

WIOA Eligibility Documentation Log

For Adult, Dislocated Worker,
and Youth Programs

Revised April 2022

Overview

The Texas Workforce Commission (TWC) has developed sample forms to assist Local Workforce Development Boards (Boards) in collecting the information necessary to verify the multiple Workforce Innovation and Opportunity Act (WIOA) eligibility criteria. Boards may use the sample forms as presented, modify the sample forms to better fit specific local workforce development area needs, or design their own forms.

The following sample forms are included:

- Adult/Dislocated Worker Documentation Log
- Youth Documentation Log

General Instructions

Boards must be aware that The Workforce Information System of Texas (TWIST) is the primary repository for WIOA eligibility determination data. Documentation logs are used in support of data entry into TWIST and when data entry into TWIST is delayed. Each log provides a comprehensive list of WIOA eligibility criteria aligned with the acceptable associated source documentation, as outlined in the Data Validation Resource Document.

Boards may adopt TWC policy and use the sample documentation logs or they may develop more restrictive policies and create their own logs or adjust the sample forms as needed to reflect local policy.

At a minimum, documentation logs must contain the following:

Identifying Information

- Name
- TWIST identification (ID), WorkInTexas.com ID, or Social Security number (SSN)
- Date

Eligibility Criteria

- Basic eligibility criteria—Authorized to work in the United States, Age, and Selective Service
- Fund specific eligibility criteria—Adult, Dislocated Worker, and Youth

Supporting Documentation

A list of acceptable documentation for each criterion must be included. The documentation used must attest to the eligibility criteria. Copies of all collected source documentation must be maintained.

Self-Attestation

Self-attestation must be used only when other allowable documentation sources for the eligibility criteria are not available. The key elements for self-attestation are that the individual:

- identifies their status; and
- signs and dates a form (hard copy or virtual) attesting to their status.

TWIST Counselor Notes

Some characteristics allow for staff determination through informal means such as observation or interview. Where *TWIST Counselor Notes* is included in an acceptable documentation list it indicates that this may be used as a sole source verification for that characteristic.

This option is separate from general requirements for staff documentation in Counselor Notes detailed in other guidance.

Note: Other documentation sources can appear in the TWIST *Documentation Source* drop-down tab; however, the only allowable sources are those listed in the sample forms.

WIOA ELIGIBILITY DOCUMENTATION LOG FOR ADULT/DISLOCATED WORKER

Name: _____
Last
First
MI

TWIST ID, WorkInTexas.com ID, or SSN: Date:

BASIC ELIGIBILITY FOR ADULT AND DISLOCATED WORKER

To receive services, all individuals must meet the following three eligibility criteria. Supporting documentation for each criterion must be maintained at the Board level. One source document from each list is sufficient to meet documentation requirements for the particular eligibility criteria.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Authorized to Work in the United States	<input type="checkbox"/> Completed <i>Authorized to Work in the US</i> form <i>Note:</i> Authorization to work in the United States can be verified through eligibility for unemployment benefits. Documentation of this eligibility is included on the <i>Authorized to Work in the US</i> form.
<input type="checkbox"/> Age	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Baptismal record <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Driver's license <input type="checkbox"/> Federal, state, or local government identification card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School records <input type="checkbox"/> School identification card <input type="checkbox"/> Work permit <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Other official document issued by a federal, state, or local government agency, such as discharge documents from the Texas Department of Criminal Justice with date of birth included.
<input type="checkbox"/> Selective Service Registration	<input type="checkbox"/> Selective Service System letter/registration letter <input type="checkbox"/> Internet verification/registration (http://www.sss.gov) <input type="checkbox"/> Telephone verification (847) 688-6888 or toll free (888) 665-1825 <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Self-attestation that failure to register was not knowing or willful , including any required documentation for Board determination

ADULT SERVICE PRIORITY

Boards must have an established service priority policy.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p>Individual/Family Income</p> <p><i>Note:</i> Documentation must be provided for each applicable income source.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Alimony agreement <input type="checkbox"/> Award letter from Veterans Affairs <input type="checkbox"/> Bank statement <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension statement <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C) <input type="checkbox"/> UI documents and/or printout <input type="checkbox"/> Court award letter <input type="checkbox"/> Self-employment verification form <input type="checkbox"/> Other official document issued by a federal, state, or local government agency such as the Texas Department of Housing and Community Affairs or the Texas Department of Family and Protective Services (for foster youth), indicating monetary amount of assistance <input type="checkbox"/> Self-attestation in the absence of available documents listed above.
<p>Individual Status/Family Size</p> <p><i>Note:</i> For individuals with disabilities, the individual’s income may be sufficient to determine low-income status. If the individual’s income exceeds low-income levels, family income and size must be used to determine whether low-income status is met.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Self-attestation of Family Status</i> form <input type="checkbox"/> Birth certificate <input type="checkbox"/> Decree of court <input type="checkbox"/> Divorce decree <input type="checkbox"/> Marriage certificate
<p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Crossmatch with TWIST TANF screens <input type="checkbox"/> HHSC records <input type="checkbox"/> Out-of-state HHSC/public assistance documentation
<p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Crossmatch with TWIST SNAP screens <input type="checkbox"/> Telephone/written verification <input type="checkbox"/> Public assistance record <input type="checkbox"/> TWIST legacy search <input type="checkbox"/> Letter from SNAP disbursing agency
<p><input type="checkbox"/> Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Public assistance record <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Telephone verification
<p><input type="checkbox"/> Other Public Assistance</p> <p><i>Note:</i> State or local General Assistance (GA) and Refugee Cash Assistance (RCA) only</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Local cash assistance program

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Homeless	<input type="checkbox"/> Self-attestation <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Written statement or referral from a shelter or social services agency providing residence shelter <input type="checkbox"/> Needs assessment from partner program <input type="checkbox"/> Letter from a caseworker or support provider
<input type="checkbox"/> Free or Reduced-Price School Lunch	<input type="checkbox"/> School Records
<input type="checkbox"/> Foster Care Youth or Former Foster Care Youth	<input type="checkbox"/> Written statement from social services agency <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Foster care agency referral transmittal <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Needs assessment from partner program <input type="checkbox"/> Signed Individual Service Strategy from partner program
<input type="checkbox"/> Individual with a Disability <i>Note:</i> Detailed information about the disability is not necessary.	<input type="checkbox"/> Self-attestation form <input type="checkbox"/> Section 504 school record <input type="checkbox"/> Assessment test results
<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Assessed by a generally accepted standardized test <input type="checkbox"/> School records <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Board-defined documentation _____

Case Manager/Intake Notes: _____

Texas Workforce Solutions Staff Signature

Print Name

Date

Manager/Reviewer Signature

Print Name

Date

DISLOCATED WORKER

Dislocated workers must be eligible adults who meet the criteria in one of the following categories.

ELIGIBILITY CRITERIA		ACCEPTABLE DOCUMENTATION	
CATEGORY 1			
<input type="checkbox"/> Terminated/Laid-Off/Received Notice of Termination or Layoff. and		<input type="checkbox"/> Employer verification <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> TWIST Rapid Response list <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Public announcement <input type="checkbox"/> WARN notice <input type="checkbox"/> Self-attestation <input type="checkbox"/> Telephone/written verification from employer	
Unemployment Insurance and	<input type="checkbox"/> Eligible for, or has exhausted, UI Benefits. or	<input type="checkbox"/> UI screen – <i>Current Claimant Status (CTCS)</i> <input type="checkbox"/> UI award letter	
	<input type="checkbox"/> Can show attachment to workforce but ineligible for unemployment benefits due to insufficient earnings or worked for an employer not covered under state Unemployment Insurance (UI) law.	<input type="checkbox"/> UI screen – <i>Current Claimant Status (CTCS)</i> <input type="checkbox"/> Board determination <hr/> <hr/>	
<input type="checkbox"/> Unlikely to return to previous industry/occupation.		<input type="checkbox"/> Labor Market Information/Verification <input type="checkbox"/> Job search <input type="checkbox"/> Self-attestation <input type="checkbox"/> WorkInTexas.com Print Screen <input type="checkbox"/> Other	

<p>Separating military service members or recently separated veterans may qualify under dislocated worker Category 1 as terminated or laid-off if they are discharged under conditions other than dishonorable, whether voluntarily or involuntarily.</p> <p>Unemployment insurance eligibility, exhaustion, or other connection must be documented for veterans.</p> <p>Separation from military service satisfies the requirement that the individual is unlikely to return to his or her previous industry or occupation.</p> <p><i>Note:</i> “Recently separated veteran” means any veteran who applies for participation under WIOA within 48 months after discharge or release from active military, naval, air, or space service.</p>	<p><input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty</p> <p><input type="checkbox"/> DD-215—Correction to DD-214, Certificate of Release or Discharge from Active Duty; or</p> <p><input type="checkbox"/> Other documentation that shows imminent separation</p>
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ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
CATEGORY 2	
<input type="checkbox"/> Permanent closure of plant/facility/enterprise; or <input type="checkbox"/> Substantial layoff.	<input type="checkbox"/> Notice of layoff <input type="checkbox"/> WARN notice <input type="checkbox"/> Telephone/written verification from employer <input type="checkbox"/> UI screen or award letter, if it provides evidence of substantial layoff in accordance with TWC or Board policy
<input type="checkbox"/> Notified of a planned closure (within 180 days of notice) either through the employer or through the media; or	<input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> TWIST rapid response list <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Documentation from media source <input type="checkbox"/> Documentation from State Dislocated Worker Service <input type="checkbox"/> Telephone/written verification from official source <input type="checkbox"/> Self-attestation
<input type="checkbox"/> General announcement made by employer that the facility will close with no date given or date beyond 180 days of notice.	<input type="checkbox"/> Employer verification <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> TWIST rapid response list <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Documentation from media source <input type="checkbox"/> Telephone/written verification from official source
CATEGORY 3	
<input type="checkbox"/> Previously self-employed; and	<input type="checkbox"/> Business license/permit <input type="checkbox"/> IRS documentation <input type="checkbox"/> TWC verification <input type="checkbox"/> Telephone/written verification from official source
<input type="checkbox"/> presently unemployed because of general economic conditions in residing community; or	<input type="checkbox"/> TWC Labor Market Information <input type="checkbox"/> Unemployment rate <input type="checkbox"/> Other TWC-approved labor market analysis <input type="checkbox"/> Failure of business supplier <input type="checkbox"/> Failure of business customer <input type="checkbox"/> Depressed prices or market <input type="checkbox"/> Telephone/written verification from official source
<input type="checkbox"/> permanently dislocated because of natural disaster.	<input type="checkbox"/> Federal/State declaration of disaster <input type="checkbox"/> TWC-confirmed disaster and <input type="checkbox"/> Permanent dislocation <input type="checkbox"/> Telephone/written verification from official source

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
CATEGORY 4	
<p><i>Displaced Homemaker</i></p> <p>An individual who:</p> <p><input type="checkbox"/> has been providing unpaid services to family members in the home;</p> <p><input type="checkbox"/> is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment;</p> <p style="text-align: center;">and</p> <p><input type="checkbox"/> has been dependent on the income of another family member but is no longer supported by that income</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> 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, a call or order to active duty, a permanent change of station, or the service connected death or disability of the member.</p>	<p><input type="checkbox"/> Self-attestation</p> <p><input type="checkbox"/> Signed intake application or enrollment form</p> <p><input type="checkbox"/> Public assistance records</p> <p><input type="checkbox"/> Spouse's layoff notice</p> <p><input type="checkbox"/> Spouse's death record</p> <p><input type="checkbox"/> Spouse's Permanent Change of Station (PCS) orders (for military move or assignment)</p> <p><input type="checkbox"/> Divorce records</p> <p><input type="checkbox"/> Applicable court records</p> <p><input type="checkbox"/> Bank records (showing financial dependence on spouse, no separate individual income support, or no employment income earned)</p> <p><input type="checkbox"/> Needs assessment from partner program</p> <p><input type="checkbox"/> Signed Individual Employment Plan (IEP) from partner program</p>
CATEGORY 5	
<p><i>Military Spouse</i></p> <p>An individual who:</p> <p><input type="checkbox"/> 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,</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> is the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and experiencing difficulty finding or upgrading employment.</p>	<p><input type="checkbox"/> Spouse's Permanent Change of Station (PCS) orders (for military move or assignment)</p> <p><input type="checkbox"/> Board defined:</p> <hr/> <p><input type="checkbox"/> Self-attestation</p>
EXPEDITED ELIGIBILITY	
<p>Expedited eligibility is available for trade-affected workers. This includes verification of:</p> <ul style="list-style-type: none"> • Authorization to work in the United States • Category 1 dislocated worker eligibility <p><i>Note: Selective Service registration must be verified</i></p>	<p>Expedited eligibility criteria are satisfied by any one of the following:</p> <p><input type="checkbox"/> An open TAA occupational or educational training service</p> <p><input type="checkbox"/> Open TAA Program Detail in TWIST</p>
<p>Expedited eligibility is available for an RESEA participant if the claimant has been outreached for RESEA within the last 10 weeks. This includes verification of the following:</p> <ul style="list-style-type: none"> • Authorization to work in the United States • Category 1 dislocated worker eligibility <p><i>Note: Selective Service registration must be verified.</i></p>	<p>Expedited eligibility criteria are satisfied by the following:</p> <p><input type="checkbox"/> A copy of RESEA outreach letter dated within the past 10 weeks</p>

Case Manager/Intake Notes: _____

Texas Workforce Solutions Staff Signature

Print Name

Date

Manager/Reviewer Signature

Print Name

Date

WIOA ELIGIBILITY DOCUMENTATION LOG FOR YOUTH

Name:

	Last		First		MI
TWIST ID, WorkInTexas.com ID, or SSN:		Date:			

YOUTH	
All youth must be ages 14–24 and eligible to work in the United States. Males 18–24 must meet the Selective Service registration requirement.	
ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
Age (14–24)	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Baptismal record <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Driver's license <input type="checkbox"/> Federal, state, or local government identification card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School records <input type="checkbox"/> School identification card <input type="checkbox"/> Work permit <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Other official document issued by a federal, state, or local government agency, such as discharge documents from the Texas Department of Criminal Justice with date of birth included
Selective Service Registration	<input type="checkbox"/> Selective Service System letter/registration letter <input type="checkbox"/> Internet verification/registration (http://www.sss.gov) <input type="checkbox"/> Telephone verification (847) 688-6888 or toll free 1-888-665-1825 <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Self-attestation that failure to register was not knowing or willful , including any required documentation for Board determination
Authorized to Work in the United States	<input type="checkbox"/> Completed <i>Authorized to Work in the US</i> form <i>Note:</i> Authorization to work in the United States can be verified through eligibility for unemployment benefits. Documentation of this eligibility is included on the <i>Authorized to Work in the US</i> form.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p>Individual/Family Income</p> <p><i>Note:</i> Documentation must be provided for each applicable income source.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Alimony agreement <input type="checkbox"/> Award letter from Veterans Affairs <input type="checkbox"/> Bank statement <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension statement <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C) <input type="checkbox"/> UI documents and/or printout <input type="checkbox"/> Court award letter <input type="checkbox"/> Self-employment verification form <input type="checkbox"/> Other official document issued by a federal, state, or local government agency such as the Texas Department of Housing and Community Affairs or the Texas Department of Family and Protective Services (for foster youth), indicating monetary amount of assistance <input type="checkbox"/> Self-attestation in the absence of available documents listed above
<p>Individual Status/Family Size</p> <p><i>Note:</i> For individuals with disabilities, the individual's income may be sufficient to determine low-income status. If the individual's income exceeds low-income levels, family income and size must be used to determine whether low-income status is met.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Self-attestation of Family Status</i> form <input type="checkbox"/> Birth certificate <input type="checkbox"/> Decree of court <input type="checkbox"/> Divorce decree <input type="checkbox"/> Marriage certificate
<p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Crossmatch with TWIST TANF screens <input type="checkbox"/> HHSC records <input type="checkbox"/> Out-of-state HHSC/public assistance documentation
<p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Crossmatch with TWIST SNAP screens <input type="checkbox"/> Telephone verification <input type="checkbox"/> Public assistance record <input type="checkbox"/> TWIST legacy search <input type="checkbox"/> Letter from SNAP disbursing agency
<p><input type="checkbox"/> Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Public assistance record <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Telephone verification
<p><input type="checkbox"/> Other Public Assistance</p> <p><i>Note:</i> State or local General Assistance (GA) and Refugee Cash Assistance (RCA) only</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Local cash assistance program

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Homeless Individual and/or Runaway Youth	<input type="checkbox"/> Self-attestation <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Written statement or referral from a shelter or social services agency providing residence shelter <input type="checkbox"/> Signed Individual Service Strategy from partner program <input type="checkbox"/> Needs assessment from partner program <input type="checkbox"/> Letter from a caseworker or support provider
<input type="checkbox"/> Free or Reduced-Price School Lunch	<input type="checkbox"/> Individual's school records
<input type="checkbox"/> Foster Care Youth or Former Foster Care Youth	<input type="checkbox"/> Written statement from social services agency <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Foster care agency referral transmittal <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Needs assessment from partner program <input type="checkbox"/> Signed Individual Service Strategy from partner program
<input type="checkbox"/> Out-of-Home Placement	<input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation
<input type="checkbox"/> Individual with a Disability <i>Note: Detailed information about the disability is not necessary.</i>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Section 504 school record <input type="checkbox"/> Needs assessment from partner program
<input type="checkbox"/> Lives in a High-Poverty Area	<input type="checkbox"/> U.S. Census Bureau 5-Year Data Profiles
<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Assessed by a generally accepted standardized test <input type="checkbox"/> School records <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Board-defined documentation _____
<input type="checkbox"/> English Language Learner <i>Note: TWIST is currently not programmed to capture this eligibility category.</i>	<input type="checkbox"/> Assessed by a generally accepted standardized test <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> School records <input type="checkbox"/> Self-attestation <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Signed Individual Service Strategy from partner program
<input type="checkbox"/> Ex-offender	<input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Documentation from juvenile or adult criminal justice system <input type="checkbox"/> Written verification or referral document from court or probation officer <input type="checkbox"/> Referral from a reintegration agency <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Needs assessment from partner program <input type="checkbox"/> Signed Individual Service Strategy from partner program <input type="checkbox"/> Federal bonding program application
<input type="checkbox"/> Additional Assistance Needed <i>Note: Assistance needed to complete an educational program, or to secure and hold employment</i>	<input type="checkbox"/> Board-defined category: _____ <input type="checkbox"/> Board-defined documentation _____ <input type="checkbox"/> Self-attestation form <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Needs assessment from partner program <input type="checkbox"/> Signed Individual Service Strategy from partner program

<input type="checkbox"/> School Status at Program Entry	<input type="checkbox"/> School enrollment form <input type="checkbox"/> School records (high school equivalency, attendance record, transcripts, report card, or school documentation) <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Self-attestation
<input type="checkbox"/> School Dropout	<input type="checkbox"/> Self-attestation <input type="checkbox"/> School attendance record <input type="checkbox"/> School dropout letter

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION							
<input type="checkbox"/> Within the age of compulsory school attendance (6–18), but has not attended school for the last three consecutive months, excluding summer months when school is not in session.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> School attendance record							
<input type="checkbox"/> Pregnant or Parenting Youth	<input type="checkbox"/> Self-attestation <input type="checkbox"/> TWIST <i>Counselor Notes</i> <input type="checkbox"/> Needs assessment from partner program <input type="checkbox"/> WIC eligibility verification <input type="checkbox"/> HHSC, TANF, or SNAP screenprint showing the individual and child <input type="checkbox"/> Signed intake application or enrollment form <input type="checkbox"/> Signed Individual Service Strategy from partner program							
Case Manager/Intake Notes: _____								
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black; vertical-align: bottom;"> Texas Workforce Solutions Staff Signature </td> <td style="width: 25%; border-top: 1px solid black; vertical-align: bottom;"> Print Name </td> <td style="width: 25%; border-top: 1px solid black; vertical-align: bottom;"> Date </td> </tr> <tr> <td style="border-top: 1px solid black; vertical-align: bottom;"> Manager/Reviewer Signature </td> <td style="border-top: 1px solid black; vertical-align: bottom;"> Print Name </td> <td style="border-top: 1px solid black; vertical-align: bottom;"> Date </td> </tr> </table>			Texas Workforce Solutions Staff Signature	Print Name	Date	Manager/Reviewer Signature	Print Name	Date
Texas Workforce Solutions Staff Signature	Print Name	Date						
Manager/Reviewer Signature	Print Name	Date						

ELIGIBILITY DOCUMENTATION FORMS

The Texas Workforce Commission has developed standardized forms to assist Local Workforce Development Boards (Boards) in collecting the information necessary to verify the multiple Workforce Innovation and Opportunity Act (WIOA) eligibility criteria. Boards may modify these forms to meet specific needs; however, all required data elements must remain the same.

The following instructions and WIOA forms are included:

- Instructions for Completing Telephone Verification/Document Inspection Form
- Telephone Verification/Document Inspection Form
- Instructions for Completing Self-Attestation Form
- Self-Attestation Form
- Telephone Verification of Public Announcement Form
- Verification of Termination or Layoff Dislocated Worker Form
- Employment/Income Verification Form
- Self-Employment Verification Form
- Out-of-State Unemployment Insurance Verification Form
- Instructions for Completing Citizenship/Eligible Noncitizen Status Authorization to Work Form
- Self-Attestation of Family Status Form
- Citizenship/Eligible Noncitizen Status Authorization to Work Form

INSTRUCTIONS FOR COMPLETING TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM

If no other forms of documentation are available, WIOA eligibility criteria may be verified by telephone contacts with governmental or social service agencies, or by document inspection. The information obtained must be documented by recording it on a standardized form such as the sample included with this desk reference. Information recorded must be adequate to enable a monitor or auditor to trace the information back to the agency providing the information 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 WIOA eligibility criteria.

Agencies that may assist in verifying information by telephone are:

- Local schools
- U.S. Department of Veterans Affairs
- Vocational rehabilitation facilities
- Housing authorities
- Judicial agencies and institutions
- Social Security Administration
- Medical and health facilities
- Drug and alcohol rehabilitation facilities
- Homeless shelters
- Other state or local government agencies

Documentation of eligibility verification through document inspection is appropriate when documents cannot be photocopied. In such cases, or when documents are not readily obtainable, a telephone verification/document inspection form may be used. The form serves dual purposes:

1. **Telephone Verification**—used to verify eligibility information through governmental, private, or social service agencies. Information recorded on the form must include all applicable information to enable a monitor or auditor to adequately verify eligibility, i.e., document name, contact name, telephone numbers, addresses, etc.; and
2. **Document Inspection**—used when documents cannot be copied, or if program recruitment is being conducted in the field.

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
TELEPHONE VERIFICATION/DOCUMENT INSPECTION**

IDENTIFYING INFORMATION		
Job Seeker's Name: _____		
<small>First</small>	<small>Last</small>	<small>MI</small>

SSN: _____	Date: _____
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WIOA 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: _____

WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION

NAME AND/OR NUMBER OF DOCUMENT _____

ELIGIBILITY ITEM(S) 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

Certification

I ATTEST THAT THE INFORMATION RECORDED BY ME ON THIS DOCUMENT WAS OBTAINED THROUGH TELEPHONE CONTACT ON THE ABOVE DATE. AS INDICATED BY THE AGENT, ALL INFORMATION WAS OBTAINED FROM DATA PREVIOUSLY DETERMINED AND RECORDED IN THE JOB SEEKER'S RECORDS AT THE AGENCY PROVIDING THE ELIGIBILITY VERIFICATION.

OR

I ATTEST THAT THE DOCUMENT INSPECTION PERFORMED BY ME VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO DETERMINE THE JOB SEEKER'S ELIGIBILITY FOR WIOA SERVICES.

Texas Workforce Solutions Staff Signature	Print Name	Date
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Manager/Reviewer Signature	Print Name	Date
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INSTRUCTIONS FOR COMPLETING SELF-ATTESTATION FORM

Much of the documentation necessary to meet the multiple WIOA eligibility requirements is readily available through various agencies and other sources. In some cases, definitive documentation is required, e.g., eligibility to work and Selective Service registration for males.

US Department of Labor Training and Employment Notice 9-06 allows for self-attestation to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. Self-attestation can be used only after all practical attempts to secure other documentation have failed. Self-attestation is allowable only as described in this desk reference.

To use self-attestation as documentation, the self-attestation form must be completed as follows:

If a job seeker states that he or she cannot provide evidence that no income was received during the past six months, and that he or she was unemployed for that period, complete the blank spaces following the words “I hereby certify, under penalty of perjury, that the following information is true.”

Example:

“I have received no income from any source during the past six months, I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends.”

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
SELF-ATTESTATION**

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, 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 OF WIOA-FUNDED SERVICES AND/OR PENALTIES AS SPECIFIED BY LAW.

JOB SEEKER'S SIGNATURE and DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN (as needed)

JOB SEEKER'S ADDRESS

JOB SEEKER'S PHONE #

The above self-attestation documents the following eligibility criteria:

CERTIFICATION		
I certify that the information recorded on this form was provided by the individuals whose signatures appear above.		
_____ Texas Workforce Solutions Staff Signature	_____ Print Name	_____ Date
_____ Manager/Reviewer Signature	_____ Print Name	_____ Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
TELEPHONE VERIFICATION OF PUBLIC ANNOUNCEMENT**

Date of Telephone Verification: _____

Workforce Solutions Office
Staff Member Contacted: _____

Job Title: _____

Division/Department: _____

Telephone Number: (____) _____

Company Name: _____ Date of Closure: _____

Media Form of Announcement: _____

Specific Site(s) to be Affected: _____

Documentation Information Specific to Closing: _____

NOTE: The following are required for meeting dislocated worker eligibility criteria under Category 2 - Public Announcement:

- 1. Declared through media.
- 2. Specific sites due to close by specific date.

CERTIFICATION

I certify that the information provided above meets the requirements for WIOA dislocated worker eligibility under "Public Announcement."

Texas Workforce Solutions Staff Signature

Print Name

Date

Manager/Reviewer Signature

Print Name

Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
VERIFICATION OF TERMINATION OR LAYOFF
DISLOCATED WORKER**

Job Seeker's Name: _____ Date _____
(Please Print)

TO EMPLOYER:

Please provide the information requested below to assist in establishing my eligibility for WIOA dislocated worker services.
Thank you for your help.

Signature _____

Job Seeker's Social Security Number (if applicable) _____

(TO BE COMPLETED BY EMPLOYER)

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Position Held: _____

Employed From: _____ / _____ / _____ to _____ / _____ / _____
Month/Day/Year Month/ Day/Year

Has the individual been terminated or received a notice of termination (i.e., separated from employment due to reasons other than discharge for cause, voluntary departure, or retirement)?

Yes No

Is the termination a result of the permanent closure of your plant/facility/enterprise?

Yes No

Is the termination a result of a substantial layoff* at your plant/facility/enterprise?

Yes No

Was the individual's position covered by unemployment insurance?

Yes No

Signature/Title of Representative _____

Date _____

PLEASE RETURN TO: Workforce Solutions Office Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

ATTENTION: _____

** At least 33 percent of full-time employees with at least 50 full-time employees; or at least 500 full-time employees.*

CERTIFICATION

I certify that I have contacted the above-named employer/representative and the information provided is true and correct to the best of my knowledge.

Texas Workforce Solutions Staff Signature

Print Name

Date

Manager/Reviewer Signature

Print Name

Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
EMPLOYMENT/INCOME VERIFICATION**

Employee Name: _____

Date: _____

TO WHOM IT MAY CONCERN:

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for training and employment under the Workforce Innovation and Opportunity Act, verification of income actually received for the period ____/____/____ to ____/____/____ is needed. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

Signature of Employee

Social Security Number

TO BE COMPLETED BY THE EMPLOYER*

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Position Held: _____

Employed From: ____/____/____ to ____/____/____
Month/ Day/Year Month/ Day Year

Income Determination Period for Program Eligibility: ____/____/____ to ____/____/____
*Month/ Day/Year Month/ Day Year
*(Dates to be filled out by Workforce Solutions Office staff)

Total Gross Wages/Salary: \$ _____
[Includes all pay received (before deductions) Signature of Employer Representative/Title/Date inclusive of income determination period listed above]

TO BE COMPLETED BY WORKFORCE SOLUTIONS OFFICE STAFF

PLEASE RETURN TO:

Workforce Solutions Office Name: _____

Attn: (Staff name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

This information may be completed by Workforce Solutions Office staff if verified by telephone contact indicating who supplied the information and the date the telephone contact was made.

Texas Workforce Solutions Staff Signature Print Name Date

Manager/Reviewer Signature Print Name Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
SELF-EMPLOYMENT VERIFICATION FORM**

Customer Name _____ SSN _____
 Business Office _____ Telephone # _____
 Type of Business _____

Gross income or receipts during the 26-week determination period

Week #	Week ending date	Gross wages for week	Week #	Week ending date	Gross wages for week	Week #	Week ending date	Gross wages for week
1			10			19		
2			11			20		
3			12			21		
4			13			22		
5			14			23		
6			15			24		
7			16			25		
8			17			26		
9			18					

Gross Income (A) \$ _____

Business Expenses for period

	\$		Other (specify)	\$
Rent				
Telephone				
Utilities				
Supplies				

Total Expenses (B) \$ _____

Subtract expenses (B) from gross income (A) for net profit (includable income) \$ _____

If customer has completed his/her tax return, attach copy of Schedule C, Schedule D, Schedule F, partnership return, or corporate return—whichever applies.

I, _____, certify 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 or penalties as specified by law.

Job Seeker Signature

Date

Workforce Solutions Office Staff Signature

Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
OUT-OF-STATE UNEMPLOYMENT INSURANCE VERIFICATION**

Unemployment Benefits Recipient Name: _____ Date: _____

To (out-of-state agency): _____

This is your authorization to release the information concerning my receipt of unemployment insurance. In order to establish eligibility for training and employment under the Workforce Innovation and Opportunity Act, verification of income is needed for the last 26 weeks prior to the date of application. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

Signature of Unemployment Benefits Recipient or Claimant Social Security Number

TO BE COMPLETED BY STATE UNEMPLOYMENT INSURANCE STAFF		
Please enter the total amount of unemployment benefits received from		
_____/_____/_____ Month/ Day /Year	to _____/_____/_____ Month/ Day /Year	\$_____ Amount
Has the unemployment recipient exhausted all benefits (effective the date of application above)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Signature of Representative/Title/Date	_____ Printed Name	

TO BE COMPLETED BY WORKFORCE SOLUTIONS OFFICE STAFF		
PLEASE RETURN TO: Workforce Solutions Office Name: _____		
Attn: (Staff name): _____		
Street Address: _____		
City: _____ State: _____ Zip: _____		
This unemployment benefits information may be completed by Workforce Solutions Office staff if verified by telephone contact indicating who supplied the information and the date the telephone contact was made.		
_____ Texas Workforce Solutions Staff Signature	_____ Print Name	_____ Date
_____ Manager/Reviewer Signature	_____ Print Name	_____ Date

INSTRUCTIONS FOR COMPLETING SELF-ATTESTATION OF FAMILY STATUS FORM

In cases in which the recommended sources of family status documentation are unavailable, or the attainment of such documentation would place undue hardship on the job seeker, this form may be used.

The purpose of this form is to verify a WIOA job seeker's family status at time of application. This entails documenting the size and makeup of the job seeker's family. This form is only necessary when eligibility is based on family income for the past 26 weeks.

The Self-Attestation of Family Status form should be completed by the job seeker, with the assistance of Workforce Solutions Office staff, to ensure the form is completed correctly. The job seeker then takes the form to be signed by a witness who can corroborate the information provided.

A family is defined as two or more individuals related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories:

- A married couple and dependents
- A single individual, parent, or guardian, and dependents
- A married couple.

Note: In a situation in which a job seeker is claiming, for the purpose of defining his or her family, to be in a common-law marriage, written attestation must be obtained from both parties affirming the fact.

Family Member Names(s)/Relationship to Job Seeker

- List the names of all family members living in the job seeker's residence.
- Indicate the relationship of each family member to the job seeker.

Name/Location/Reason

- List the names of any family members not currently residing in the job seeker's residence.
- Include any family member who, in accordance with the *WIOA Guidelines* definition of *family*, is not currently living in the residence but would be considered a part of the job seeker's family. These absences may be due to temporary and voluntary residence elsewhere (e.g., attending school or college, visiting relatives). Such absences would not include involuntary temporary residence elsewhere (e.g., incarceration or placement as a result of a court order). Members of the Armed Forces on extended temporary assignment elsewhere are considered to be assigned involuntarily and would not be considered as part of the job seeker's family.
- Indicate the location of the absent family member.
- Indicate the reason for the absence. Include whether the absence is voluntary or involuntary, and if it is temporary or permanent.

The job seeker must sign the form.

A corroborating witness must sign the form attesting to the accuracy of the given information. The corroborating witness may live in or out of the residence and may or may not be related to the job seeker. The witness must have verifiable knowledge of the job seeker's family size.

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
SELF-ATTESTATION OF FAMILY STATUS**

IDENTIFYING INFORMATION			
Job Seeker Name: _____			
Last	First	MI	
SSN: _____	Application Date: _____		_____

To be completed by WIOA job seeker with Workforce Solutions Office Staff assistance:

For use in completing this form, the following definition applies:

FAMILY is defined as two or more individuals related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories:

- A married couple and dependents;
- A single individual, parent, or guardian, and dependents; or
- A married couple. In a situation in which a job seeker is claiming, for the purpose of defining his or her family, to be in a common-law marriage, written attestation must be obtained from both parties affirming the fact.

Please provide information regarding the job seeker’s family as requested below (see instructions):

FAMILY MEMBER NAME(S)	RELATIONSHIP TO JOB SEEKER

Please complete the following information for family members not currently residing in the job seeker’s residence (see instructions).

NAME	LOCATION	REASON

I attest that to the best of my knowledge the information above is true and correct.

(Signature of Job Seeker)

(Date)

CORROBORATING WITNESS – I attest that to the best of my knowledge the information above is true and correct.

Name _____	Signature _____
Street Address _____	City, State, Zip _____
Telephone Number _____	Relationship to Job Seeker _____

**INSTRUCTIONS FOR COMPLETING CITIZENSHIP/ELIGIBLE NONCITIZEN STATUS
AUTHORIZATION TO WORK FORM**

By completing this form with the appropriate accompanying documentation, job seekers can prove that they have the right to work in the United States and are eligible to receive WIOA-funded services. Job seekers complete the form by providing the appropriate documents for the box(s) that they have checked, choosing either **one item from *List A***, **or one item each from *List B* and *List C***.

Job seekers will be asked to complete the personal identification information at the top of the form. They will then be asked to review the form to determine if they have the appropriate documentation to check an item from *List A*, or if they have the appropriate documentation to check an item from both *List B* and *List C*.

Copies of the appropriate documents must be maintained in the job seeker's case file along with the Citizenship/Eligible Noncitizen Status Authorization to Work form for proof of eligibility to work in the United States and receive WIOA-funded services.

WORKFORCE INNOVATION AND OPPORTUNITY ACT CITIZENSHIP/ELIGIBLE NONCITIZEN STATUS AUTHORIZATION TO WORK

For individuals to participate in Workforce Innovation and Opportunity Act programs, they must be authorized to work in the United States. Please complete the following form, choosing one item from **List A**, or one item from **List B** and one item from **List C**.

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Print Name: Last First MI Maiden Name

Date of Birth (month/day/year)

Social Security Number

All documents must be unexpired

LIST A	LIST B	LIST C
Documents That Establish Both Identity and Employment Eligibility	Documents That Establish Identity	Documents That Establish Employment Eligibility
OR AND		
<input type="checkbox"/> U.S. Passport or U.S. Passport Card <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) <input type="checkbox"/> Foreign Passport, that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigration visa <input type="checkbox"/> Employment Authorization Document that contains a Photograph (Form I-766) <input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form <input type="checkbox"/> 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	<input type="checkbox"/> Driver's License or ID Card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address <input type="checkbox"/> 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 <input type="checkbox"/> School ID Card with a photograph <input type="checkbox"/> Voter's Registration Card <input type="checkbox"/> US Military Card or Draft Record <input type="checkbox"/> Military Dependent's ID Card <input type="checkbox"/> US Coast Guard Merchant Mariner Card <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Driver's License issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <input type="checkbox"/> School record or report card <input type="checkbox"/> Clinic, doctor, or hospital record <input type="checkbox"/> Day care or nursery school record	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States <input type="checkbox"/> Certificate of Birth Abroad issued by the Department of Homeland Security (Forms FS-545 or FS-240) <input type="checkbox"/> Certification of Report of Birth issued by the Department of Homeland Security (Form DS-1350) <input type="checkbox"/> Original or certified copy of a birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> US Citizen ID Card (INS Form I-197) <input type="checkbox"/> Identification Card for use of Resident Citizen in the United States (Form I-179) <input type="checkbox"/> A letter of certification issued by the Department of Health and Human Services (human trafficking) <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security <input type="checkbox"/> Screenprint of UI screen <i>Current Claim Status</i> <input type="checkbox"/> UI award letter <input type="checkbox"/> Expedited Eligibility through TAA <input type="checkbox"/> Expedited Eligibility through RESEA

CERTIFICATION

I certify 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 or penalties as specified by law.

Job Seeker Signature Date

Workforce Solutions Office Staff Signature Print Name Date

Manager/Reviewer Signature Print Name Date