

# WIA Adult and Dislocated Worker Intensive and Training Eligibility Verification Record

**Legal Name:** \_\_\_\_\_

**Toolbox Appid:** \_\_\_\_\_

**Eligibility Determination Date:** \_\_\_\_\_

## **GENERAL ELIGIBILITY**

**Must have 1 item in EACH heading below documented!**

### **SOCIAL SECURITY #**

- ◇ Social Security Card
- ◇ Driver's License
- ◇ DD-214 Report or Transfer or Discharge
- ◇ Social Service Agency letter or records listing
- ◇ Pay Stubs/ Employment Records/W-2 Form
- ◇ Social Security Benefits (Must show S.S. #)

### **CITIZENSHIP/ALIEN STATUS**

- ◇ INS I-9(columns A or B and C) Iss 24-93, chg 1  
List A: \_\_\_\_\_ or  
List B: \_\_\_\_\_ and  
List C: \_\_\_\_\_
- ◇ Baptismal Certificate- If place of birth is shown.
- ◇ Birth Certificate
- ◇ Hospital Record of Birth
- ◇ Public Assistance or Food Stamp Records

### **BIRTHDATE/AGE**

- ◇ Birth Certificate
- ◇ DD-214 Report of Transfer or Discharge
- ◇ Drivers License or Gov. ID Card
- ◇ Hospital Record of Birth/ Baptismal Record
- ◇ Public Assistance/Social Service Records
- ◇ School Records w/place of birth listed

### **SELECTIVE SERVICE REGISTRANT**

- ◇ Not Applicable (age or female)
- ◇ DD214 Report of Discharge Paper
- ◇ Selective Service Reg. Card
- ◇ Selective Service Verification Form

### **INDIVIDUAL STATUS/FAMILY SIZE**

**(Needed for eligibility based on income guidelines)**

- ◇ Not Applicable
- ◇ Applicant Statement
- ◇ Birth Certificate(s)
- ◇ Decree of Court/Divorce Decree/Marriage Cert.
- ◇ Landlord Stmt/Lease/Public Housing Records
- ◇ Public Assistance/Soc. Service Agency Records
- ◇ Current IRS Tax Documents w/accurate household listing

## **ECONOMIC ELIGIBILITY for Adult Program and all Supportive Services**

**Must have 1 item in 1 heading below documented!**

### **CASH PUBLIC ASSISTANCE (SSI, TA, GENERAL)**

- ◇ Public Assistance Records/Award Letter/Printout
- ◇ Direct Deposit Bank Statement

### **INDIVIDUAL/FAMILY INCOME**

- ◇ Alimony Agreement
- ◇ Applicant Statement
- ◇ Award Letter from Veterans Administration
- ◇ Employer Statement/Pay Stubs
- ◇ Farm or Business Financial Records
- ◇ Pension Statement
- ◇ Social Security Benefits

### **FOOD STAMPS**

- ◇ Letter from Food Stamp Disbursing Agency
- ◇ Public Assistance Records/Printout

### **SUPPORTED FOSTER CHILD**

- ◇ Court Documentation
- ◇ Medical Card
- ◇ Verification of Payments made on Behalf of the child
- ◇ Written Statement from State/Local Agency

### **HOMELESS**

- ◇ Applicant Statement
- ◇ Statement from Individuals Providing Temp. Residence
- ◇ Written Statement from Shelter
- ◇ Written Statement from Social Service Agency

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### **INDIVIDUALS WITH DISABILITIES**

- ◇ Letter from Drug & Alcohol Rehab Agency
- ◇ Letter from Child Study Team stating disability
- ◇ Sheltered Workshop Certification
- ◇ Social Service Agency or School Records
- ◇ Social Security Admin. Disability Records
- ◇ Vocational Rehabilitation Letter
- ◇ Rehabilitation Evaluation
- ◇ Physician's Statement/Medical Records
- ◇ Psychiatrist's Diagnosis
- ◇ Rehabilitation Evaluation

**Dislocated Worker****Must have 1 item in 1 category below documented!**

*Category A: Termination or Lay-off:* has been terminated or laid off, or has received a notice of termination or lay-off 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 earnings or having performed services for an employer that were not covered under State unemployment compensation law;

- ◇ A copy of a letter or notice from the employer
- ◇ Phone verification
- ◇ U.I. Records or Determination letter

**And** is unlikely to return to a previous industry or occupation

- ◇ Occupational Outlook Information
- ◇ DWD No Recent Job Orders
- ◇ Exhausted U.I.
- ◇ High State Unemployment Rate

*Category B: Plant Closure or Substantial Lay-off:* has been terminated or laid off or has received notice of termination or lay-off 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 described in section 134(d)(4), intensive services described in section 134(d)(3), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close

- ◇ Employer Letter
- ◇ Rapid Response Notice listing employee
- ◇ Phone verification

*Category C: Self-employed:* was self-employed (including employed as a farmer, a rancher, or fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters

**Must have one**

- ◇ Business license
- ◇ Business tax return
- ◇ Other: \_\_\_\_\_

**Must have one**

- ◇ Bankruptcy or foreclosure papers
- ◇ Inability to secure capital
- ◇ Disaster declaration
- ◇ Other: \_\_\_\_\_

*Category D: Displace Homemaker*

**Must have one**

- ◇ Divorce or separation papers
- ◇ Tax records
- ◇ Social service agency or shelter referral
- ◇ Applicant statement

**Must have one**

- ◇ Public assistance records
- ◇ Pay stubs
- ◇ U.I. records
- ◇ Applicant statement