

V.

Acceptable Verification and Documentation for WIA Eligibility

The purpose of this document is to provide guidance on the acceptable documentation to support participant eligibility for programs funded by the Workforce Investment Act. The documentation sources listed have been established based on Data Validation requirements and concerns for the accuracy, effectiveness and reliability of the eligibility determination process.

The use of self-attestation (or certification) has been reduced in this version of the Acceptable Documentation because the process is prone to errors. In a review of eligibility and data validation efforts, self-attestation was seen as a weak link in the eligibility determination process. In some instances where self-attestation was used for verification, the self-attestation document(s) were not dated or signed by neither the customer nor the staff person conducting the eligibility process. Further, a sampling of cases where self-attestation was being used had not been conducted.

It is important to note that verification is far different than hard copy documentation.

Verification means to **confirm** eligibility requirements through examination of official documents, e.g., birth certificates, public assistance records, or speaking with official representatives of authorized agencies.

Documentation means to **maintain** physical evidence, which is obtained during the verification process, in participant files. Examples of such evidence are copies of documents, where legally permitted, and completed and signed telephone/document inspection forms.

Therefore, all registered adults must verify the General Eligibility criteria, which consist of citizenship or eligible to work, selective service registrant, if applicable, and age. Should a registered adult reach the 2nd tier (intensive) and/or 3rd tier (training) of services, then verification must be provided in accordance with the locally adopted priority policy.

Likewise, all registered Dislocated Workers and Youth must verify the General and Specific Eligibility criteria that pertain to each.

Applicants must meet the following General Eligibility Criteria, which consists of Citizenship or Eligible to Work, Age and Selective Service Registration. Although an applicant's Social Security Number is not considered General Eligibility Criteria, it must be verified.

Note that applicants are **not** required to disclose their social security numbers if they so choose. However all other eligibility information provided by the applicant must be verified as outlined in this document.

Notes:

See VWL13-03, Use of Self-Attestation and Telephone Verification for Program Eligibility, for guidance for clients in extreme circumstances where normally required documentation is not readily available.

See VWL 08-09, Priority of Service for Veterans, for guidance on appropriate use of Priority of Service.

| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|--|--|-------|-------|-------------------|
| <p>SOCIAL SECURITY NUMBER</p> <p>Assignment of pseudo Social Security Number is permissible only when applicant refuses to disclose his or her social security number.</p> <p>NOTE: An unsigned social security card is valid, and a child's social security card is valid if signed by a parent. When the child reaches working age (14 or 15), the parent can apply for another card, which can then be signed by the child.</p> | <p>DD-214, Report of Transfer or Discharge if Social Security Number is listed</p> <p>Employment Records</p> <p>IRS Form Letter 1722</p> <p>Letter from Social Service Agency</p> <p>Drivers License if Social Security Number is listed</p> <p>Pay Stub if Social Security Number is present</p> <p>Social Security Benefit Documents</p> <p>Social Security Card/Notice of Social Security Number Assignment</p> <p>W-2 Form</p> <p>Unemployment Compensation/Insurance Records, if Name and Social Security Number are shown</p> <p>School Records</p> <p>Self-certification in Extreme Circumstances</p> | X | X | X |
| <p>CITIZENSHIP OR ELIGIBLE TO WORK</p> <p>DSS records of printout of a parent can be used as proof of citizenship of dependent children.</p> <p>If on the verification source, the place of birth is not in the United States, additional verification may be needed.</p> <p>* From List B of the I-9 Form, the Voter Registration Form cannot be used.</p> | <p>U.S. Citizenship and Immigration Services (USCIS) Forms: http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnnextoid=e8e31921c6898210VgnVCM100000082ca60aRCRD&vgnnextchannel=e8e31921c6898210VgnVCM100000082ca60aRCRD</p> <ul style="list-style-type: none"> • Documentation from List A; or • A combination of List B & List C documentation <p>Baptismal Certificate if Place of Birth is shown</p> <p>Birth Certificate</p> <p>DD-214, Report of Transfer or Discharge if Place of Birth is shown</p> <p>SNAP award letter from DSS</p> <p>Hospital Record of Birth if Place of Birth is shown</p> <p>Hand Gun Permit</p> <p>Naturalization Certification</p> <p>Public Assistance Records</p> <p>Social Security Card (Work Eligible) with I. D.</p> <p>Native American Tribal Document</p> <p>School Records</p> <p>E-verify – https://e-verify.uscis.gov/emp</p> | X | X | X |

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|--|--|----------|----------|----------|
| AGE/BIRTHDATE | Baptismal Record if Date of Birth is shown Birth Certificate DD-214, Report of Transfer or Discharge Paper Driver's License Federal, State or Local Government Identification Card Hospital Record of Birth if Full Name is shown Passport Public Assistance/Social Service Records School Records/Identification Card Work Permit Self-certification in Extreme Circumstances | X | X | X |
| SELECTIVE SERVICE REGISTRANT | Selective Service Advisory Opinion Letter Selective Service Registration Record (Form 3A) DD-214, Report of Transfer or Discharge Stamped Post Office Receipt of Registration Internet Verification/Registration (www.sss.gov) Selective Service Telephone Verification (847) 688-6888❖ | X | X | X |
| VETERAN STATUS (for determining priority of service only; not an eligibility requirement. See VWL 08-09 for guidance) | DD-214, Report of Transfer or Discharge Letter from Dept. of Veterans Affairs indicating applicant's veteran status | X | X | X |

When relevant, applicants must meet at least one of the following Specific Eligibility Criteria, which consists of Individual/Family Income, Individual Status/Family Size, Cash Public Assistance, SNAP (Food Stamps), Homeless, Supported Foster Child, and Persons with Disabilities.

Documentation of the following must represent the applicant’s circumstances within a period not to exceed six months prior to the application date.

| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|--|---|-----------------|---|-------------------|
| <p>INDIVIDUAL/FAMILY INCOME</p> <p>Verification should be provided for each applicable income source. If the applicant is low-income based on meeting the definition of TANF, SNAP (Food Stamps), SSI, Homeless, or Foster Child, this must be verified. .</p> <p>Note: “Cardinal Card” alone is not sufficient evidence applicant is receiving SNAP (food stamps).</p> | <p>Alimony Agreement*</p> <p>Award Letter from Veterans Administration*</p> <p>Bank Statement (Direct Deposit)*</p> <p>Compensation Award Letter*</p> <p>Court Award Letter*</p> <p>Employer Statement/Contact*</p> <p>Farm or Business Financial Records*</p> <p>Housing Authority Verification (Lease) either resident or on wait list*</p> <p>Pay Stubs*</p> <p>Pension Statement*</p> <p>Public Assistance Records*</p> <p>Quarterly Estimated Tax for Self-employed Persons (Schedule C)*</p> <p>Social Security Benefits*</p> <p>Unemployment Insurance Documents and/or Printout*</p> <p>Self-certification in Extreme Circumstances</p> | <p>X</p> | <p>Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services</p> | |

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| INDIVIDUAL STATUS/FAMILY SIZE | Birth Certificate Decree of Court Disabled (See Persons with a Disability) Divorce Decree Landlord Statement Lease (residence) Marriage Certificate Medical Card Most Recent Tax Return supported by IRS Documents* Public Assistance/Social Service Agency Records* Public Housing Authority resident or on waitlist* Written Statement from a publicly or privately supported 24-hour Care Facility or institution, i.e., prison, mental facility, group home, etc. Self-certification in Extreme Circumstances | X | Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services | |
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| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|--|---|-------|--|-------------------|
| <p>CASH PUBLIC ASSISTANCE</p> <p>If the applicant is low-income based on meeting the definition of TANF, SNAP (Food Stamps), SSI, Homeless, or Foster Child, this must be verified.</p> | <p>Copy of Authorization to Receive Cash Public Assistance* ❖ Copy of Public Assistance Check* ❖ Medical Card Showing Cash Grant Status* ❖ Public Assistance Identification Card Showing Cash Grant Status* ❖ Public Assistance Records/Printout* ❖ Refugee Assistance Records* ❖ Self-certification in Extreme Circumstances</p> | X | <p>Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services</p> | |
| <p>SUPPLEMENT NUTRITION ASSISTANCE PROGRAM, "SNAP" (FOOD STAMPS)</p> <p>If the applicant is low-income based on meeting the definition of TANF, SNAP, SSI, Homeless, or Foster Child, this must be verified.</p> <p>Note: "Cardinal Card" alone is not sufficient evidence applicant is receiving SNAP.</p> | <p>Current Authorization to Obtain SNAP* ❖ Current SNAP Letter* ❖ Letter from SNAP Disbursing Agency* ❖ Postmarked SNAP Mailer with applicant name and address* ❖ Public Assistance Records/Printout* ❖</p> | X | <p>Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services</p> | |
| <p>HOMELESS</p> <p>If the applicant is low-income based on meeting the definition of TANF, SNAP, SSI, Homeless, or Foster Child, this must be verified.</p> | <p>Written Statement from an Individual Providing Temporary Residence ❖ Written Statement from Shelter ❖ Written Statement from Social Service Agency Self-certification in Extreme Circumstances</p> | X | <p>Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services</p> | |

| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|--|---|-------|--|-------------------|
| <p>SUPPORTED FOSTER CHILD</p> <p>If the applicant is low-income based on meeting the definition of TANF, SNAP, SSI, Homeless, or Foster Child, this must be verified.</p> | <p>Court Contact❖` Court Documentation❖ Medical Card❖ Verification of Payments made on Behalf of the Child❖ Written Statement from State/Local Agency❖ Self-certification in Extreme Circumstances</p> | X | <p>Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services</p> | |
| <p>PERSONS WITH DISABILITIES</p> <p>20 CFR 663.640 May an individual with a disability whose family does not meet income eligibility criteria under the Act be eligible for priority as a low-income adult?</p> <p>Yes, even if the family of a disabled individual does not meet the income eligibility criteria, the disabled individual is to be considered a low-income individual if the individual's own income:</p> <p>(a) Meets the income criteria established in WIA section 101(25)(B); or</p> <p>(b) Meets the income eligibility criteria for cash payments under any Federal, State or local public assistance program. (WIA section 101(25) (F).)</p> | <p>Letter from Drug or Alcohol Rehabilitation Agency* Letter from Child Study Team stating Specific Disability* Medical Records* Physician's Statement* Psychiatrist's Diagnosis* Psychologist's Diagnosis* Rehabilitation Evaluation* Sheltered Workshop Certification* Social Service Records/Referral* Social Security Administration Disability Records* Veterans Administration Letter/Records* Vocational Rehabilitation Letter* Workers Compensation Record* School Records* Common Intake form printed with applicant and staff worker signature.* Individual Employment Plan (signed copy) Self-certification in Extreme Circumstances</p> | X | X | |

YOUTH BARRIERS

Youth must be within one or more of the following Youth Barriers which consist of Basic Skills Deficient, Pregnant or Parenting, School Dropout, Offender, Homeless, Runaway Youth or Foster Child, and Requires Additional Assistance. **Documentation of the following must represent the applicant's circumstances within a period not to exceed six months prior to the application date.**

| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|-----------------------|--|----------|-------|-------------------|
| YOUTH BARRIERS | BASIC SKILLS DEFICIENT Assessed by a Generally Accepted Standardized Test School Records❖ | X | | |
| YOUTH BARRIERS | PREGNANT OR PARENTING Birth Certificate of child Hospital Record of Birth of child Medical Card Physician's Note Referrals from Official Agencies❖ School Program for Pregnant Teens❖ School Records❖ Statement from Social Service Agency❖ | X | | |
| YOUTH BARRIERS | SCHOOL DROPOUT Attendance Record❖ Dropout Letter❖ School Records❖ | X | | |
| YOUTH BARRIERS | OFFENDER Court Documents❖ Halfway House Resident❖ Letter of Parole❖ Letter from Probation Officer❖ Police Records❖ Letter from Dept. of Juvenile Justice Re-Entry Representative❖ Common Intake Form if signed by applicant and staff person. | X | | |

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| YOUTH BARRIERS | HOMELESS, RUNAWAY YOUTH Written Statement from an Individual providing Temporary Residence❖ Written Statement from Shelter❖ Written Statement from Social Service Agency❖ Self-certification in Extreme Circumstances OR FOSTER CHILD Court Contact❖ Court Documentation❖ Medical Card❖ Verification of Payments made on Behalf of the Child❖ Written Statement from State/Local Agency❖ Self-certification in Extreme Circumstances | X | | |
| YOUTH BARRIERS | REQUIRES ADDITIONAL ASSISTANCE Identified in the Local Workforce Area Plan Assessment results and documented by Local Workforce Area Letter from employer❖ Letter from school or education institution❖ | X | | |

EXCEPTIONS YOUTH 5% WINDOW

EXCEPTIONS (YOUTH) SPECIAL RULE (5% WINDOW) – Not more than 5% of participants assisted under Section 129 in each local area may be individuals who do not meet the minimum income criteria to be considered eligible youth, if such individuals are within one or more of the following categories: School Dropout, Basic Skills Deficient, Behind Grade Level, Pregnant or Parenting Youth, Individuals with Disabilities, Homeless or Runaway Youth, Offender, and Serious Barriers to Employment. **This assistance must be provided for in the Local Area Job Training Plan.**

| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|--|--|-------|-------|-------------------|
| EXCEPTIONS (YOUTH) SPECIAL RULE (5% WINDOW) | SCHOOL DROPOUT Attendance Records❖ Dropout Letter❖ School Records❖ | X | | |
| | BASIC SKILLS DEFICIENT (English reading, writing, or computing skills at or below the 8th grade level) Assessed by a Generally Accepted Standardized Test School Records❖ | X | | |
| | BEHIND GRADE LEVEL Report Card❖ School Records❖ | X | | |
| | PREGNANT OR PARENTING YOUTH Birth Certificate of child Hospital Record of Birth of child Medical Card Physician’s Note Referrals from Official Agencies❖ School Program for Pregnant Teens verified with school program❖` School Records❖ Statement from Social Service Agency❖ | X | | |
| | INDIVIDUALS WITH DISABILITIES (including learning disabilities) Letter from Drug or Alcohol Rehabilitation Agency* Letter from Child Study Team stating Specific disability* Medical Records* | | | |

*Not more than six months prior to application

❖ Telephone Verification Form signed by verifier allowed. Consent to Release Information Form must be signed by the applicant and kept with file.

DISLOCATED WORKER – the term “dislocated worker” means a person who (a) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; is eligible for or has exhausted entitlement to unemployment compensation; or has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center, attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and is unlikely to return to a previous industry or occupation; (b) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or for purposes of eligibility to receive services other than training services, intensive services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close; (c) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in a community in which the person resides or because of natural disasters; or (d) is a displaced homemaker. **Documentation of the following must represent the applicant’s circumstances within a period not to exceed six months prior to the application date.**

| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|---|--|-------|-------|-------------------|
| <p>DISLOCATED WORKER</p> <p>Note: UI monetary determination alone does not demonstrate that the applicant is eligible for Unemployment Compensation</p> | <p>TERMINATED/LAID OFF/RECEIVED NOTICE OF TERMINATION OR LAYOFF Self-Certification in Extreme Circumstances when layoff letter is lost or no layoff letter was provided Certification of Expected Separation ❖ Layoff Letter from Employer ❖ Verification from Prospective Employer ❖ Verification from Employment Agency ❖</p> <p>AND ELIGIBLE FOR UI UI Documents and/or Printout that demonstrate applicant is eligible for UI, has exhausted UI benefits or does not work for a covered employer Employment Service Contact (Job Service, Virginia Employment Commission) ❖</p> <p>AND UNLIKELY TO RETURN (Reemployment Opportunity is poor – unlikely to obtain employment within six months from date of termination or layoff due to general economic conditions of the area) Current Labor Market Information showing occupations in decline ❖ Receipt of Unemployment Benefits showing duration of receipt of UI of at least 12 of the previous 26 weeks ❖ Participation in VEC Reemployment Services Orientation (REO) program, Reemployment Services Plan (RSP) (completed, signed copy of RSP from VEC or applicant) ❖ Local Workforce Investment Board Policy on “Unlikely to Return” ❖</p> | | | <p>X</p> |

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| DISLOCATED WORKER | PERMANENT CLOSURE OF PLANT/FACILITY/ ENTERPRISE OR SUBSTANTIAL LAYOFF Certification of Expected Separation❖ Letter from Employer❖ Media Announcement with Employment Verification❖ Contact with Separating Employer❖ Layoff Notice❖ Public Notice as determined by the State’s Rapid Response Coordination Services with proof of previous employment verification ❖ WARN Notice to Individual with Separating Employer WARN Notice to Labor Union which represents Worker❖ Self-certification in Extreme Circumstances | | | X |
| DISLOCATED WORKER | GENERAL ANNOUNCEMENT OF CLOSURE Verification from Media Source with employment verification❖ Employer Verification❖ | | | X |
| DISLOCATED WORKER | FORMERLY SELF-EMPLOYED/CURRENTLY UNEMPLOYED IRS Forms❖ Business Ledgers ❖ Chapter 7 – Bankruptcy published in Newspaper (Date must be shown) or letter from trustee of bankruptcy court❖ Chapter 11 – Bankruptcy published in Newspaper (Date must be shown) or letter from trustee of bankruptcy court❖ Statement of Failure of Business Supplier❖ Statement of Failure of Business Customer❖ Federal/State Declaration of Disaster❖ Self-certification in Extreme Circumstances | | | X |

- Displaced Homemaker** – a person who has been providing unpaid services to family members in the home and who
- A. has been dependent on the income of another family member but is no longer supported by that income; **AND**
 - B. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Documentation of the following must represent the applicant’s circumstances within a period not to exceed six months prior to the application date.

| ELIGIBILITY CRITERIA | ACCEPTABLE VERIFICATION and DOCUMENTATION | Youth | Adult | Dislocated Worker |
|--|--|-------|-------|-------------------|
| <p>DISLOCATED WORKER</p> <p>The term “displaced homemaker” means a person who has been providing unpaid services to family members in the home and who</p> <p>(A) has been dependent on the income of another family member but is no longer supported by that income;</p> <p>AND</p> <p>(B) Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p> | <p>DISPLACED HOMEMAKER</p> <p>IRS Forms Court Records Medical Records Bank/Financial Records Divorce Decree Spouse Death Certificate Spouse Disability check Signed statement from Family member(s)</p> <p>AND</p> <p>Employment Verification❖ Job Search Verification❖ Self-certification in Extreme Circumstances</p> | | | <p>X</p> |