

Attachment C: WIOA Title I Telephone Verification and Document Inspection Form

Applicant Information:

Last Name:	First Name:	VaWC# (or last 4 of SSN)	Date:	
Address:		City:	State:	Zip:

Telephone Verification:

Name of Document and certificate number (if applicable)

Detailed Information Verified (e.g., date of birth, location, barriers, employment)

Agency Providing Verification

Name of Staff Providing Verification

Reason for Inspection

Date and Time of Verification

Telephone Number of Agency Providing Verification

Document Inspection:

Name of Document and certificate number (if applicable)

Detailed Information Verified (e.g., date of birth, location, barriers, employment)

Reason for Inspection

Date and Time of Verification

Staff Verification Statement:

I attest that the information recorded by me on this document was obtained through telephone contactor document inspection. As indicated by the agent, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

I attest that the documents inspection verified the items required to determine eligibility for the WIOA program.

SIGNATURE OF STAFF

DATE

X