

WIOA TITLE I-B ADULT WORKER PROGRAM **ELIGIBILITY CHECKLIST**

This Workforce Innovation and Opportunity Act (WIOA) Title I-B Adult Program Eligibility Checklist has been developed to assist Local Workforce Development Boards (LWDBs), service providers, and staff in collecting the information necessary to verify the adult eligibility criteria.

- ★ **DO Not upload documents into the AJC System if the SSN is listed - Service Provider Staff/Case manager, enter a note as visually verified.**
- ★ All medical and disability documentation /information **MUST** be kept in a sealed confidential envelope separate from the files of eligible applicants, registrants, and participants.
- ★ **Any Personal Identifiable Information (PII) must be stored properly and handled with extreme care!**
- ★ **When self-attestation is listed as one of the acceptable methods of verification, case managers should attempt to obtain the other documents first but may use self-attestation when it is most appropriate for the participant under the current circumstances. (e.g., Obtaining documents is burdensome to the participant.) When it is being used for medical or disability purposes, use “generic language.”**

ELIGIBILITY CRITERIA	GENERAL INFORMATION	REFERENCE(S)	ACCEPTABLE DOCUMENTATION
BASIC ELIGIBILITY			
<p>SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> N/A</p> <p>Not Required for eligibility - SSN may be needed for participation in paid work experiences, internships, or wage subsidy programs.</p> <p>DO NOT upload documents containing the full SSN into the AJC System. If a document with a SSN must be uploaded, the first five digits must be redacted.</p>	<p><i>*Provision of a SSN is not a requirement. If the SSN is not provided, follow the policy to collect and enter supplemental wage data into the AJC System as the system can't match wages w/o the SSN.</i></p>		<ul style="list-style-type: none"> <input type="checkbox"/> DD-214 (if name and SSN is shown) <input type="checkbox"/> Social Security benefits letter/notice (if name and SSN is shown) <input type="checkbox"/> Social Security card issued by SSA <input type="checkbox"/> Unemployment Insurance records (GUIDE 01 screen, wage statement) <input type="checkbox"/> Pay stub (if name and SSN is shown) <input type="checkbox"/> W-2 (if name and SSN is shown)

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<p><u>Career Advisors</u> must add a case note in the AJC system with reference to what type of document was visually verified.</p>			
<p>DATE OF BIRTH (Element 200)</p> <p><input type="checkbox"/> Documentation MUST be in file</p>			<ul style="list-style-type: none"> <input type="checkbox"/> Baptismal Record (if date of birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Report of Transfer or Discharge Paper <input type="checkbox"/> Federal, State or Local Identification Card (i.e., Driver License, Identification, Tribal Records that shows birthdate) <input type="checkbox"/> Passport (showing date of birth) <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Public Assistance/Social Service Records (if name and DOB is shown) <input type="checkbox"/> School Records or school ID Cards (if name and DOB is shown) <input type="checkbox"/> Work Permit that shows birthdate <input type="checkbox"/> Family Bible that shows birthdate
<p>CITIZENSHIP OR ELIGIBLE TO WORK</p> <p><input type="checkbox"/> Documentation MUST be in file</p>	<p>Verification documents as listed on the USCIS Form I-9</p> <ul style="list-style-type: none"> • One verification source from list A on I-9, or • One verification source from list B AND one verification source from list C of I-9. 	<p>N/A</p>	<p>Staff MUST review the source documentation from the USCIS Form I-9 as listed on the second line to the left, and may use some of the following documents as listed on the I-9:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Tribal Records <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident card (provided that is not expired)
<p>SELECTIVE SERVICE STATUS <i>(Males born on or after January 1, 1960)</i></p>	<p>Section 189 (h) of WIOA requires that all male persons receiving any assistance or benefits under this title follow Selective Service Registration</p>	<p>WIOA Section 189(h) 20 CFR § 683.225</p>	<p>Telephone verification (1-847-688-6888)</p> <ul style="list-style-type: none"> <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty

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<p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p>	<p>requirements, under the Military Selective Service Act (MSSA), if otherwise eligible.</p>	<p>TEGL 11-11 Change 2</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Selective Service registration record (Form 3A) <input type="checkbox"/> Stamped post office receipt of registration <input type="checkbox"/> Internet print out verification from www.sss.gov <input type="checkbox"/> Selective Service registration card <input type="checkbox"/> Selective Service Status Information/advisory opinion letter <input type="checkbox"/> Locally Approved Selective Service Waiver (for males who did not register- “Status Information Letter” and written self-attestation as listed on TEGL 11-11 Change 2 for details)
<p>SELECTIVE SERVICE STATUS <i>(Males born on or after January 1, 1960)</i></p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p>	<p>For non-U. S citizens male who came into this country for the first time after his 26th birthday:</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Date of entry stamp in his passport <input type="checkbox"/> I-94 with date of entry stamp on it <input type="checkbox"/> Letter from the U.S. Citizenship and Immigration Services (USCIS) indicating the date the man entered the United States presented in conjunction with documentation establishing the individual’s age <input type="checkbox"/> Non-U.S. male who entered the U.S. illegally after his 26th birthday. He must provide proof that he was not living in the U.S. from age 18 through 25 <input type="checkbox"/> Non-U.S. male on a valid non-immigrant visa <p>The Selective Service System also provides a quick reference chart showing who must register located at this link.</p>

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<p>VETERAN STATUS OR SPOUSE OF A VETERAN</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>			<p><input type="checkbox"/> DD-214</p> <p><input type="checkbox"/> Cross Match with Veterans data</p> <p><u>Spouse of a veteran:</u></p> <p><input type="checkbox"/> Cross Match with Veterans data</p> <p><input type="checkbox"/> Military document (ID, other DD form indicating dependent spouse)</p> <p><input type="checkbox"/> Documentation such as DD-214, indicating status of veteran that meets the requirement for “spouse of a veteran.”</p>
<p>ADULT SERVICE PRIORITY</p> <p>Boards must have an established service priority policy.</p>			
ELIGIBILITY CRITERIA		Reference(s)	ACCEPTABLE DOCUMENTATION
<p>INDIVIDUAL WITH A DISABILITY (Element 202)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p>	<p>A disabled individual can be considered low-income, and a household of one, if his/her own income does not exceed the higher of the poverty line or 70% of the Lower Living Standard Income Level (LLSIL) table.</p>	<p>WIOA section 3(36)</p>	<p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> School 504 Records Provided by Student</p> <p><input type="checkbox"/> Assessment Test Results</p>
<p>INDIVIDUAL STATUS/FAMILY SIZE</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p>	<p>Note: A stepchild or stepparent is considered related by marriage and must be included when determining family income. An adopted child is part of the family.</p>	<p>20 CFR § 675.300</p>	<p><input type="checkbox"/> Self-Attestation of <i>Family Status</i></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Court Records/decree</p> <p><input type="checkbox"/> Marriage Certificate</p>

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<p>SCHOOL STATUS AT PROGRAM ENTRY (Element 409)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p>	<p>Note: Although this is not an eligibility requirement under the adult program, it is required to be verified for Data Validation purposes.</p>	<p>20 CFR § 681.230, WIOA sec. 3(54)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Results from Crossmatch with Postsecondary Education Database <input type="checkbox"/> Copy of Educational Institution Enrollment Record <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, attendance record, transcripts, report card, or school documentation) <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Electronic Records (in the AJC System) <input type="checkbox"/> Self-Attestation
<p>TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) (Element 600)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>		<p>WIOA Section 3(36), TEGL 23-19, and 19-16</p>	<p><i>Required only if participant has received Individualized Career or Training Services</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> TANF Eligibility Verification <input type="checkbox"/> TANF Period of Benefit Receipt Verification <input type="checkbox"/> Referral Transmittal from TANF <input type="checkbox"/> Crossmatch with TANF Public Assistance Records
<p>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (Element 603)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>		<p>WIOA Section 3(36),</p>	<p><i>Required only if participant has received Individualized Career or Training Services</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> SNAP Eligibility Verification <input type="checkbox"/> Copy of Authorization to Receive Food Stamps (also known as SNAP) <input type="checkbox"/> Documentation of Food Stamp Benefit Receipt (also known as SNAP) <input type="checkbox"/> Referral Transmittal from SNAP <input type="checkbox"/> Crossmatch with SNAP Public Assistance Records

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<p>OTHER PUBLIC ASSISTANCE RECIPIENT (Element 604)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p>	<p>Any other state or local public assistance program (e.g. those listed at the DES website here) which requires income verification to receive such assistance. Verification may include agency award letters or cross match with the agency database.</p>	<p>WIOA Section 3(36),</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Public Assistance Eligibility Verification <input type="checkbox"/> Crossmatch with Refugee Assistance Records <input type="checkbox"/> Crossmatch with Public Assistance Records <input type="checkbox"/> Crossmatch with State MIS Database
<p>SUPPLEMENTAL SECURITY INCOME (SSI)/SOCIAL SECURITY DISABILITY INSURANCE (SSDI) (Element 602)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p>			<p><i>Required only if participant has received Individualized Career or Training Services</i></p> <p>★ <i>Don't upload documents into AJC if the SSN is listed - Case manager, enter a note as visually verified.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> SSI/SSDI Receipt of Benefits Verification <input type="checkbox"/> Referral Transmittal from SSA <input type="checkbox"/> SSI/SSDI Eligibility Verification <input type="checkbox"/> Crossmatch with SSA Database
<p>HOMELESS PARTICIPANT (Element 800)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>		<p>TEGL 19-16, & 23-19</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Written Statement or Referral Transmittal from a Shelter or Social Service Agency <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Signed Individual Employment Plan <input type="checkbox"/> A letter from caseworker or support provider
<p>EX-OFFENDER STATUS AT PROGRAM ENTRY</p>		<p>WIOA Section 3(38)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation from the Juvenile or Adult Criminal Justice System

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<p>(Element 801)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>			<ul style="list-style-type: none"> <input type="checkbox"/> Written Statement or Referral Document from a Court or Probation Officer <input type="checkbox"/> Referral Transmittal from a Reintegration Agency <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Individual Employment Plan (IEP) <input type="checkbox"/> Federal Bonding Program Application
<p>LOW INCOME STATUS AT PROGRAM ENTRY (Element 802)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>	<p>1- Receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received:</p> <p>(i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.).</p> <p>(ii) Assistance through the temporary assistance for needy family’s program under part A of Title IV of the Social Security Act (42 USC 601 et seq.);</p> <p>(iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381); or</p> <p>(iv) State or local income-based public assistance.</p> <p>2 - Is a participant with a disability whose own income is the poverty line</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Award Letter from Veterans Administration <input type="checkbox"/> Bank Statements <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Pension Statement <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Persons <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> UI Claim Documents <input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Public Assistance Eligibility Verification <input type="checkbox"/> Crossmatch with Refugee Assistance Records <input type="checkbox"/> Crossmatch with Public Assistance Records <input type="checkbox"/> Crossmatch with UI Wage Records <input type="checkbox"/> Self-Attestation

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	<p>but who is a member of a family whose income does not meet this requirement.</p> <p>3- Is a homeless participant.</p>		
<p>ENGLISH LANGUAGE LEARNER AT PROGRAM ENTRY (Element 803)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>		<p>TEGL 19-16, and WIOA Section 203(7)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Case notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Assessment Test Results <input type="checkbox"/> Applicable Records from Education Institution (transcripts, or other school documentation) <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Signed Individual Employment Plan
<p>BASIC SKILLS DEFICIENT/LOW LEVELS OF LITERACY AT PROGRAM ENTRY (Element 804)</p> <p><input type="checkbox"/> Documentation <u>MUST</u> be in file</p> <p><input type="checkbox"/> N/A</p>		<p>WIOA Section 3(36), and TEGL 19-16</p>	<p><i>Required only if participant has received Individualized Career or Training Services</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Case notes (in the program or enrollment notes within the AJC system indicating BSD/Low English skills) <input type="checkbox"/> Assessment Test Results <input type="checkbox"/> Applicable Records from Education Institution (transcripts, academic assessments, or other school documentation)
<p>SINGLE PARENT AT PROGRAM ENTRY (Element 806)</p>	<p>This includes pregnant women.</p>	<p>TEGL 19-16</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Self-Attestation <input type="checkbox"/> TANF Single Parent Eligibility Verification <input type="checkbox"/> Case Notes (in the program or enrollment notes within the AJC system) <input type="checkbox"/> Needs Assessment

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<input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A			<input type="checkbox"/> Signed Intake Application or Enrollment Form <input type="checkbox"/> Signed Individual Employment Plan
PELL GRANT <input type="checkbox"/> Documentation <u>MUST</u> be in file		20 CFR § 680.230	<i>Proof of application required ONLY if the participant is seeking assistance for postsecondary education:</i> <input type="checkbox"/> Copy of Pell grant check <input type="checkbox"/> Letter from school indicating Pell grant eligibility <input type="checkbox"/> Student aid report, indicating Pell grant eligibility information