

Office of Economic and Workforce Development Workforce Development Division



WIOA TITLE I ELIGIBILITY VERIFICATION FORM

Youth
 Adult
 Dislocated Worker

Participant Name _____

SSN _____

Phone Number _____

Verification Date _____

Results/Eligibility Criteria		Auditor-Accepted Verification (Check Source Used) ALL DOCUMENTS MUST BE UNEXPIRED	
I. US WORK AUTHORIZATION	Verification Documents that Satisfy List A	<input type="checkbox"/> US 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 immigrant visa <input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766)	<input type="checkbox"/> Nonimmigrant alien authorized to work – foreign passport with Form I-94 or Form I-94A and containing an endorsement of the alien’s nonimmigrant status, as long as the period of endorsement has not expired. <input type="checkbox"/> Passport from Federated States of Micronesia (FSM) or the Republic of Marshall Islands(RMI) with form I-94 or Form I-94A indicating nonimmigrant admission.
	OR	List B	AND
	Verification document that satisfy List B and C	Documents that Establish Identity <input type="checkbox"/> Valid Drivers License or ID Card <input type="checkbox"/> ID Card issued by federal, state or local government agency with photograph <input type="checkbox"/> School ID card with 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 Marine 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	Documents that Establish Employment Eligibility <input type="checkbox"/> US Social Security Card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) <input type="checkbox"/> Certificate of Birth Abroad issued by the Department of State (<i>Form FS-545</i>) <input type="checkbox"/> Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal <input type="checkbox"/> Native American tribal document <input type="checkbox"/> US Citizen ID Card (<i>Form I-197</i>) <input type="checkbox"/> ID Card for use of Resident Citizen in the United States (<i>Form I-197</i>) <input type="checkbox"/> Employment authorization document issued by Department of Homeland Security
II. SELECTIVE SERVICE REGISTRATION	<input type="checkbox"/> Telephone or Internet Verification Form <input type="checkbox"/> SSS Form 1 – Photocopy <input type="checkbox"/> Unexpired Foreign Passport, Form I-94 or I-551 or US Work Authorization Forms: I-94, I-95A, I-185, I-186, I-586, or I-444 (Proof entered US after 26 th Birthday)	<input type="checkbox"/> Status Information Letter from SSS <input type="checkbox"/> DD 214 (US Military Discharge - Honorable) <input type="checkbox"/> Registration Acknowledgement Letter- Photocopy <input type="checkbox"/> OE WD Approval Letter <input type="checkbox"/> Not Required	
III. AGE	<input type="checkbox"/> Drivers License or <input type="checkbox"/> California ID	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> US Passport	<input type="checkbox"/> Other: _____
IV. ADULT <input type="checkbox"/> if unemployed or employed must need more than Core A Services <input type="checkbox"/> if employed, must show unable to attain self-sufficiency, (per OEWD Directive D07#13) for Intensive or Training.			

VI. DISLOCATED WORKER MUST BE ONE OF THE FOLLOWING TYPES:		
<input type="checkbox"/> TYPE "1" (A + B + C)		COMMENTS:
<input type="checkbox"/> A.	Employer Notice of Termination or Layoff or EDD Verification	
<input type="checkbox"/> B.	Documentation of eligibility for or collection or exhaustion of UI Benefits OR able to document recent attachment to the workforce through pay stubs, contract, etc.	
One of the following & Sign and complete Unlikely to Return Affidavit		
<input type="checkbox"/> 1	State or locally developed lists of declining industries/occupations, (local lists must be developed by an appropriate entity such as the Chamber of Commerce, economic development agency, Workforce Development Board, a qualified consultant, educational entity, etc.)	
<input type="checkbox"/> 2	Lack of job offers as documented by UI office or rejection letters from employers or other documentation of unsuccessful efforts to obtain employment in prior occupation.	
<input type="checkbox"/> C.	<input type="checkbox"/> 3 Documentation of insufficient education and/or skills necessary for reentry into former industry/occupation.	
	<input type="checkbox"/> 4 Documentation of physical or Emotional problems which would preclude reentry into former industry/occupation (e.g. physicians letter) OR	
	<input type="checkbox"/> 5 Documentation of poor employment history (sporadic/less-than-full-time "stopgap"/income maintenance employment, etc.); rejection letters; OR UI has exhausted coupled with evidence of lack of employment.	
NOTE: IAW (Initial Assistance Workshop) NOTICE SERVES TO DOCUMENT BOTH B & C		
<input type="checkbox"/> TYPE "2"		COMMENTS:
Terminated or Layoff and has been employed for 3 months or more and not eligible for Unemployment Insurance	Employer notice of termination or layoff, proof that participant worked 3 months or more, complete and sign Unlikely to Return Affidavit	
<input type="checkbox"/> TYPE "3"		COMMENTS:
Permanent closure of a Plant or Facility/substantial layoff	Employer notice of intent to permanently close or WARN NOTICE OR Newspaper articles OR Public notices concerning closure PLUS evidence individual was employed at the facility (e.g. UI document, layoff letter, employee ID, payroll records)	
<input type="checkbox"/> TYPE "4"		COMMENTS:
General Announcement of Closing of Facility	Employer notice of closing of facility PLUS evidence individual was employed at the facility (e.g. employee ID, payroll records)	
<input type="checkbox"/> TYPE "5"		
Self-employed & presently unemployed as a result of general economic conditions.	A) Statement of Economic Condition relevant to the situation: PLUS B) Documentation which substantiates unemployment was a result of economic condition, general economic condition NOT, poor business practices (e.g. LMI records from EDD) AND Profit & Loss Statements of business showing losses PLUS Notice of foreclosure or intent to foreclose or document which shows business no longer exists.	
<input type="checkbox"/> TYPE "6"		COMMENTS:
Displaced Homemaker has been providing unpaid services to family members in the home I (A) has been dependent on income of another family member but is no longer supported by that income; & (B) is unemployed or underemployed & is experiencing difficulty obtaining or upgrading employment.	Documentation of termination of support from other family member AND UI records or other documentation which indicates difficulty in obtaining adequate employment (part time or "dead end" type jobs. Job Service Verification, rejection letters from employers, etc.	
<input type="checkbox"/> TYPE "7"		COMMENTS:
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.	Applicant Statement with detailed description of spouse's military service, duty assignment, where relocated, etc.	
<input type="checkbox"/> TYPE "8"		COMMENTS:
The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	Applicant Statement with detailed description of the experiences participant has had with finding employment or upgrading employment.	
FOR ELIGIBILITY PROVIDER – CERTIFICATION STAFF USE ONLY		

VII INCOME ELIGIBILITY (Only applicable if "priority of service" is in place.)

Unemployed – UI records, check stubs or self-certification form. PLUS documentation of low income (see chart below)

_____ Family Income, If so → Family Size _____
(6 months)

Calculations: (Indicate below how the last six months of income was calculated)

<input type="checkbox"/> Cash Welfare <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless Persons <input type="checkbox"/> Individual with a Disability (Family of One) <input type="checkbox"/> Foster Care Youth (Family of One) <input type="checkbox"/> Other: (Specify) _____	<p>WAIVER</p> <p>(Above the San Francisco Lower Living Standard Income Criteria and below San Francisco Self-Sufficiency Standard)</p> <input type="checkbox"/> Youth 5% Window <input type="checkbox"/> Waiver request letter approved by OEWD <input type="checkbox"/> Adult 10% Window <input type="checkbox"/> Waiver request letter approved by OEWD
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The above named participant:

- Is eligible to participate in the above program
- Did not provide sufficient documentation for the category(ies) circled below:
- | | |
|---|--|
| <input type="checkbox"/> Lawfully permitted to work in the U.S. | <input type="checkbox"/> Resident of San Francisco |
| <input type="checkbox"/> Registered for Selective Service | <input type="checkbox"/> Age requirement |
| <input type="checkbox"/> Economically disadvantaged | <input type="checkbox"/> Other: _____
(specify) |

Signature of Authorized WIOA Eligibility Representative _____ Date Determined WIOA Eligible: _____

FOR ELIGIBILITY PROVIDER – QUALITY ASSURANCE USE ONLY			REMARKS
WIOA Application Complete	Yes	No	TO BE FILED IN PARTICIPANTS FILE FOR QUARTERLY REVIEW OF ELIGIBILITY INTO WIOA PROGRAMS
WIOA Application is Reasonable and Internally Consistent	Yes	No	
Correct Determination	Yes	No	
Eligibility Determination Validated	Yes	No	
_____ REVIEWED BY:			_____ Date:

APPLICANT INFORMATION

The applicant is required to bring this form to the scheduled certification interview with a completed Application Form. If the applicant is under the age of 18, the Application Form Affidavit and the Work Permit must be signed by a parent or legal guardian.

All individuals receiving intense services must provide documents to satisfy the following areas:

1. **Evidence of identity and work authorization.**

If the applicant is a citizen, the applicant **must** bring a document that establishes identity such as a state issued driver's license or state issued I.D. card and a Social Security Card or birth certificate. If the applicant is **not** a U.S. citizen, the applicant **must** bring an Alien Registration Card (I-551- or other document verifying work authorization. Please refer to the reverse side of an I-9 employment form for additional acceptable documents.

2. **Evidence that the applicant is a resident of San Francisco.**

Acceptable examples of documents listed below should be in the name of the applicant or a name of any family member living in the household and **must** be dated within the last six (6) months. The address on the document **must** have the same address as the application.

Acceptable examples of evidence of San Francisco residency are:

- Valid California DMV or I.D.
- Rent receipt on official letterhead
- Landlord statement
- Insurance Policy (residence or auto)
- Food Stamp award letter
- Utility bill
- Valid California I.D. Card
- Selective Service Registration Card
- Official mail with address

3. **Selective Service Registration.**

If the applicant is a male 18 years or older, at the time of application, he **must** bring evidence of Selective Service registration. If the applicant is unable to obtain documented evidence, the One Stop Center staff will attempt to verify registration independently. If verification cannot be obtained, the applicant will be found ineligible.

4. **Evidence of age.**

Acceptable examples of evidence of age are:

- Birth certificate
- Baptismal record
- Passport
- Benefits Card
- Valid California I.D. Card
- USCIS documents
- Valid California Driver's License
- School I.D (with birth date)
- Military Card

5. **Evidence of individual status/family income.**

The applicant must bring evidence of income for each applicable income source **within the last six months**, for all family members who live within the same household.

Acceptable examples of evidence of income include:

- Pay stubs
- Interest or dividend statements
- EDD Unemployment Insurance records
- Statement verifying wages from employer(s)

Evidence of individual status/family size.

Applicant **must** bring evidence of all family members living in the same household. Acceptable examples of evidence of family size include (one document for each family member):

- Birth certificates
- Wage statement(s) (with current address)
- California Driver's License/Identification Card
- Report card(s) (with current address)

6. If any additional information is needed to be verified based upon the Subcontract with OEWD, the Service Provider or One Stop Career Link Center staff person setting the certification appointment is required to indicate this in the criteria heading of **other** and provide appropriate document(s) to satisfy the criteria. Please refer to your Service Provider for further assistance.