

**The Virginia Community College System**  
**VIRGINIA WORKFORCE LETTER (VWL) #15-02**  
**Change 2**  
**Title: Eligibility Guidelines**

## Attachment D

# Verification and Documentation for WIOA Eligibility

The purpose of this document is to provide guidance on the acceptable documentation to support participant eligibility for programs funded by the Workforce Innovation and Opportunity Act (WIOA). 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.

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.

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.

Self-Certification Accepted in Extreme Circumstances:

Staff members may accept self-certification from a client who has experienced a loss of documentation due to:

Natural or man-made disaster such as fire, flood, tornado

Eviction from residence resulting in loss of supporting documentation

Client is fleeing or has fled an abusive or untenable home situation.

Please refer to Attachment G: Use of Self-Certification for Eligibility Documentation for a complete explanation of self-certification for a client in extreme circumstances.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
<p><b>SOCIAL SECURITY NUMBER</b></p> <p>Assignment of pseudo Social Security Number is permissible only when applicant refuses to disclose his or her social security number.</p> <p><b>NOTE:</b> 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>* Applicants are <b>not</b> 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.</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>	X	X	X
<p><b>CITIZENSHIP OR ELIGIBLE TO WORK</b></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><a href="#">U.S. Citizenship and Immigration Services (USCIS) Forms:</a></u></p> <ul style="list-style-type: none"> <li>• Documentation from List A; or</li> <li>• A combination of List B &amp; List C documentation</li> </ul> <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>Hospital Record of Birth if Place of Birth is shown</p> <p>Hand Gun Permit</p> <p>Naturalization Certification</p> <p>Social Security Card (Work Eligible) with I. D.</p> <p>Native American Tribal Document</p> <p>School Records</p> <p>E-verify – <a href="https://e-verify.uscis.gov/emp">https://e-verify.uscis.gov/emp</a></p>	X	X	X

<b>AGE/BIRTHDATE</b>	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	<b>X</b>	<b>X</b>	
<b>SELECTIVE SERVICE REGISTRANT</b>	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 ( <a href="http://www.sss.gov">www.sss.gov</a> ) Selective Service Telephone Verification (847) 688-6888; if contact via telephone, must have a Telephone Verification Form signed by the verifier	<b>X</b>	<b>X</b>	<b>X</b>

When relevant, Youth 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><b>INDIVIDUAL STATUS/FAMILY SIZE</b></p>	<p>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 (e.g., Form Letter 1711) (if current)            Public Assistance/Social Service Agency Records            Public Housing Authority (if Resident of or on Waiting List)            Written Statement from a Publicly supported 24-hour Care Facility or Institution (e.g., Mental, Prison)            WIOA Statement of Family Size/Family Income</p>	<p><b>X</b></p>		
<p><b>INDIVIDUAL/FAMILY INCOME</b></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            Award Letter from Veterans Administration            Bank Statement (Direct Deposit)            Compensation Award Letter            Court Award Letter            Employer Statement/Contact; if contact via telephone, must have a Telephone Verification Form signed by the verifier            Farm or Business Financial Records            Housing Authority Verification (Lease)            Pay Stubs            Pension Statement            Public Assistance Records            Quarterly Estimated Tax for Self-employed Persons (Schedule C)            Social Security Benefits            Unemployment Insurance Documents and/or Printout            WIOA Statement of Family Size/Family Income</p>	<p><b>X</b></p>		

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
<p><b>CASH PUBLIC ASSISTANCE</b></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  Telephone Verification Form if covered by a local Memorandum of Understanding; must be signed by verifier</p>	<b>X</b>		
<p><b>SUPPLEMENT NUTRITION ASSISTANCE PROGRAM, "SNAP" (FOOD STAMPS)</b></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 receive SNAP  Current SNAP Letter  Letter from SNAP Disbursing Agency  Postmarked SNAP Mailer with Applicable Name and Address  Public Assistance Records/Printout  Telephone Verification Form if covered by a local Memorandum of Understanding; must be signed by verifier</p>	<b>X</b>		
<p><b>HOMELESS/RUNAWAY</b></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 Shelter  Written Statement from Social Service Agency or other governmental agency  Telephone Verification Form if covered by a Local Memorandum of Understanding; must be signed by verifier</p>	<b>X</b>		

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
<p><b>SUPPORTED FOSTER CHILD</b></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  Telephone Verification Form if covered by a Local Memorandum of Understanding; must be signed by verifier</p>	X		
<p><b>PERSONS WITH DISABILITIES</b></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)</p>	X		

## YOUTH BARRIERS

Youth must be within one or more of the following Youth Conditions 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
<b>YOUTH Conditions</b>	<b>BASIC SKILLS DEFICIENT</b> Assessed by a Generally Accepted Standardized Test School Records	X		
<b>YOUTH Conditions</b>	<b>PREGNANT OR PARENTING</b> Birth Certificate of child Hospital Record of Birth of child Medical Card Physician's Note Referrals from Official Agencies School Program for Pregnant/Parent Teens School Records Statement from Social Service Agency	X		
<b>YOUTH Conditions</b>	<b>SCHOOL STATUS: Dropout/Basic Skills Deficient/English Language Learner</b>	X		
	<b>Not Attending Any School – Age 16 to 17</b> School records			
	<b>Not Attending Any School – Age 18 and above</b> School records			
	<b>School Dropout</b> School records			
	<b>Required to attend school but not attended in most recent school year quarter - Age 14 – 17</b> School records			
	<b>Received HS Diploma or GED and Low Income and BSD or ELL</b> Standardized tests School Records ESL provider verification			
<b>YOUTH Conditions</b>	<b>OFFENDER</b> Court Documents Halfway House Resident Letter of Parole	X		



	<p>Letter from Probation Officer  Police Records  Letter from Dept. of Juvenile Justice Re-Entry Representative  Telephone Verification Form; must be signed by verifier  Common Intake Form if signed by applicant and staff person.</p>			
<p><b>YOUTH Conditions</b>  Out-of-School Youth must also be <b><i>Low-Income</i></b></p>	<p>Requires Additional Assistance  Assessment results and documentation from LWDA  Letter from employer  Letter from school or educational institution  Other – appropriate documentation required</p> <p><b>AND</b></p> <p><b>Received HS Diploma <u>or</u> GED <u>and</u> Low Income <u>and</u> BSD <u>or</u> ELL</b>  Standardized tests School Records  ESL provider verification</p>	X		
<p><b>YOUTH 5% EXCEPTION</b></p>	<p>As provided in LWDB Plan</p>	X		

**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; 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 is employed at a facility at which the employer has made a general announcement that such facility will close; was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; is a displaced homemaker; or is the spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or is the spouse of a member of the Armed Forces on active duty.

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><b>DISLOCATED WORKER</b></p> <p><b>Note:</b> UI monetary determination alone does not demonstrate that the applicant is eligible for Unemployment Compensation</p>	<p><b>TERMINATED/LAID OFF/RECEIVED NOTICE OF TERMINATION OR LAYOFF</b></p> <p>Certification of Expected Separation  Layoff Letter from Employer  Verification from Prospective Employer  Verification from Employment Agency  Telephone verification from the employer with Telephone Verification Form signed by the verifier</p> <p><b>AND ELIGIBLE FOR UI</b></p> <p>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><b>AND UNLIKELY TO RETURN (Reemployment Opportunity is poor)</b> – 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 and Eligibility Assessments (RESEA) program, Reemployment Services Plan (RSP) (completed, signed copy of RSP from VEC or applicant)  Local Workforce Development Board Policy on “Unlikely to Return”</p>			<p><b>X</b></p>
<p><b>DISLOCATED WORKER</b></p>	<p><b>PERMANENT CLOSURE OF PLANT/FACILITY/ ENTERPRISE OR SUBSTANTIAL LAYOFF</b></p> <p>Certification of Expected Separation  Letter from Employer  Media Announcement with Employment Verification</p>			<p><b>X</b></p>

	Contact with Separating Employer with Telephone Verification Form Signed by verifier 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 Telephone Verification Form if signed by verifier			
<b>DISLOCATED WORKER</b>	<b>GENERAL ANNOUNCEMENT OF CLOSURE</b> Verification from Media Source with employment verification Employer Verification Telephone Verification Form if signed by verifier			<b>X</b>
<b>DISLOCATED WORKER</b>	<b>FORMERLY SELF-EMPLOYED/CURRENTLY UNEMPLOYED</b> 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 Telephone Verification Form if signed by verifier			<b>X</b>

**Displaced Homemaker** – A person who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income; **-AND-** 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.

**-OR-**

Is the **dependent spouse** of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a permanent change of station, or the death or disability of the military member **-AND-** is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
<b>DISLOCATED WORKER</b>	<p><b>DISPLACED HOMEMAKER</b></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><b>AND</b></p> <p><b>Employment Verification</b>  Job Search Verification  Telephone Verification Form if signed by verifier</p>			<p>X</p>
	<p><b>Military Dependent Spouse</b></p> <p>Permanent Change of Station (“PCS”) orders authorizing dependent travel  Military Dependent ID Card</p> <p><b>AND</b></p> <p>Employment verification (previous, current or prospective depending on employment status)  Job Search Verification</p>			