WIOA Eligibility

Documentation Log

For Adult, Dislocated Worker,

and Youth Programs

Revised July 2023

# 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 the sample documentation logs, 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 may be used when other acceptable documentation for the eligibility criteria is not available or when attainment of other documents may delay or prevent eligibility determination for an individual. Self-attestation is allowable only for the criteria for which it is included as an acceptable document. 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.

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| **WIOA ELIGIBILITY DOCUMENTATION LOG FOR ADULT/DISLOCATED WORKER** | | | | | | | | | | |
| Name: |  | | | | | | | | | |
|  | Last | | First | | | | | MI | | |
| TWIST ID, WorkInTexas.com ID, or SSN: | |  | | Date: |  |  |  | |  |  |

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| **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** |
| Authorized to Work in the United States | Completed *Authorized to Work in the US* form  *Note*: Authorization to work in the United States can be verified through eligibility for unemployment benefits. Documentation of this eligibility is included on the *Authorized to Work in the US* form. |
| Age | Birth certificate  Baptismal record  DD-214, Certificate of Release or Discharge from Active Duty  Driver’s license  Federal, state, or local government identification card  Hospital record of birth  Passport  Public assistance/social service records  School records  School identification card  Work permit  Native American tribal document  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.  Self-attestation |
| Selective Service Registration | Selective Service System letter/registration letter  Internet verification/registration (http://www.sss.gov)  Telephone verification (847) 688-6888 or toll free (888) 665-1825  DD-214, Certificate of Release or Discharge from Active Duty  Self-attestation that **failure to register was not knowing or willful**, including any required documentation for Board determination |

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| **ADULT SERVICE PRIORITY**  Boards must have an established service priority policy. | |
| **ELIGIBILITY CRITERIA** | **ACCEPTABLE DOCUMENTATION** |
| Individual/Family Income  *Note*: Documentation must be provided for each applicable income source. | Alimony agreement  Award letter from Veterans Affairs  Bank statement  Compensation award letter  Employer statement/contact  Family or business financial records  Pay stubs  Pension statement  Public assistance records/printout  Quarterly estimated tax for self-employed persons (Schedule C)  UI documents and/or printout  Court award letter  Self-employment verification form  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  Self-attestation |
| Individual Status/Family Size  *Note:* 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. | | Self-attestation  Birth certificate  Decree of court  Divorce decree  Marriage certificate |
| Temporary Assistance for Needy Families (TANF) | | Crossmatch with TWIST TANF screens  HHSC records  Out-of-state HHSC/public assistance documentation |
| Supplemental Nutrition Assistance Program (SNAP) | | Crossmatch with TWIST SNAP screens  Telephone/written verification  Public assistance record  TWIST legacy search  Letter from SNAP disbursing agency |
| Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) | | Copy of authorization to receive cash public assistance  Public assistance record  Social Security benefits  Telephone verification |
| Other Public Assistance  *Note:* State or local General Assistance (GA) and Refugee Cash Assistance (RCA) only | | Authorization to receive cash public assistance  Public assistance check  Medical card showing cash grant status  Refugee assistance records  Local cash assistance program |

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| **ELIGIBILITY CRITERIA** | **ACCEPTABLE DOCUMENTATION** |
| Homeless | Self-attestation  TWIST *Counselor Notes*  Signed intake application or enrollment form  Written statement or referral from a shelter or social services agency providing residence shelter  Needs assessment from partner program  Letter from a caseworker or support provider |
| Free or Reduced-Price School Lunch | School Records |
| Foster Care Youth or Former Foster Care Youth | Written statement from social services agency  TWIST *Counselor Notes*  Self-attestation  Foster care agency referral transmittal  Signed intake application or enrollment form  Needs assessment from partner program  Signed Individual Service Strategy from partner program |
| Individual with a Disability  *Note*: Detailed information about the disability is not necessary. | Self-attestation  Section 504 school record  Assessment test results |
| Basic Skills Deficient | Assessed by a generally accepted standardized test  School records  TWIST *Counselor Notes*  Board-defined documentation |
| Case Manager/Intake Notes: | |
| Texas Workforce Solutions Staff Signature Print Name Date    Manager/Reviewer Signature Print Name Date | |

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| **DISLOCATED WORKER**  Dislocated workers must be eligible adults who meet the criteria in one of the following categories. | | |
| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** |
| **CATEGORY 1** | | |
| Terminated/Laid-Off/Received Notice of Termination or Layoff.  **and** | | Employer verification  TWIST *Counselor Notes*  TWIST Rapid Response list  Notice of layoff  Public announcement  WARN notice  Self-attestation  Telephone/written verification from employer |
| Unemployment Insurance **and** | Eligible for, or has exhausted, UI Benefits.  **or** | UI screen—*Current Claimant Status (CTCS)*  UI award letter |
|  | 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. | UI screen—*Current Claimant Status (CTCS)*  Board determination |
| Unlikely to return to previous industry/occupation. | | Labor Market Information/Verification  Job search  Self-attestation  WorkInTexas.com Print Screen  Other |
| 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.  Unemployment insurance eligibility, exhaustion, or other connection must be documented for veterans.  Separation from military service satisfies the requirement that the individual is unlikely to return to his or her previous industry or occupation.  *Note:* “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. | | DD-214, Certificate of Release or Discharge from Active Duty  DD-215—Correction to DD-214, Certificate of Release or Discharge from Active Duty; or  Other documentation that shows imminent separation |

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| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** |
| **CATEGORY 2** | | |
| Permanent closure of plant/facility/enterprise;  **or**  Substantial layoff. | | Notice of layoff  WARN notice  Telephone/written verification from employer  UI screen or award letter, if it provides evidence of substantial layoff in accordance with TWC or Board policy |
| Notified of a planned closure (within 180 days of notice) either through the employer or through the media;  **or** | | TWIST *Counselor Notes*  TWIST rapid response list  Notice of layoff  Documentation from media source  Documentation from State Dislocated Worker Service  Telephone/written verification from official source  Self-attestation |
| General announcement made by employer that the facility will close with no date given or date beyond 180 days of notice. | | Employer verification  TWIST *Counselor Notes*  TWIST rapid response list  Notice of layoff  Documentation from media source  Telephone/written verification from official source |
| **CATEGORY 3** | | |
| Previously self-employed;  **and** | | Business license/permit  IRS documentation  TWC verification  Telephone/written verification from official source |
|  | presently unemployed because of general economic conditions in residing community;  **or** | TWC Labor Market Information  Unemployment rate  Other TWC-approved labor market analysis  Failure of business supplier  Failure of business customer  Depressed prices or market  Telephone/written verification from official source |
|  | permanently dislocated because of natural disaster. | Federal/State declaration of disaster  TWC-confirmed disaster  **and**  Permanent dislocation  Telephone/written verification from official source |

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| **ELIGIBILITY CRITERIA** | **ACCEPTABLE DOCUMENTATION** | |
| **CATEGORY 4** | | |
| *Displaced Homemaker*  An individual who:  has been providing unpaid services to family members in the home;  is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment;  **and**  has been dependent on the income of another family member but is no longer supported by that income  **or**  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. | | Self-attestation  Signed intake application or enrollment form  Public assistance records  Spouse’s layoff notice  Spouse’s death record  Spouse’s Permanent Change of Station (PCS) orders (for military move or assignment)  Divorce records  Applicable court records  Bank records (showing financial dependence on spouse, no separate individual income support, or no employment income earned)  Needs assessment from partner program  Signed Individual Employment Plan (IEP) from partner program |
| **CATEGORY 5** | | |
| *Military Spouse*  An individual who:  is the spouse of a member of the Armed Forces on active duty and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member;  **or**  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. | | Spouse’s Permanent Change of Station (PCS) orders (for military move or assignment)  Board defined:    Self-attestation |
| **EXPEDITED ELIGIBILITY** | | |
| Expedited eligibility is available for trade-affected workers. This includes verification of:   * Authorization to work in the United States * Category 1 dislocated worker eligibility   *Note*: Selective Service registration must be verified. | | Expedited eligibility criteria are satisfied by any one of the following:  An open TAA occupational or educational training service  Open TAA Program Detail in TWIST |
| 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:   * Authorization to work in the United States * Category 1 dislocated worker eligibility   *Note*: Selective Service registration must be verified. | | Expedited eligibility criteria are satisfied by the following:  A copy of RESEA outreach letter dated within the past 10 weeks |
| Case Manager/Intake Notes: | | |
| Texas Workforce Solutions Staff Signature Print Name Date    Manager/Reviewer Signature Print Name Date | | |

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| **WIOA ELIGIBILITY DOCUMENTATION LOG FOR YOUTH** | | | | | | | | | | |
| Name: |  | | | | | | | | | |
|  | Last | | First | | | | | MI | | |
| TWIST ID, WorkInTexas.com ID, or SSN: | |  | | Date: |  |  |  | |  |  |

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| **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) | Birth certificate  Baptismal record  DD-214, Certificate of Release or Discharge from Active Duty  Driver’s license  Federal, state, or local government identification card  Hospital record of birth  Passport  Public assistance/social service records  School records  School identification card  Work permit  Native American tribal document  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  Self-attestation |
| Selective Service Registration | Selective Service System letter/registration letter  Internet verification/registration (http://www.sss.gov)  Telephone verification (847) 688-6888 or toll free 1-888-665-1825  DD-214, Certificate of Release or Discharge from Active Duty  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 | Completed *Authorized to Work in the US* form  *Note*: Authorization to work in the United States can be verified through eligibility for unemployment benefits. Documentation of this eligibility is included on the *Authorized to Work in the US* form. |

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| **ELIGIBILITY CRITERIA** | **ACCEPTABLE DOCUMENTATION** |
| Individual/Family Income  *Note*: Documentation must be provided for each applicable income source. | Alimony agreement  Award letter from Veterans Affairs  Bank statement  Compensation award letter  Employer statement/contact  Family or business financial records  Pay stubs  Pension statement  Public assistance records/printout  Quarterly estimated tax for self-employed persons (Schedule C)  UI documents and/or printout  Court award letter  Self-employment verification form  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  Self-attestation |
| Individual Status/Family Size  *Note:* 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. | Self-attestation  Birth certificate  Decree of court  Divorce decree  Marriage certificate |
| Temporary Assistance for Needy Families (TANF) | Crossmatch with TWIST TANF screens  HHSC records  Out-of-state HHSC/public assistance documentation |
| Supplemental Nutrition Assistance Program (SNAP) | Crossmatch with TWIST SNAP screens  Telephone verification  Public assistance record  TWIST legacy search  Letter from SNAP disbursing agency |
| Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) | Copy of authorization to receive cash public assistance  Public assistance record  Social Security benefits  Telephone verification |
| Other Public Assistance  *Note*: State or local General Assistance (GA) and Refugee Cash Assistance (RCA) only | Authorization to receive cash public assistance  Public assistance check  Medical card showing cash grant status  Refugee assistance records  Local cash assistance program |

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| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** |
| Homeless Individual and/or Runaway Youth | | Self-attestation  TWIST *Counselor Notes*  Signed intake application or enrollment form  Written statement or referral from a shelter or social services agency providing residence shelter  Signed Individual Service Strategy from partner program  Needs assessment from partner program  Letter from a caseworker or support provider |
| Free or Reduced-Price School Lunch | | Individual’s school records |
| Foster Care Youth or Former Foster Care Youth | | Written statement from social services agency  TWIST *Counselor Notes*  Self-attestation  Foster care agency referral transmittal  Signed intake application or enrollment form  Needs assessment from partner program  Signed Individual Service Strategy from partner program |
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| Out-of-Home Placement | | TWIST *Counselor Notes*  Self-attestation |
| Individual with a Disability  *Note*: Detailed information about the disability is not necessary. | | Self-attestation  Section 504 school record  Needs assessment from partner program |
| Lives in a High-Poverty Area | | US Census Bureau 5-Year Data Profiles  TWIST *Counselor Notes* documenting high-poverty area |
| Basic Skills Deficient | | Assessed by a generally accepted standardized test  School records  TWIST *Counselor Notes*  Board-defined documentation |
| English Language Learner  *Note:* TWIST is currently not programmed to capture this eligibility category. | | Assessed by a generally accepted standardized test  TWIST *Counselor Notes*  School records  Self-attestation  Signed intake application or enrollment form  Signed Individual Service Strategy from partner program |
| Ex-offender | | TWIST *Counselor Notes*  Self-attestation  Documentation from juvenile or adult criminal justice system  Written verification or referral document from court or probation officer  Referral from a reintegration agency  Signed intake application or enrollment form  Needs assessment from partner program  Signed Individual Service Strategy from partner program  Federal bonding program application |
| Additional Assistance Needed  *Note*: Assistance needed to complete an educational program or to secure and hold employment | | Board-defined category:  Board-defined documentation  Self-attestation  Signed intake application or enrollment form  TWIST *Counselor Notes*  Needs assessment from partner program  Signed Individual Service Strategy from partner program |
| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** |
| School Status at Program Entry | | School enrollment form  School records (high school equivalency, attendance record, transcripts, report card, or school documentation)  Signed intake application or enrollment form  Self-attestation |
| School Dropout | | Self-attestation  School attendance record  School dropout letter |
| 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. | Self-attestation  School attendance record |
| Pregnant or Parenting Youth | Self-attestation  TWIST *Counselor Notes*  Needs assessment from partner program  WIC eligibility verification  HHSC, TANF, or SNAP screenprint showing the individual and child  Signed intake application or enrollment form  Signed Individual Service Strategy from partner program |
| Case Manager/Intake Notes: | | |
| 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.

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
* Self-Attestation of Family Status Form
* Instructions for Completing Citizenship/Eligible Noncitizen Status Authorization to Work 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:

|  |  |
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| * Local schools | * Social Security Administration |
| * US Department of Veterans Affairs | * Medical and health facilities |
| * Vocational rehabilitation facilities | * Drug and alcohol rehabilitation facilities |
| * Housing authorities | * Homeless shelters |
| * Judicial agencies and institutions | * 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, that is, document name, contact name, telephone numbers, addresses, and the like; 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:

First Last MI

|  |  |  |  |
| --- | --- | --- | --- |
| 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:

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| 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:  REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE

ON-SITE ELIGIBILITY, NO COPIER AVAILABLE

DOCUMENT CANNOT BE COPIED

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| **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    Manager/Reviewer Signature Print Name Date |

# 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, for example, eligibility to work and Selective Service registration for males.

US Department of Labor Employment and Training Administration’s Training and Employment Guidance Letter (TEGL) 23-19, Change 2, issued May 12, 2023, and titled “Revisions to Training and Employment Guidance Letter (TEGL) 23-19, Change 1, Guidance for Validating Required Performance Data Submitted by Grant Recipients of US Department of Labor (DOL) Workforce Programs,” and its attachments, allows for self-attestation to document items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. TEGL 09-22, issued March 2, 2023, and titled “Workforce Innovation and Opportunity Act Title I Youth Formula Program Guidance,” further encourages states to use self-attestation for Youth eligibility in order to reduce enrollment barriers and enhance service delivery.

Self-attestation may be used when other acceptable documentation for the eligibility criteria is not available or when attainment of other documents may delay or prevent eligibility determination for an individual. Self-attestation is allowable only for the criteria for which it is included as an acceptable document.

To use self-attestation as documentation, an individual must:

* identify their status; and
* sign and date a form (hard copy or virtual) attesting to their status.

Electronic signatures or electronic submissions such as an email, text, or unique online survey response are sufficient to meet the signature requirement for self-attestation if generated by and traceable to the applicant or participant.

If the self-attestation form that is included as an option in this desk reference is used by local Workforce Solutions Office staff, TWC recommends that it be completed as follows:

If a job seeker states that they cannot provide evidence that no income was received during the previous six months, and they were 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, 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 SERVICESAND/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:

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| **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.

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| **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 (that is, 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: |
| **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

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| --- |
| **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 incomeor 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rent | $ |  | Other (specify) |  |
| Telephone | $ |  |  | $ |
| Utilities | $ |  |  | $ |
| Supplies | $ |  |  | $ |

Total Expenses (B) $

Subtract total 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        /      /      to       /      /      $  Month/Day/Year Month/Day/Year Amount  Has the unemployment recipient exhausted all benefits (effective the date of application above)?       Yes       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 the 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.

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 Members’ Names/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 (for example, attending school or college, visiting relatives). Such absences would not include involuntary temporary residence elsewhere (for example, 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.

**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

• 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.

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

|  |  |
| --- | --- |
| FAMILY MEMBERS’ NAMES | 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



# 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(es) 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**.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

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 | | |
| US Passport or US Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigration visa  Employment Authorization Document that contains a photograph (Form I-766)  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  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 | 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  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  School ID Card with a photograph  Voter Registration Card  US Military Card or Draft Record  Military Dependent’s ID Card  US Coast Guard Merchant Mariner Card  Native American Tribal Document  Driver’s License issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:  School record or report card  Clinic, doctor, or hospital record  Day care or nursery school record | 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  Certificate of Birth Abroad issued by the Department of Homeland Security (Forms FS-545 or FS-240)  Certification of Report of Birth issued by the Department of Homeland Security (Form DS-1350)  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  Native American Tribal Document  US Citizen ID Card (INS Form I-197)  Identification Card for use of Resident Citizen in the United States (Form I-179)  A letter of certification issued by the Department of Health and Human Services (human trafficking)  Employment authorization document issued by the Department of Homeland Security  Screenprint of UI screen *Current Claim Status*  UI award letter  Expedited Eligibility through TAA  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 |