** Original**

 ** Updated**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT, TITLE 1**

**WIOA – 1**

**ELIGIBILITY AND VERIFICATION FOR INDIVIDUAL CAREER SERVICES AND TRAINING SERVICES**

**(See Reference Guide)**

**IDENTIFYING INFORMATION – Customer must be registered in Focus/EKOS**

**Name: EKOS KY ID #:**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENERAL ELIGIBILITY ITEMS ACCEPTABLE VERIFICATION SOURCES**

|  |  |  |
| --- | --- | --- |
| **1****part a** | **So Social Security** **Number**\_ \_ \_ - \_ \_ - \_ \_ \_ \_**NA**  | **Document MUST show Social Security Number**Social Security card/benefits letter (except stamped “not valid for employment”)Public Assistance/Social Services records Pay StubEmployer Records W-2 Current Federal/State/Local government ID card WIOA-2 – Part B DD-214   |
| **2** | **Birthdate:** \_ \_ / \_ \_ / \_ \_ \_ \_ **MM DD YYYY****Age**: \_\_\_\_ | **Document MUST show date of birth**U.S. Birth Certificate DD-214Valid driver's license/permit/state ID card Hospital record of birth Federal/State/Local Gov't ID card School records/ID card Passport/Passport Card EKOS (verified)  Public Assistance/Social Services records  |
| **3**  | **U.S. Citizen/National/****lawfully admitted** **permanent resident** **aliens, refugees, asylees, and parolees, and other immigrants authorized by the** **Attorney General to work in the United States**Citizen/NationalOther – lawfully  admitted; authorized  to work |  U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association  between the United States and the FSM or RMI

|  |
| --- |
|  **An item from Column A and from Column B must be used in this section** |
|  Column A |  |  Column B |
|  Driver's license or ID card issued by a State oroutlying possession of the United States providedit contains a photograph or information such as name, date of birth, gender, height, eye color, and address |  **AND**  |  A Social Security Account Number card, unless the card includes one of the following restrictions:1.NOT VALID FOR EMPLOYMENT2.VALID FOR WORK ONLY WITH INS AUTHORIZATION3.VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
|  ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
|  School ID card with a photograph  |  Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
|  Voter's registration card |  Native American tribal document |
|  U.S. Military card or draft record |  U.S. Citizen ID Card (Form I-197) |
|  U.S. Coast Guard Merchant Mariner Card |  Identification Card for Use of Resident Citizen in the United States (Form I-179) |
|  Native American tribal document  |  Employment authorization document issued by the Department of Homeland Security |
|  Driver's license issued by a Canadian government authority |  |
| **If under the age of 18,**School Record/Report Card Clinic/Doctor/Hospital Record Day Care/Nursery School Record  |  |  |

 **OR** |
| **4** | **Selective Service** **Status**This section is not a requirement for males born on or before 12/31/59 or for females**Record Selective** **Service Reg. #** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  Selective Service Acknowledgement letter  Form DD-214“Report of Separation”;  Screen printout of the Selective Service Verification site:  Selective Service Registration card; [www.sss.gov/RegVer/wfVerification.aspx](http://www.sss.gov/RegVer/wfVerification.aspx)  Selective Service Verification Form (Form 3A); **and/or** Stamped Post Office Receipt of Registration; Determination related to failure to register-see Selective Service Instructions-must be thoroughly  recorded on WIOA-2, Part B and **include** documentation: copy of Status Information Letter or local  policy on determining knowing and willful failure to register, with support for determination  Not required to registerIf “Not required to register” is marked, state reason (age/female) |

**DISLOCATED WORKER -- CATEGORIES OF ELIGIBILITY**

|  |  |
| --- | --- |
| **1**  | **Category 1 - Has been terminated, laid off or has received a notice of termination or layoff from employment;**  |
| **Part B**  |  UI Agency verification (See definitions for claimant status**)** WIOA-2, Part B  Written notice of termination  Verbal employer verification identifying affected worker (using WIOA 2- Part B)  Certificate of expected separation  DD-214, DD-215- *Military service members; non-retirees*; (See Serving Military Service Members and Spouses-Instructions)  |
| AND**OR** | **Is eligible for or has exhausted entitlement to unemployment compensation**  UI Agency verification **Has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121 /(e), *attachment to the workforce*, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a State unemployment** **compensation law;** Check block to show verification of ***attachment to workforce***: Employer statement  Pay stubCheck block to verify **NOT eligible** for unemployment compensation: UI Agency verification  Employer statement |
|  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AND | ***is unlikely to return to a previous industry or occupation per*** |
|  | Current OET-LMI published outlook/information for this individual’s industry/occupation  Separating militaryOther – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |
| **2** | **Category 2 - 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.** |
|  | **(check one):**  Permanent Closure  Substantial Layoff **(check one):**  WARN with list of names  Certificate of expected separation  U.I. Agency verification  TAA/TRA-855A   Written employer statement identifying affected worker   ***AS A LAST RESORT***, verbal employer statement using WIOA-2, Part B   |
| OROR | **Is employed at a facility where the employer has made a *general announcement* that such facility will close within 180 days;****For purposes of eligibility to receive services other than training services described in section 134(c)(3), career** **services described in section 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close:** |
|  | **Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_** Employer attachment:  Employment record  UI Agency record 🞏 Pay stub

|  |
| --- |
| Type of announcement **(check one):**  Newspaper  Television  Radio  |
|  Number of days before closure: 180 days or less More than 180 days |

 |
|  | Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **3**  | **Category 3 - Was *self-employed* (includes farmers, ranchers, or fishermen), but is now *unemployed* as a result of****general economic conditions in the community in which the individual resides or because of natural disasters.** |
|  |  Business license/permit  IRS documentation  WIOA-2, Part B (Verification from official source) Foreclosure or bankruptcy or business asset liquidation documentation |
|  | **Explain how individual’s unemployment relates to the economic conditions or natural disaster: (E.g. – newspaper** **designating FEMA counties, etc.):**  |
|  |
| **4** | **Category 4 – Displaced Homemaker is an individual 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:** Court records or divorce papers  Spouse’s layoff notice/disability check/death notice  Bank records  IRS records  WIOA-2, Part A (self-attestation)  |
|  |
| **OR****AND** | **Is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member** **Is *unemployed* or *underemployed* and experiencing difficulty obtaining or upgrading employment:** *Underemployed*, current /ONET code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and** explain why they are experiencing difficulty upgrading employment. *Unemployed*, explain why they are experiencing difficulty obtaining employment.**Comments/explanation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6** | **Category 6 – Armed Forces Military Spouse - 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** **AND** | **Is the spouse of a member of the Armed Forces on active duty** **Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.** DD-214 DD215 Veteran letter WIOA-2, Part A or B – (details)  Spouse card (current) Military orders *Underemployed*, current /ONET code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and** explain why they are experiencing difficulty upgrading employment. *Unemployed*, explain why they are experiencing difficulty obtaining employment.**Comments/explanation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |
|  |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIOA-1 (Page 2 of 4)**

**YOUTH and/or ADULT ELIGIBILITY AND ECONOMIC ELIGIBILITY**

  **YOUTH**

 **ADULT**

|  |  |
| --- | --- |
| **1a****Part C** | **** Receives or is eligible to receive free or reduced price lunch (in-school youth only):  Verification from school ** N/A-OSY** **** Youth lives in a high poverty area:  WIOA 2, Part B (See Attachment A and record data from Census Tract or County  information from American Community Survey)**** Public Assistance (cash) income support-payments-based on income (e.g. -TANF/KTAP; SSI;  **NOTE:** Listed documents acceptable for any individual who is a family member):   Public Assistance check/document/records/direct deposit /benefit letter/bank statement   Copy of an individual's SSI check/document/record/benefit letter/direct deposit/bank statement  Written statement or telephone verification from Social Services agency   WIOA-2, Part B **** Food Stamps (SNAP):  Public Assistance check/document/records/direct deposit /benefit letter/bank statement  Copy of an individual's SSI check/document/record/benefit letter/direct deposit/bank statement  Written statement or telephone verification from Social Services agency   WIOA-2, Part B **** *Homeless/Runaway:*  Written statement from individual providing temporary residence   Written statement verification from shelter   WIOA-2, Part A or B **** *Foster Child:*  Written statement from Social Services agency   Confirmation or phone verification recorded on WIOA-2, Part B   **AS A LAST RESORT,** applicant statement using WIOA-2, Part A |
|  |  **OR** |
| **1b** | **Family Size # in Family \_\_\_\_\_\_\_\_\_\_  N/A-OSY** Decree of court  Public Housing Authority, if a resident or on a waiting list  Birth Certificate (proves relationship)  Written statement from a publicly supported 24-hour care facility/institution Marriage certificate (e.g., mental health, prison).Public Assistance/Social Service agency record  **AS A LAST RESORT**, applicant statement using WIOA-2, Part A **AND** |
|  | **Individual/Family Income Total $ \_\_\_\_\_\_\_\_\_\_** **(compare 12 months of income to Low-Income Criteria Chart (LICC))** Award letter form VA  Pay stubs  Alimony/child support documentation Compensation Award letter  Farm/business financial records  Court Documentation UI documents and/or printout  Housing Authority verification  Pension statement  Quarterly Estimated Tax  Employer statement/contact  Bank statement for direct deposit  **AS A LAST RESORT,** applicant statement using WIOA-2, Part A  Social Security Benefits |
| **1c** | **Individual with a disability  N/A-OSY****Disability verified by:**  Medical facility Psychiatrist's diagnosis  Drug or Alcohol Rehabilitation Agency  Medical card documentation  Physician's statement  Psychologist's diagnosis Veterans Administration letter/records  Rehabilitation Evaluation  School records  Workers Compensation Record  Social Services records/referrals  Social Security Administration Disability records  Vocational Rehabilitation Letter  Observable condition (applicant statement needed)  **AS A LAST RESORT,** applicant statement using WIOA-2, Part A **AND**Family size is ONE for comparing to LICC if family income exceeds criteria: Individual's income is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Income verified by:**  Pension statement  Employer statement/contact  Refugee Assistance records Alimony  Compensation Award letter  Farm/business financial records  UI documents and/or printout  Pay stubs  Quarterly Estimated Tax  Copy of an individual's SSDI (Supplemental Security Disability Income) check  WIOA-2, Part B (as allowed by page 1 of instructions)  **AS A LAST RESORT,** applicant statement using WIOA-2,Part A |
| **1d** | **LOW-INCOME/ECONOMIC ELIGIBILITY CRITERIA MET?** YES NO  N/A-OSY |
| **1e** | ** OUT-OF-SCHOOL YOUTH - Age 16-24, Not attending school (See WIOA-1 Instructions, Part C)**   WIOA-2, Part A or B  School Records** IN-SCHOOL YOUTH - Age 14-21 and attending school (Must be low-income)**  WIOA-2, Part A or B  School Records |

|  |  |
| --- | --- |
| **2** | **YOUTH BARRIER (Barriers listed in Instructions)****Specify** barrier and attach documentation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |  |
| **3** | **YOUTH 5% SPECIAL RULE** (If "no" is marked in Item 1d, and the LWDB is allowing the use of the 5% window, enter the appropriate 5% barrier as a “covered individual” (Defined as an in-school youth **or** an out of school youth who is either: a) a recipient of a secondary school diploma or its recognized equivalent who is i) basic skills deficient or ii) an English language learner **or** b) An individual who requires additional assistance to enter or complete an education program or to secure or hold employment.)**Specify In-School or Out-of-School, state** **barrier and attach documentation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**WIOA-1 (Page 3 of 4)**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WIOA APPLICANT SECTION**

|  |
| --- |
|  |
| I attest that the information provided is true to the best of my knowledge. I am aware that I am subject to immediate termination if I am found to be ineligible after enrollment, and that I will be held financially liable for any WIOA Title I funds expended on my behalf due to false or misleading information which I provided. “It shall be unlawful for any Federal, state or local government agency to deny to any individual any right, benefit, or privilege by law because of such individual’s refusal to disclose his social security number.”(Section 7 of the Privacy Act (5 U.S.C. Section 552a Note (Disclosure of Social Security Number)). Staff shall ensure that social security numbers are maintained in a secure and confidential manner. For purposes of compliance with ETA training programs, staff may use social security numbers only for the calculation of program performance measure outcomes. **PART D** |
|  |
|  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Applicant Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date |
|  |

Agency Staff Use Only

**WIOA Title I Program(s) Eligible For:**

|  |
| --- |
| ** Dislocated Worker  Adult  Out-Of-School Youth  In-School Youth  NDWG** **PART E** (Age 18 and older) (Age 16-24) (Age 14-21) I attest that the verification process has been completed in accordance with WIOA Title I and the individual is eligible.**** Need for WIOA services has been verified and documented in EKOS and/or participant case file.  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Authorized Staff Signature Date Eligibility Determined  |

**UPDATE OF WIOA Title I Program(s) Eligible For:**

**PART F**

|  |
| --- |
| ** Dislocated Worker  Adult  Out-Of-School Youth  In-School Youth  NDWG**  (Age 18 and older) (Age 16-24) (Age 14-21) I attest that the update process has been completed in accordance with WIOA Title Iand that the individual is eligible for the category specified in this section. |
| Items updated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Authorized Staff Signature Date of Update |

 **WIOA-1 (Page 4 of 4)**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**