELIGIBLE OR EXHAUSTED</p> <ul style="list-style-type: none"> <input type="checkbox"/> Statement by an Unemployment (UI) representative <input type="checkbox"/> UI records, UI Documents (Award Letter, Benefit Statement, Verification of UI eligibility from UI Office) <input type="checkbox"/> IAW Profiled, REA Profiled, RESEA Profiled, PJSA <input type="checkbox"/> Invitation letter to Self-Employment Assistance (SEA) orientation <input type="checkbox"/> Screen print of SEA schedule <p>SUFFICIENT ATTACHMENT TO WORKFORCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verification of work history (pay stubs, employer statement) <input type="checkbox"/> UI records, Continued Claim paper form <input type="checkbox"/> Statement by UI representative <input type="checkbox"/> Applicant Statement
<p>B. PLANT CLOSURE LAID OFF OR RECEIVED NOTICE DUE TO PLANT CLOSURE (within 180 days of closure)</p>	<p>NOTICE OF CLOSURE/INTENT TO CLOSE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of substantial lay-off/closure (WARN notice)

<p>OR SUBSTANTIAL LAYOFF (10% or more of Workforce based on local policy)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bankruptcy documents (if declared under Chapter 7, Title 11 U.S.C. Notice of Foreclosure or similar – when document clearly shows a closure/mass layoff will occur as a result of the issuance) <input type="checkbox"/> Employer/Union Statement <input type="checkbox"/> Printed media Announcement/Public Notice (include name of medium in which published and date of publication) <input type="checkbox"/> Telephone Verification
	<p>VERIFICATION EMPLOYEE IS AFFECTED BY LAYOFF</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lay-off Letter/List <input type="checkbox"/> Severance Pay Document <input type="checkbox"/> Employer/Union Notice or statement <input type="checkbox"/> UI Form 501 (Separation Statement) when completed by employer representative
<p>C. SELF-EMPLOYED (Unemployed due to economic condition)</p>	<p>FORMERLY SELF-EMPLOYED/CURRENTLY UNEMPLOYED</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bankruptcy documentation listing both business and applicant’s name <input type="checkbox"/> Copy of completed federal income tax return (Schedule SE) for the most recent tax year showing decline or cessation of business <input type="checkbox"/> Documented failure of Business Supplier <input type="checkbox"/> Documented failure of Business Customer <input type="checkbox"/> Federal/State Declaration of Disaster

<p>D. DISPLACED HOMEMAKER (Has been providing member in home)</p>	<p>DEPENDANT ON INCOME OF FAMILY MEMBER/NO LONGER SUPPORTED BY INCOME</p> <ul style="list-style-type: none"> <input type="checkbox"/> Divorce/Court Records <input type="checkbox"/> Death Certificate (for supporting family member) <input type="checkbox"/> Medical Records (supporting family member unable to work) <input type="checkbox"/> Layoff Verification (supporting family member) <input type="checkbox"/> Public Assistance records <input type="checkbox"/> IRS Documentation;
<p>AND</p>	<p>UNEMPLOYED/UNDEREMPLOYED, WITH DIFFICULTY OBTAINING OR UPGRADING EMPLOYMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> UI Records (showing unsubstantial work history) <input type="checkbox"/> IRS Documentation <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Employment verification (underemployed) <input type="checkbox"/> Applicant Statement
<p>E. MILITARY SPOUSE</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Records from military documenting relocation <input type="checkbox"/> Employment/Pay records prior to relocation <input type="checkbox"/> Current employment history/salary information <input type="checkbox"/> Applicant Statement

<p>PRIORITY FOR WIOA CAREER AND/OR TRAINING SERVICES (See Priority of Service policy for further information)</p>	
<p>Veterans and Eligible Spouses</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Form DD214 <input type="checkbox"/> Veteran’s Administration letter or records <input type="checkbox"/> Cross match with Veterans data base

Recipient of Public Assistance, Low Income, or Basic Skills Deficient	See Acceptable Documentation above for Public Assistance or Low income For Basic Skills Deficient: <input type="checkbox"/> Standardized Assessment test
---	--

EMPLOYMENT STATUS AT PARTICIPATION	
Employed	<input type="checkbox"/> Pay Stub <input type="checkbox"/> Work history as documented on application/resume <input type="checkbox"/> Applicant Statement/Case note documenting information collected from applicant
Not Employed	<input type="checkbox"/> Work history <input type="checkbox"/> Applicant Statement/Case note documenting information collected from applicant
Underemployed	<input type="checkbox"/> Employment specialist determination based on past and current work history (documented in case notes) <input type="checkbox"/> Work history (verification working part-time or at a job not commensurate with prior work history/wage)

SIGNATURES AND ELIGIBILITY DETERMINATION
<p>Eligibility documentation must be reviewed and signed off by two different staff.</p> <p>The signature below confirms the eligibility application is complete, reasonable, and that all required eligibility documentation listed on this form is included in the participant's file.</p> <p>Eligibility Date: _____</p>
1 st Review Signature and date:
2 nd Review Signature and date: