

VIII.

Self-Certification Requirement

And

Telephone/Document  
Inspection Verification  
Requirements

## Self-Certification Requirements

After review of the eligibility criteria, along with possible ways to verify the criteria, it was determined that much of the verification was readily available through a number of agencies or sources. In some cases, definitive verification is required, for example eligibility to work (I-9 requirements under IRCA) and Selective Service Registration or exemption for males.

WIA allows for self-certification to verify those eligibility items that in rare cases are not verifiable or may cause undue hardship for applicants to obtain.

Because most eligibility requirements can be verified by other sources, the use of self-certification, also known as “self-attestation”, is highly restricted. Self-certification is **not** allowed as a verifiable source of documentation for the following:

### All Categories:

- Individual/Family Income
- Individual Status/Family Size
- Cash Public Assistance
- SNAP (Food Stamps)
- Homeless
- Supported Foster Child
- Person with Disability

### Youth

- Pregnant or Parenting
- School Dropout
- Offender
- Homeless or Runaway
- Serious Barriers to Employment as Identified by Local Board (5% Exception)

### Dislocated Worker

- Terminated/Laid Off/Received Notice of Termination or Layoff
- Unlikely to Return
- Permanent Closure of Plant/Facility/Enterprise or Substantial Layoff
- General Announcement of Closure

The only circumstance in which self-certification is allowed:

- Dislocated Workers, Formerly Self-Employed/Currently Unemployed.
  - The self-certification **must** be accompanied by documentation that supports the applicant’s claim.

An example of the use of the Self-Certification Form for a Dislocated Worker, Self-Employed: If an applicant states that he/she that he or she was self-employed but is no longer self-employed, the blank spaces following the words “I certify, under penalty of law, that the following information is true” must be completed. For example:

*“I was in business for myself as (description or name of business) until (Month) (Year), at which point I closed my business due to lack of profitability. I have had no income from my business since that time. This business was my primary source of income”*

The Self-Certification form must be accompanied by some documentation proving that the applicant was self-employed, such as bank statements, tax returns or statements from former customers, **and** some proof that his or her business no longer exists, such as a bankruptcy statement, notification of close of business to federal, state or local revenue (tax) agency, bill of sale for the business, or statements from former clients or customers.

In other words, the client must produce some documentation that he or she had a business, was the **primary** owner of the business, received his or her **primary** income from that business and that the business no longer exists or that the applicant is no longer its primary owner.

Note that part-time jobs or businesses that were not the applicant’s primary source of income are not counted as “self-employment.” For example, if the applicant ran a small landscaping business in addition to his or her primary employment, and then discontinued landscaping because of lack of customers, the applicant was not “self-employed.” If the applicant subsequently lost his or her primary employment, the applicant could be served as an “Adult” or “Dislocated Worker” depending upon his or her circumstances.

**NOTE:** When using the “Self-Certification” form, the “Staff Signature/Date” found in the “Certification” block must be completed. It is a local decision as to the completion of the “Reviewer’s Signature/Date”.

## SELF-CERTIFICATION FORM

IDENTIFYING INFORMATION			
Applicant's Name	_____	_____	_____
	Last	First	MI
Address	_____		
Social Security Number	_____	Application Date:	_____

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE FOLLOWING INFORMATION IS TRUE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

\_\_\_\_\_  
APPLICANT'S SIGNATURE and DATE

\_\_\_\_\_  
APPLICANT'S PHONE NUMBER

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (as needed)

The above Self-Certification is being utilized for verification of the following eligibility criteria:

\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION
I certify that the individual whose signature appears above provided the information recorded on this form.
Staff Signature/Date: _____

**The following form could be used to address demographic characteristics at a One-Stop. This document needs to be signed by the customer and the Disability Resource Coordinator (DRC) or appropriate One-Stop staff.**

## Virginia DEI Data Elements

Answering the following questions may qualify you for other benefits or services.  
 Your responses could help staff provide better job search assistance, training and referrals.  
 This information will not be provided to employers.

Do you have a disability?

- Yes
- No

What type of disability?

(Check all that make it

hard for you to get a job, keep a job or participate in training).

- Physical (examples: mobility, medical or health condition, such as, diabetes or heart condition)
- Mental (examples: anxiety or depression)
- Learning (examples: difficulty with reading, writing, math or staying on task)
- Sensory (examples: vision or hearing problems)
- Other (please specify) \_\_\_\_\_
- I would like to speak with someone privately regarding this question.

***Please complete when a customer with a self disclosed disability is registered with WP or WIA and receives staff assisted or intensive/training services***

WIB, VEC, DARS, DRCs who provide services for a customer with a disability, can ask the following questions.

**Please read to the customer:**

The U.S. Department of Labor is evaluating the Disability Employment Initiative (DEI), to improve training and job placement services. Answering the following questions will help them better understand the customers we serve. The information you provide is **private and will not be disclosed to anyone but the researchers conducting this evaluation**. This information will not be shared with employers. Your answers do not affect what services you receive from the Workforce (Career) Center. Answering these questions is voluntary.

***If the customer chooses not to answer the questions check here***

1. Are you currently receiving Social Security Disability Insurance?	<input type="checkbox"/> No
2. Are you a currently a "Ticket to Work" participant?	Yes, No, Don't Know
3. Have you ever received Social Security Disability Insurance?	*Only for those who answered NO to 'Are you currently receiving SSDI.' Yes, No, Don't Know
4. Which of the following things do you think will make it hard for you to get a job?	Check all that apply: Limited education or training, Limited work history/experience, No child care, Substance use, Limited transportation, Language barrier, Ex-Offender, Housing/Homeless, Disability
5. When did you begin employment at your most recent job?	mm/yyyy
6. What is your most recent job title?	open field
7. What is your most recent hourly wage?	open field
8. In your most recent job, how many hours a week did you work?	open field
9. Did your most recent employer provide you...	Check all that apply: Health Insurance, Vacation, Sick Leave, Flexible Hours, Working from home, Customized Employment, Job Sharing, None

## Telephone/Document Inspection Verification Requirements

WIA eligibility criteria may be verified by telephone contacts with recognized governmental or social service agencies, or by document inspection. The information obtained must be verified and recorded on the Telephone/Document Inspection Verification form. Information recorded must be adequate to enable a monitor or auditor to trace back to the cognizant agency or the document used. Telephone verification must include the name of the agency representative providing the verification information.

In some cases, the information provided by an agency through telephone contact may be sufficient to satisfy multiple WIA eligibility criteria. For example, verification that an applicant has been determined eligible to receive TANF can satisfy the requirement for Youth program eligibility.

Verification of eligibility through document inspection is appropriate when documents cannot or may not be machine-copied.

Agencies that may assist in verifying via telephone are as follows:

- Local Schools
- Social Security Administration
- Veterans Administration
- Social Services agencies
- Medical and health facilities
- Vocational rehabilitation facilities
- Drug and alcohol rehabilitation facilities
- Housing authorities
- Homeless shelters
- Judicial agencies and institutions
- Other State and local government agencies

When WIA eligibility verification is accomplished via telephone or document inspection, Local Workforce Investment Areas are required to use a standardized form, such as the example on page two for monitoring and audit purposes.

# WIA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM

IDENTIFYING INFORMATION			
Applicant's Name	_____	_____	_____
	Last	First	MI
Social Security Number	_____	Date:	_____

## WIA ELIGIBILITY VERIFICATION BY TELEPHONE

NAME AND/OR NUMBER OF DOCUMENT \_\_\_\_\_

ELIGIBILITY ITEM(S) TO BE VERIFIED:	_____
INFORMATION VERIFIED:	_____
AGENCY PROVIDING VERIFICATION:	_____
AGENT VERIFYING ELIGIBILITY ITEM:	_____
DATE AND TIME OF VERIFICATION:	_____
TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION:	_____

## WIA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION

NAME AND/OR NUMBER OF DOCUMENT \_\_\_\_\_

ELIGIBILITY ITEM TO BE VERIFIED:	_____
INFORMATION VERIFIED:	_____
DOCUMENT TO BE INSPECTED:	_____
ORIGINAL SOURCE OF DOCUMENT:	_____
REASON FOR DOCUMENT INSPECTION:	<input type="checkbox"/> REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE. <input type="checkbox"/> ON SITE ELIGIBILITY, NO COPIER AVAILABLE. <input type="checkbox"/> DOCUMENT CANNOT BE COPIED.

I ATTEST THAT THE INFORMATION RECORDED BY ME ON THIS DOCUMENT WAS OBTAINED THROUGH TELEPHONE CONTACT OR DOCUMENT INSPECTION ON THE ABOVE DATE. 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.	
OR	
I ATTEST THAT THE DOCUMENT INSPECTION VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO DETERMINE ELIGIBILITY FOR THE WIA PROGRAM.	
ELIGIBILITY SPECIALIST'S SIGNATURE _____	DATE _____