

Participant Name: _____

REQUIRED VERIFICATION DOCUMENTS (RVD) ELIGIBILITY CHECKLIST

WIOA Adult and Dislocated Worker GENERAL ELIGIBILITY

Circle the document used for verification in each applicable category and retain a photocopy on file.

ELIGIBILITY CRITERIA (All items on this page must be verified)	ACCEPTABLE DOCUMENTATION (Only one document from this column per eligibility criteria is required)
	Attach completed Form I-9 to certification packet
<p>RIGHT TO WORK</p> <p>Must have either one document from List A (Documents that establish identity and employment eligibility)</p> <p>_____</p> <p>Document #</p> <p>_____</p> <p>Alien Registration #</p> <p style="text-align: center;">OR</p> <p>Or one document from List B (Documents that establish identity)</p> <p>_____</p> <p>Document #</p> <p style="text-align: center;">And</p> <p>One document List C (Documents that establish employment eligibility)</p> <p>_____</p>	<p style="text-align: center;">List A Documents – one required</p> <p>U.S. Passport or U.S. Passport Card</p> <p>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>Unexpired foreign passport with a temporary I-551 stamp</p> <p>Unexpired Employment Authorization Document that contains a photograph (Form I-766)</p> <p>Unexpired foreign passport with unexpired Arrival-Departure Record, Form I-94 w/endorsement of alien’s non-immigrant status, if status authorizes the alien to work for the employer.</p> <p>Passport from the Federated States of Micronesia (FSM) or Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association</p> <p style="text-align: center;">List B Documents – (one required plus one from List C) (The following documents must be current and not expired)</p> <p>Driver’s license or ID card (issued by federal, state or local government agencies or entities provided it contains photograph, or information such as name, date of birth, gender, height, eye color and address)</p> <p>School ID with a photograph</p> <p>Voter’s Registration Card</p> <p>U.S. Military card or draft record</p> <p>Military dependent’s ID card</p> <p>U.S. Coast Guard Merchant Mariner Card</p> <p>Native American tribal document</p> <p>Driver’s license issued by Canadian government authority</p> <p style="text-align: center;">And</p> <p style="text-align: center;">List C Documents – (one required plus one from List B)</p> <p>U.S. Social Security card issued by the Social Security Administration (other than a card stating not valid for employ.)</p>

<p>Document #</p>	<p>Certificate of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>Original or certified copy of birth certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal</p> <p>Native American tribal document</p> <p>U.S. Citizen ID Card (Form I-197)</p> <p>Identification card for Use of Resident Citizen in the United States (Form I-179)</p> <p>Employment authorization document issued by the Department of Homeland Security</p>
<p>BIRTH DATE/AGE</p> <p>____/____/____ BIRTHDATE</p>	<p>Baptismal Record</p> <p>Birth Certificate</p> <p>DD-214, Form</p> <p>Driver's License</p> <p>Federal, State or Local Government ID Card</p> <p>Hospital Record of Birth</p> <p>Passport</p> <p>Public Assistance/Social Service Records</p> <p>School Records/Identification Card</p>
<p>SELECTIVE SERVICE REGISTRANT</p> <p>_____ Selective Service #</p>	<p>Acknowledgment Letter</p> <p>SDA/State Registration Process</p> <p>Selective Service Registration Card</p> <p>Selective Service Registration Record (Form 3A)</p> <p>Selective Service Verification Form</p> <p>Screen printout of the Selective Service Verification</p> <p>Internet site: https://www.sss.gov/Home/Verification</p>

ELIGIBILITY

(Check all that apply)

- Adult -Qualifies as Low-Income Individual (priority)
- Adult - Qualifies as not economically self-sufficient (below 150% of LLSIL)
- Qualifies as Dislocated Worker

ECONOMIC ELIGIBILITY

CASH PUBLIC ASSISTANCE

Note: The applicant receives or is a member of a family that receives cash payments under a federal, state, or local income-base public assistance program.

CASE NUMBER:

- Authorization to Receive Cash Public Assistance
- Public Assistance Records/Printout
- Refugee Assistance Records/Printout
- Signed Statement from Health & Welfare
- Telephone Verification with County Welfare Office
- Cross-match with public assistance database

<p>FOOD STAMPS</p> <p>Note: The documentation listed must show the applicant is listed or is a member of a household that is listed on the Food Stamp Grant for the month of application or within the 6-month income period, or that the individual has been determined eligible for Food Stamps</p> <p>CASE NUMBER: _____</p>	<p>Authorization to Obtain Food Stamps Food Stamp Card with Current Date Food Stamp Receipt Postmarked Food Stamp Mailer with Applicable Name and Address Statement from County Welfare Office Public Assistance Records / Printout Telephone Verification with County Welfare Office</p>
<p>HOMELESS</p>	<p>Statement from a Social Service Agency Statement from an Individual Providing Temporary Residence Written Statement from Shelter Telephone Verification Applicant Statement</p>
<p>FOSTER CHILD for which State or local government payments are made on his/her behalf</p>	<p>Court Document/Foster Child or Group Home Agreement Public Assistance Records Verification of Payments made on Behalf of Child Written Statement from State/Local Agency</p>
<p>INDIVIDUALS WITH DISABILITIES</p> <p>Note: Disability status as well as income must be verified. The applicant's disability must constitute or result in a substantial barrier to employment.</p> <p>An individual with a disability shall be considered a family of one for eligibility purposes.</p> <p><u>Documentation must be maintained in separate, locked file.</u></p>	<p>Letter from Drug or Alcohol Rehabilitation Agency Medical Records Observable Condition (Applicant Statement Needed) Physician's Statement Psychiatrist or Psychologist Diagnosis/Statement Rehabilitation Evaluation School Official Statement/Record/IEP Sheltered Workshop Certification Social Security Administration Disability Records Social Service Records/Referral Veterans Administration Letter/Records Vocational Rehabilitation Letter/Statement Workers Compensation Records/Statement Telephone Verification Applicant Statement</p>

ECONOMIC ELIGIBILITY (CONT'D)	
<p>INDIVIDUAL/FAMILY INCOME</p> <p>Note: Documentation should be provided for each applicable income source received by the applicant and each family member for the six-month income period immediately preceding the determination date.</p> <p>It is necessary to verify family size when utilizing family income eligibility.</p> <p>An applicant who claims little or no income must submit an applicant statement that little or no income was received during the past six months, the reason why, and how he was supported during this time.</p>	<p>Accountant Statement Alimony Agreement Award Letter from Veterans Administration Bank Statements (Direct Deposit) Compensation Award Letter Court Award Letter Employer Statement Farm or Business Financial Records Housing Authority Verification Pay Stubs W-2 Pension Statement Public Assistance Records Applicant Statement Quarterly Estimated Tax for Self-employed Persons Profit/Loss Statement Social Security Benefits Records Telephone Verification with Employer (by staff) Unemployment Insurance Documents and/or Printout Verbal –DW eligible ONLY Other:</p>
<p>FAMILY SIZE/INDIVIDUAL STATUS</p> <p>Note: In addition to documentation of family size, additional documentation may be required to establish that the family is living in a single residence.</p> <p>Persons ordinarily included in the definition of family, but claiming to be no longer dependent, must attest to their individual status. The head of household, in which that person resides, if possible, should corroborate such statement. Individual must also show source of support.</p> <p>List all family members and relationship, including self:</p>	<p>Family of 1 Lease/Rental Agreement Birth/Baptismal Certificates or Church/Hospital Records of Birth Decree of Court Divorce Decree Landlord Statement Marriage Certificate Public Assistance/Social Service Agency Records Written Statement from a 24-Hour Care Facility or Institution (e.g. Mental, Prison) Most Recent Tax Return Supported by IRS document form letter #1722 Applicant Statement (last resort) Verbal - DW eligible ONLY</p> <p>Total # of individuals in family: _____</p>
<p>Family Member</p> <p>1. 2. 3. 4. 5. 6. 7. 8.</p>	<p>Relationship Document used to verify relationship</p> <p>Self</p>

9. 10.	
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DISLOCATED WORKER ELIGIBILITY

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
A. TERMINATED OR LAID OFF or RECEIVED NOTICE, AND	TERMINATION/LAYOFF STATUS Employer or Union Notice, Letter or Statement (identifying customer) Severance pay documentation UI Documents verifying status; IAW Profiled, REA Profiled, RESEA Profiled, PJSA Invitation letter to Self-Employment Assistance (SEA) orientation Screen print of SEA schedule
UI ELIGIBLE OR EXHAUSTED or SUFFICIENT ATTACHMENT TO WORKFORCE, AND	UI ELIGIBLE OR EXHAUSTED Statement by an Unemployment (UI) representative UI records, UI Documents (Award Letter, Benefit Statement, Verification of UI eligibility from UI Office) IAW Profiled, REA Profiled, RESEA Profiled, PJSA Invitation letter to Self-Employment Assistance (SEA) orientation Screen print of SEA schedule SUFFICIENT ATTACHMENT TO WORKFORCE Verification of work history (pay stubs, employer statement) UI records, Continued Claim paper form Statement by UI representative Applicant Statement
UNLIKELY TO RETURN TO PREVIOUS INDUSTRY OR OCCUPATION	IAW Profiled, REA Profiled, RESEA Profiled, PJSA Screen print of SEA schedule Internet site/LMI information that indicates lack of industry/occupation availability Doctor statement indicating applicant’s inability to return to previous industry/occupation due to physical limitations Vocational rehabilitation counselor’s statement indicating applicant’s inability to return to previous industry/occupation due to physical limitations. Applicant statement documenting at least five (5) employers the client has applied with but not received employment along with 3-5 CalJOBS job order printouts (for which applicant applied) or printouts showing lack of job orders in occupation.

B. PLANT CLOSURE LAID OFF OR RECEIVED NOTICE DUE TO PLANT CLOSURE (within 180 days of closure) OR SUBSTANTIAL LAYOFF (10% or more of Workforce based on local policy)	NOTICE OF CLOSURE/INTENT TO CLOSE Documentation of substantial lay-off/closure (WARN notice) Bankruptcy documents (if declared under Chapter 7, Title 11 U.S.C. Notice of Foreclosure or similar – when document clearly shows a closure/mass layoff will occur as a result of the issuance) Employer/Union Statement Printed media Announcement/Public Notice (include name of medium in which published and date of publication) Telephone Verification
	VERIFICATION EMPLOYEE IS AFFECTED BY LAYOFF Lay-off Letter/List Severance Pay Document Employer/Union Notice or statement UI Form 501 (Separation Statement) when completed by employer representative
C. SELF-EMPLOYED (Unemployed due to economic condition)	FORMERLY SELF-EMPLOYED/CURRENTLY UNEMPLOYED Bankruptcy documentation listing both business and applicant's name Copy of completed federal income tax return (Schedule SE) for the most recent tax year showing decline or cessation of business Documented failure of Business Supplier Documented failure of Business Customer Federal/State Declaration of Disaster
D. DISPLACED HOMEMAKER (Has been providing member in home)	DEPENDANT ON INCOME OF FAMILY MEMBER/NO LONGER SUPPORTED BY INCOME Divorce/Court Records Death Certificate (for supporting family member) Medical Records (supporting family member unable to work) Layoff Verification (supporting family member) Public Assistance records IRS Documentation;
AND	UNEMPLOYED/UNDEREMPLOYED, WITH DIFFICULTY OBTAINING OR UPGRADING EMPLOYMENT UI Records (showing unsubstantial work history) IRS Documentation Applicant Statement Employment verification (underemployed) Applicant Statement
E. MILITARY SPOUSE	Records from military documenting relocation Employment/Pay records prior to relocation Current employment history/salary information Applicant Statement

PRIORITY FOR WIOA CAREER AND/OR TRAINING SERVICES (See Priority of Service policy for further information)	
Veterans and Eligible Spouses	Form DD214 Veteran's Administration letter or records Cross match with Veterans data base
Recipient of Public Assistance, Low Income, or Basic Skills Deficient	See Acceptable Documentation above for Public Assistance or Low income For Basic Skills Deficient: Standardized Assessment test

EMPLOYMENT STATUS AT PARTICIPATION	
Employed	Pay Stub Work history as documented on application/resume Applicant Statement/Case note documenting information collected from applicant
Not Employed	Work history Applicant Statement/Case note documenting information collected from applicant
Underemployed	Employment specialist determination based on past and current work history (documented in case notes) Work history (verification working part-time or at a job not commensurate with prior work history/wage)

SIGNATURES AND ELIGIBILITY DETERMINATION
Eligibility documentation must be reviewed and signed off by two different staff The signature below confirms the eligibility application is complete, reasonable, and that all required eligibility documentation listed on this form is included in the participant's file. Eligibility Date: _____
1 st Review Signature and date:
2 nd Review Signature and date: