WorkInTexas.com

WIOA Title I Eligibility

Documentation Log

For Adult, Dislocated Worker,

and Youth Programs

April 2024

# 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) Title I 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 WorkInTexas.com is the primary repository for WIOA eligibility determination data. Documentation logs are used when data entry into WorkInTexas.com is delayed or to support data entry for Dislocated Workers into WorkInTexas.com. Each log provides a comprehensive list of WIOA eligibility criteria aligned with the acceptable associated source documentation. Boards may adopt the sample documentation logs, create their own logs, or adjust the sample forms as needed to reflect local policy and align with Training and Employment Guidance Letter (TEGL) 23-19, Change 2, Attachment II.

At a minimum, documentation logs must contain the following:

Identifying Information, as follows:

* Name
* WorkInTexas.com State ID
* Date

Eligibility Criteria, as follows:

* Universal eligibility criteria—Authorized to work in the United States, Age, and Selective Service
* Fund specific eligibility criteria—Adult, Dislocated Worker, or 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 Self-Attestation Form is not required. 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.

WorkInTexas.com Case Notes

Some criteria allow for staff determination through informal means such as observation or interview. If WorkInTexas.com Case Notes is included as an acceptable documentation list, then the notes may be used as a sole source of verification for that characteristic.

Note: Some criteria and verification methods may appear in WorkInTexas.com but are not included in the sample forms. These criteria are not required for eligibility determination.

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| **WIOA TITLE I ELIGIBILITY DOCUMENTATION LOG FOR ADULT/DISLOCATED WORKER** | | | | | | | | | | |
| Name: |  | | | | | | | | | |
|  | Last | | First | | | | | MI | | |
| WorkInTexas.com State ID: | |  | | Date: |  |  |  | |  |  |

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| **UNIVERSAL 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** |
| Date of Birth | Baptismal record  Birth certificate  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/identification  Work permit  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.  Family bible  Cross-match with state agency records  Justice system records  Selective Service registration  Signed letter from a parent or guardian  Medical records  Self-attestation  Tribal record with date of birth |
| Authorized to Work in the United States  Note: Identified in WorkInTexas.com as U.S. Citizenship Status | Completed Authorized to Work in the US form or collection of any List A document; or combination of one List B and one List C document |
| Selective Service Registration | Selective Service acknowledgement letter  Contact Selective Service (847) 688-6888  DD-214, Certificate of Release or Discharge from Active Duty  Internet verification/registration (http://www.sss.gov)  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 for individualized career and training services. | |
| **ELIGIBILITY CRITERIA** | **ACCEPTABLE DOCUMENTATION** |
| Individual with a Disability  Note: Detailed information about the disability is not necessary. | Section 504 record provided by student  Assessment test results  School records—Individualized Education Program (IEP)  Self-attestation |
| Eligible Veteran Status | Self-attestation  DD-214, Certificate of Release or Discharge from Active Duty  Cross-match with veterans database  US Department of Veterans Affairs (VA) records/printout  NGB-22 documenting Title 10 federal active duty service |
| Temporary Assistance for Needy Families (TANF) | TANF Eligibility Verification  TANF Period of Benefit Receipt Verification  Referral Transmittal from TANF  Cross-match with TANF records in WorkInTexas.com |
| Supplemental Security Income (SSI) | SSI Receipt of Benefits Verification  Referral Transmittal from SSA  SSI Eligibility Verification |
| General Assistance (GA) | Copy of authorization to receive cash public assistance  Copy of public assistance check  Medical card showing cash grant status  Public assistance eligibility verification |
| Supplemental Nutrition Assistance Program (SNAP) | SNAP Eligibility Verification  Authorization to Receive Food Stamps  Documentation of SNAP Benefit Receipt  Referral Transmittal from SNAP  Cross-match with SNAP Records in WorkInTexas.com |
| Refugee Cash Assistance (RCA) | Copy of authorization to receive cash public assistance  Copy of public assistance check  Medical card showing cash grant status  Refugee assistance records  Public assistance eligibility verification |
| Social Security Disability Insurance (SSDI) | SSDI Receipt of Benefits Verification  Referral Transmittal from SSA  SSDI Eligibility Verification |

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| ELIGIBILITY CRITERIA | ACCEPTABLE DOCUMENTATION |
| Foster Child (state or local payments made) | WorkInTexas.com Case Notes  Foster care agency referral transmittal  Signed intake application or enrollment form  Needs assessment from partner program  Signed Individual Service Strategy from partner program  Written statement from social services agency  Self-attestation |
| English Language Learner | Case Note  School records  Self-attestation  Signed Application/Enrollment  Signed Individual Service Strategy  Test Scores |
| Basic Skills Deficient | Assessed by a generally accepted standardized test  Applicable school records  WorkInTexas.com Case Notes |
| Homeless | Written statement from shelter  Case Note  Written statement from social service agency  Signed intake application or enrollment form  Self-attestation  Signed Individual Service Strategy  Needs assessment  Letter from a caseworker or support provider |
| Ex-offender | Referral from Reintegration Agency  Court documents  Signed Intake Application or Enrollment Form  Letter of parole  Letter from probation officer  Case Notes  Needs Assessment  Signed Individual Service Strategy (ISS)  Documents from Juvenile/Criminal Justice  Federal Bonding Program Application  Self-attestation |
| Within two years of exhausting TANF lifetime eligibility | TANF Eligibility Verification  TANF Period of Benefit Receipt Verification  Referral Transmittal from TANF  Cross-Match with TANF Public Assistance records  Other applicable documentation (specify) |

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| ELIGIBILITY CRITERIA | ACCEPTABLE DOCUMENTATION |
| 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. | Public assistance/social service agency records  Birth certificate  Decree of court  Divorce decree  Lease  Marriage certificate  Most recent tax return supported by IRS documents (such as form letter 1722)  Public housing authority (if resident or on waiting list)  Self-attestation |
| Individual/Family Income  Note: Documentation must be provided for each applicable income source. | Alimony agreement  UI documents and/or printout  Award letter from VA  Bank statement  Compensation award letter  Court award letter  Employer statement/contact  Family or business financial records  Housing authority verification  Pay stubs  Pension statement  Public assistance records/printout  Quarterly estimated tax for self-employed persons (Schedule C)  Social Security benefits  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  Self-employment verification form  Workers’ Compensation records |

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| 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 **all applicable criteria** in one of the following categories.  Dislocation Category Verification documentation must also be included. | | |
| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** |
| **CATEGORY 1: Termination or Layoff (or Notification). Eligible/Exhausted Unemployment Insurance (UI) Benefits.** | | |
| **Dislocation Category Verification**  (and appropriate selections below) | | Cat 1 or 2: Separation Notice  Cat 1 or 2: UC records |
| Employment Status at DW Eligibility  Employed, but Received Notice of Termination of Employment or military separation is pending  Unemployed  **OR** | | Self-attestation  UI records  Employer contact  UI cross-match |
| Actual Date of Layoff or Termination  **AND** | | Verification from Employer  Rapid Response List  Notice of layoff  Self-attestation |
| UC Eligibility Status  Claimant  Exhaustee  **AND** | | UI records (benefit history, wage records, RESEA status)  Self-attestation, Not RESEA  Self-attestation, Exhaustee |
| Unlikely to return to previous industry/occupation. | | Labor Market Information/Verification  Job search  Self-attestation  WorkInTexas.com Print Screen  Other |
| **Category 1: Expedited Eligibility – RESEA.** | | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 10: Expedited Eligibility—RESEA | |
| Expedited eligibility for Dislocated Worker Category 1 is available for an RESEA participant if the claimant has been outreached for RESEA within the last 10 weeks. | Expedited eligibility criteria are satisfied by the following:  A copy of RESEA outreach letter dated within the past 10 weeks | |
| **Category 1: Expedited Eligibility – Trade Affected.** | | |
| **Dislocation Category Verification**  (and appropriate selections below) | | Cat 9: Expedited Eligibility—Trade Affected |
| Expedited eligibility for Dislocated Worker Category 1 is available for trade-affected workers. | | Expedited eligibility criteria are satisfied by any one of the following:  An open TAA occupational or educational training service  Open TAA Program Application in WorkInTexas.com |

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| **CATEGORY 2: Termination or Layoff (or Notification). Not Eligible for (UI) Benefits.** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 1 or 2: Separation Notice  Cat 1 or 2: UC records |
| Employment Status at DW Eligibility  Employed, but Received Notice of Termination of Employment or military separation is pending  Unemployed  **OR** | Self-attestation  UI records, verifying insufficient earnings or non-covered employer  Employer contact |
| Actual Date of Layoff or Termination  **AND** | Verification from Employer  Rapid Response List  Notice of layoff  Self-attestation |
| UC Eligibility Status  Neither Claimant nor Exhaustee  **AND** | UI records (benefit history, wage records, RESEA status) |
| Unlikely to return to previous industry/occupation. | Labor Market Information/Verification  Job search  Self-attestation  WorkInTexas.com Print Screen  Other |
| **CATEGORY 3: Termination or Layoff (or Notification). Permanent Closure or Substantial Layoff.** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 3: WARN notice or letter of authorization from the state WIOA Admin. Dept. |
| Employment Status at DW Eligibility  Employed, but Received Notice of Termination of Employment or military separation is pending  Unemployed  **OR** | Self-attestation  UI records  Employer contact  UI cross-match |
| Actual Date of Layoff or Termination | Verification from Employer  Rapid Response List  Notice of layoff  Self-attestation |
| **Category 3: Expedited Eligibility – Trade Affected.** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 9: Expedited Eligibility—Trade Affected |
| Expedited eligibility for Dislocated Worker Category 3 is available for trade-affected workers. | Expedited eligibility criteria are satisfied by any one of the following:  An open TAA occupational or educational training service  Open TAA Program Application in WorkInTexas.com |
| **CATEGORY 4: Employed at Facility that will Close within 180 Days. General Announcement.** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 4: Documentation of “General Announcement” |
| Employment Status at DW Eligibility  Employed, but Received Notice of Termination of Employment or military separation is pending | Self-attestation  UI records  Employer contact  UI cross-match |

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| **CATEGORY 5: Previously Self-Employed. Unemployed due to Economic Conditions or Natural Disaster.** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 5: Receipt of notice of foreclosure or intent to foreclose  Cat 5: Proof of failure of the farm, businesss, or ranch to return a profit during preceeding 12 months  Cat 5: Entry of individual into bankruptcy proceedings  Cat 5: Inability to make payments on loans secured by tangible business assets  Cat 5: Inability to obtain capital necessary to continue operations  Cat 5: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch, or business  Cat 5: Other events indicative of the likely insolvency of the farm, ranch, or business |
| Employment Status at DW Eligibility  Unemployed | Self-attestation  UI records  UI cross-match |
| **CATEGORY 6: Displaced Homemaker.** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 6: Is verifed in Barriers—Displaced Homemaker |
| Displaced Homemaker (Barriers tab)  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. | Divorce decree or legal separation  Death certificate  Appropriate bank records  Signed IEP/ISS  Applicant statement and unemployment wage record  Public assistance records  Spouse's layoff notice  In-depth assessment with case manager  Court records  Self-attestation  Signed intake application or enrollment form |
| **CATEGORY 7: Military Spouse. Unemployed or Unemployed Due to Relocation** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 7: Case file documents active duty Armed Forces spouse employment loss related to duty station change. |
| Employment Status at DW Eligibility  Unemployed | Self-attestation  UI records  Employer contact  UI cross-match |
| Spouse or Caregiver of a Military Member (Veterans tab) | Self-attestation |

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| **ELIGIBILITY CRITERIA** | **ACCEPTABLE DOCUMENTATION** |
| **CATEGORY 8: Displaced Homemaker. Military Spouse.** | |
| **Dislocation Category Verification**  (and appropriate selections below) | Cat 8: Case file documents active duty Armed Forces spouse is unemployed/underemployed and having difficulty obtaining/upgrading employment. |
| Displaced Homemaker (Barriers tab)  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**  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. | Divorce decree or legal separation  Death certificate  Spouse's Permanent Change of Station (PCS) orders  Appropriate bank records  Signed IEP/ISS  Applicant statement and unemployment wage record  Public assistance records  Spouse's layoff notice  In-depth assessment with case manager  Court records  Self-attestation  Signed intake application or enrollment form |
| Spouse or Caregiver of a Military Member (Veterans tab) | Self-attestation |
| 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 | | |
| WorkInTexas.com State ID: | |  | | 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) | Baptismal record  Birth certificate  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/identification  Work permit  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.  Family bible  Cross-match with state agency records  Justice system records  Selective Service registration  Signed letter from a parent or guardian  Medical records  Self-attestation  Tribal record with date of birth |
| Authorized to Work in the United States  Note: Identified in WorkInTexas.com as US Citizenship Status | Completed Authorized to Work in the US form or collection of any List A document; or combination of one List B and one List C document |
| Selective Service Registration | Selective Service acknowledgement letter  Contact Selective Service (847) 688-6888  DD-214, Certificate of Release or Discharge from Active Duty  Internet verification/registration (http://www.sss.gov)  Self-attestation that **failure to register was not knowing or willful**, including any required documentation for Board determination |
| Individual with a Disability  Note: Detailed information about the disability is not necessary. | Section 504 record provided by student  Assessment test results  School records—Individualized Education Program (IEP)  Self-attestation |

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| **ELIGIBILITY CRITERIA** | **ACCEPTABLE DOCUMENTATION** |
| Within Compulsory Age  Only applicable to Out-of-School Youth (OSY) who have not attended school for the last three consecutive months, excluding summer months when school is not in session. | Signed Intake Application and Enrollment Form  Case Notes  School records  Self-attestation |
| School Status at Youth Program Eligibility | School records  Attendance  Drop-out letter  Training provider verification of enrollment  Intake Application or Enrollment Form  Case Notes  Self-attestation |
| Attending Any School  Youth program type determination | Case Notes  Educational Institution Enrollment Record  School records  Self-attestation |
| School Dropout | | Self-attestation  School attendance record  School dropout letter |
| Temporary Assistance for Needy Families (TANF) | TANF Eligibility Verification  TANF Period of Benefit Receipt Verification  Referral Transmittal from TANF  Cross-match with TANF records in WorkInTexas.com |
| Supplemental Security Income (SSI) | SSI Receipt of Benefits Verification  Referral Transmittal from SSA  SSI Eligibility Verification |
| General Assistance (GA) | Copy of authorization to receive cash public assistance  Copy of public assistance check  Medical card showing cash grant status  Public assistance eligibility verification |
| Supplemental Nutrition Assistance Program (SNAP) | SNAP Eligibility Verification  Authorization to Receive Food Stamps  Documentation of SNAP Benefit Receipt  Referral Transmittal from SNAP  Cross-match with SNAP Records in WorkInTexas.com |
| Refugee Cash Assistance (RCA) | Copy of authorization to receive cash public assistance  Copy of public assistance check  Medical card showing cash grant status  Refugee assistance records  Public assistance eligibility verification |

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| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** | |
| Social Security Disability Insurance (SSDI) | | SSDI Receipt of Benefits Verification  Referral Transmittal from SSA  SSDI Eligibility Verification | |
| Currently Living in High-Poverty Area | | Staff verified based on address | |
| Foster Child (state or local payments made) | | WorkInTexas.com Case Notes  Foster care agency referral transmittal  Signed intake application or enrollment form  Needs assessment from partner program  Signed Individual Service Strategy from partner program  Written statement from social services agency  Self-attestation | |
| Currently Receives or is Eligible for Free or Reduced-Price School Lunch | School document  Self-attestation | |
| English Language Learner | | Case Notes  School records  Self-attestation  Signed Application/Enrollment  Signed Individual Service Strategy  Test Scores | |
| Basic Skills Deficient | Assessed by a generally accepted standardized test  Applicable school records  WorkInTexas.com Case Notes |
| Homeless | Written statement from shelter  Case Notes  Written statement from social service agency  Signed intake application or enrollment form  Self-attestation  Signed Individual Service Strategy  Needs assessment  Letter from a caseworker or support provider |
| Runaway | Written statement from social service agency  Case Notes  Written statement from shelter  Letter from a caseworker or support provider  Signed intake application or enrollment form  Signed Individual Service Strategy  Self-attestation  Needs assessment |
| Foster Care Status | Statemnent/Referral from social service agency  Foster care agency referral  Signed intake application or enrollment form  Needs assessment  Signed Individual Service Strategy  Self-attestation |

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| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** |
| Out-of-Home Placement | WorkInTexas.com Case Notes  Self-attestation |
| Section 477 of the Social Security Act  In Texas: DFPS’ Transitional Living Services | Letter from appropriate state/local social service agency  Self-attestation |
| Ex-offender | Referral from a reintegration agency  Court documents  Signed intake application or enrollment form  Letter of parole  Letter from probation officer  WorkInTexas.com Case Notes  Needs assessment  Signed Individual Service Strategy (ISS)  Documents from juvenile or adult criminal justice system  Self-attestation  Federal bonding program application |
| Pregnant or Parenting Youth | HHSC, TANF, or SNAP screenprint showing the individual and child  WorkInTexas.com Case Notes  Needs assessment  WIC eligibility verification  Signed intake application or enrollment form  Signed Individual Service Strategy (ISS)  Self-attestation |
| Additional Assistance Needed to complete an educational program or to secure and hold employment | Signed intake application or enrollment form  WorkInTexas.com Case Notes  Self-attestation  Needs assessment  Signed Individual Service Strategy (ISS) |
| 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. | Public assistance/social service agency records  Birth certificate  Decree of court  Divorce decree  Lease  Marriage certificate  Most recent tax return supported by IRS documents (such as form letter 1722)  Public housing authority (if resident or on waiting list)  Self-attestation |

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| **ELIGIBILITY CRITERIA** | | **ACCEPTABLE DOCUMENTATION** |
| Individual/Family Income  Note: Income verification is not required for OSY, except those who are:   * basic skills deficient; * English language learners; or * require additional assistance to complete an educational program or to secure and hold employment. | Alimony agreement  UI documents and/or printout  Award letter from Veterans Affairs  Bank statement  Compensation award letter  Court award letter  Employer statement/contact  Family or business financial records  Housing authority verification  Pay stubs  Pension statement  Public assistance records/printout  Quarterly estimated tax for self-employed persons (Schedule C)  Social Security benefits  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  Self-employment verification form  Workers’ Compensation records |

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| 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 (TWC) 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.

Entities that may assist in verifying information by telephone are as follows:

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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 the following 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.
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

|  |  |  |  |
| --- | --- | --- | --- |
| WorkInTexas.com State ID: |  | 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:

|  |
| --- |
| **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 4—Public Announcement:

1. Declared through media

2. Specific sites due to close by specific date

|  |
| --- |
| **CERTIFICATION** |
| I certify that the information provided above meets the requirements for WIOA dislocated worker eligibility under  “Public Announcement.”    Texas Workforce Solutions Staff Signature Print Name Date    Manager/Reviewer Signature Print Name Date |

**WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**VERIFICATION OF TERMINATION OR LAYOFF**

**DISLOCATED WORKER**

Job Seeker’s Name:       Date

(Please Print)

TO EMPLOYER:

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

Thank you for your help.

Signature Individual’s WorkInTexas.com State ID

|  |
| --- |
| (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

|  |
| --- |
| **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 the customer has completed their 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 | | | | |
| WorkInTexas.com State ID: |  | 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 receive individualized career or training services under 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 Birth/Maiden Name

|  |  |
| --- | --- |
| Date of Birth (month/day/year) | Social Security Number (if voluntarily provided) |

**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)  For an individual temporarily authorized  to work for a specific employer because  of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has  the following:  (1) The same name as the  passport; and  (2) An endorsement of the  individual's status or parole as  long as that 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  Certification of Report of Birth issued by the Department of Homeland Security (Form DS-1350, FS-545 or FS-240)  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)  Employment authorization document issued by the Department of Homeland Security (except I-766, which is a List A document)  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.    Individual Signature Print Name Date    Workforce Solutions Office Staff Signature Print Name Date    Manager/Reviewer Signature Print Name Date |