Attachment A: WIOA Title I Self-Attestation Form							
Applicant Information:							
Last Name:	First Name: VaWC# (or la		or last 4 of SSN)	Date:			
	· ·						
Address:	City:	·	State:		Zip:		
Individuals entering WIOA services may se	If-attest to the inform	nation below:	<u> </u>				
1. School Status							
I attest that my current education status is (Selection Not attending school; secondary school Not attending school or secondary school In-school, secondary school or less ☐ In-school, alternative school ☐ In-school, post-secondary school	ol graduate or has a reco	ognized equivalent					
2. Are you an English Language Learner?				Yes		No	
3. Are you homeless or did you run away f	rom home?			Yes		No	
4. Are you a former offender? A former of subject to the juvenile or adult justice s	_	uvenile who is or	has been	Yes		No	
5. Are you in foster care or aged out of the	foster care?			Yes		No	
6. Are you a single parent?				Yes		No	
7. Are you a non-custodial parent?				Yes		No	
8. Other Self-Attestation Statement as allo	wed by TEGL 23-19						
Explanation:							
Self-Attestation Statement:							
I certify that the information provided on this do the above information, if misrepresented or inco penalties as specified by law.		-	-	-			
SIGNATURE OF PARTICIPANT (or legal guar X	dian if under the age	of 18)	DATE				
Staff Verification Statement:							
I certify that the individual whose signature app obtain other source documentation to verify elig of services in a program.		-	-			-	
SIGNATURE OF STAFF X			DATE				