

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 are 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.

# WIOA TITLE I ELIGIBILITY DOCUMENTATION LOG FOR ADULT/DISLOCATED WORKER

Name: \_\_\_\_\_  
Last
First
MI

WorkInTexas.com State ID: 
 Date:

<b>UNIVERSAL ELIGIBILITY FOR ADULT AND DISLOCATED WORKER</b>	
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.	
<b>ELIGIBILITY CRITERIA</b>	<b>ACCEPTABLE DOCUMENTATION</b>
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Baptismal record <input type="checkbox"/> Birth certificate <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Driver's license <input type="checkbox"/> Federal, state, or local government identification card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School records/identification <input type="checkbox"/> Work permit <input type="checkbox"/> 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. <input type="checkbox"/> Family bible <input type="checkbox"/> Cross-match with state agency records <input type="checkbox"/> Justice system records <input type="checkbox"/> Selective Service registration <input type="checkbox"/> Signed letter from a parent or guardian <input type="checkbox"/> Medical records <input type="checkbox"/> Self-attestation <input type="checkbox"/> Tribal record with date of birth
<input type="checkbox"/> Authorized to Work in the United States  Note: Identified in WorkInTexas.com as U.S. Citizenship Status	<input type="checkbox"/> 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
<input type="checkbox"/> Selective Service Registration	<input type="checkbox"/> Selective Service acknowledgement letter <input type="checkbox"/> Contact Selective Service (847) 688-6888 <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Internet verification/registration ( <a href="http://www.sss.gov">http://www.sss.gov</a> ) <input type="checkbox"/> Self-attestation that <b>failure to register was not knowing or willful</b> , including any required documentation for Board determination

**ADULT SERVICE PRIORITY**

**Boards must have an established service priority policy for individualized career and training services.**

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Individual with a Disability  Note: Detailed information about the disability is not necessary.	<input type="checkbox"/> Section 504 record provided by student <input type="checkbox"/> Assessment test results <input type="checkbox"/> School records—Individualized Education Program (IEP) <input type="checkbox"/> Self-attestation
<input type="checkbox"/> Eligible Veteran Status	<input type="checkbox"/> Self-attestation <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Cross-match with veterans database <input type="checkbox"/> US Department of Veterans Affairs (VA) records/printout <input type="checkbox"/> NGB-22 documenting Title 10 federal active duty service
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> TANF Eligibility Verification <input type="checkbox"/> TANF Period of Benefit Receipt Verification <input type="checkbox"/> Referral Transmittal from TANF <input type="checkbox"/> Cross-match with TANF records in WorkInTexas.com
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> SSI Receipt of Benefits Verification <input type="checkbox"/> Referral Transmittal from SSA <input type="checkbox"/> SSI Eligibility Verification
<input type="checkbox"/> General Assistance (GA)	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance eligibility verification
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> SNAP Eligibility Verification <input type="checkbox"/> Authorization to Receive Food Stamps <input type="checkbox"/> Documentation of SNAP Benefit Receipt <input type="checkbox"/> Referral Transmittal from SNAP <input type="checkbox"/> Cross-match with SNAP Records in WorkInTexas.com
<input type="checkbox"/> Refugee Cash Assistance (RCA)	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Public assistance eligibility verification
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	<input type="checkbox"/> SSDI Receipt of Benefits Verification <input type="checkbox"/> Referral Transmittal from SSA <input type="checkbox"/> SSDI Eligibility Verification

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

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION	
<p>Individual Status/Family Size</p> <p>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.</p>	<input type="checkbox"/> Public assistance/social service agency records <input type="checkbox"/> Birth certificate <input type="checkbox"/> Decree of court <input type="checkbox"/> Divorce decree <input type="checkbox"/> Lease <input type="checkbox"/> Marriage certificate <input type="checkbox"/> Most recent tax return supported by IRS documents (such as form letter 1722) <input type="checkbox"/> Public housing authority (if resident or on waiting list) <input type="checkbox"/> Self-attestation	
<p>Individual/Family Income</p> <p>Note: Documentation must be provided for each applicable income source.</p>	<input type="checkbox"/> Alimony agreement <input type="checkbox"/> UI documents and/or printout <input type="checkbox"/> Award letter from VA <input type="checkbox"/> Bank statement <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Court award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Housing authority verification <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension statement <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C) <input type="checkbox"/> Social Security benefits <input type="checkbox"/> 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 <input type="checkbox"/> Self-attestation <input type="checkbox"/> Self-employment verification form <input type="checkbox"/> Workers' Compensation records	
<p>Case Manager/Intake Notes: _____</p>		
<p>_____ Texas Workforce Solutions Staff Signature</p> <p>_____ Manager/Reviewer Signature</p>	<p>_____ Print Name</p> <p>_____ Print Name</p>	<p>_____ Date</p> <p>_____ Date</p>



**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
<b>CATEGORY 1: Termination or Layoff (or Notification). Eligible/Exhausted Unemployment Insurance (UI) Benefits.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> Cat 1 or 2: Separation Notice <input type="checkbox"/> Cat 1 or 2: UC records
Employment Status at DW Eligibility <input type="checkbox"/> Employed, but Received Notice of Termination of Employment or military separation is pending <input type="checkbox"/> Unemployed  <b>OR</b>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> UI records <input type="checkbox"/> Employer contact <input type="checkbox"/> UI cross-match
<input type="checkbox"/> Actual Date of Layoff or Termination  <b>AND</b>	<input type="checkbox"/> Verification from Employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Self-attestation
UC Eligibility Status <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee  <b>AND</b>	<input type="checkbox"/> UI records (benefit history, wage records, RESEA status) <input type="checkbox"/> Self-attestation, Not RESEA <input type="checkbox"/> Self-attestation, Exhaustee
<input type="checkbox"/> Unlikely to return to previous industry/occupation.  <a href="#">Note: Not verifiable through system selection in WorkInTexas.com</a>	<input type="checkbox"/> Labor Market Information/Verification <input type="checkbox"/> Job search <input type="checkbox"/> Self-attestation <input type="checkbox"/> WorkInTexas.com Print Screen <input type="checkbox"/> Other
<b>Category 1: Expedited Eligibility – RESEA.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> 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: <input type="checkbox"/> A copy of RESEA outreach letter dated within the past 10 weeks
<b>Category 1: Expedited Eligibility – Trade Affected.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> 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: <input type="checkbox"/> An open TAA occupational or educational training service <input type="checkbox"/> Open TAA Program Application in WorkInTexas.com



<b>CATEGORY 2: Termination or Layoff (or Notification). Not Eligible for (UI) Benefits.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> Cat 1 or 2: Separation Notice <input type="checkbox"/> Cat 1 or 2: UC records
Employment Status at DW Eligibility <input type="checkbox"/> Employed, but Received Notice of Termination of Employment or military separation is pending <input type="checkbox"/> Unemployed  <b>OR</b>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> UI records, verifying insufficient earnings or non-covered employer <input type="checkbox"/> Employer contact
<input type="checkbox"/> Actual Date of Layoff or Termination  <b>AND</b>	<input type="checkbox"/> Verification from Employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Self-attestation
UC Eligibility Status <input type="checkbox"/> Neither Claimant nor Exhaustee  <b>AND</b>	<input type="checkbox"/> UI records (benefit history, wage records, RESEA status)
<input type="checkbox"/> Unlikely to return to previous industry/occupation.  <a href="#">Note: Not verifiable through system selection in WorkInTexas.com</a>	<input type="checkbox"/> Labor Market Information/Verification <input type="checkbox"/> Job search <input type="checkbox"/> Self-attestation <input type="checkbox"/> WorkInTexas.com Print Screen <input type="checkbox"/> Other
<b>CATEGORY 3: Termination or Layoff (or Notification). Permanent Closure or Substantial Layoff.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> Cat 3: WARN notice or letter of authorization from the state WIOA Admin. Dept.
Employment Status at DW Eligibility <input type="checkbox"/> Employed, but Received Notice of Termination of Employment or military separation is pending <input type="checkbox"/> Unemployed  <b>OR</b>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> UI records <input type="checkbox"/> Employer contact <input type="checkbox"/> UI cross-match
<input type="checkbox"/> Actual Date of Layoff or Termination	<input type="checkbox"/> Verification from Employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Self-attestation
<b>Category 3: Expedited Eligibility – Trade Affected.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> 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: <input type="checkbox"/> An open TAA occupational or educational training service <input type="checkbox"/> Open TAA Program Application in WorkInTexas.com
<b>CATEGORY 4: Employed at Facility that will Close within 180 Days. General Announcement.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> Cat 4: Documentation of “General Announcement”
Employment Status at DW Eligibility <input type="checkbox"/> Employed, but Received Notice of Termination of Employment or military separation is pending	<input type="checkbox"/> Self-attestation <input type="checkbox"/> UI records <input type="checkbox"/> Employer contact <input type="checkbox"/> UI cross-match

<b>CATEGORY 5: Previously Self-Employed. Unemployed due to Economic Conditions or Natural Disaster.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> Cat 5: Receipt of notice of foreclosure or intent to foreclose <input type="checkbox"/> Cat 5: Proof of failure of the farm, business, or ranch to return a profit during preceeding 12 months <input type="checkbox"/> Cat 5: Entry of individual into bankruptcy proceedings <input type="checkbox"/> Cat 5: Inability to make payments on loans secured by tangible business assets <input type="checkbox"/> Cat 5: Inability to obtain capital necessary to continue operations <input type="checkbox"/> Cat 5: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch, or business <input type="checkbox"/> Cat 5: Other events indicative of the likely insolvency of the farm, ranch, or business
Employment Status at DW Eligibility <input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-attestation <input type="checkbox"/> UI records <input type="checkbox"/> UI cross-match
<b>CATEGORY 6: Displaced Homemaker.</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> Cat 6: Is verified in Barriers—Displaced Homemaker
Displaced Homemaker (Barriers tab) An individual who:  <input type="checkbox"/> has been providing unpaid services to family members in the home;  <input type="checkbox"/> is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment;  <b>and</b>  <input type="checkbox"/> has been dependent on the income of another family member but is no longer supported by that income.	<input type="checkbox"/> Divorce decree or legal separation <input type="checkbox"/> Death certificate <input type="checkbox"/> Appropriate bank records <input type="checkbox"/> Signed IEP/ISS <input type="checkbox"/> Applicant statement and unemployment wage record <input type="checkbox"/> Public assistance records <input type="checkbox"/> Spouse's layoff notice <input type="checkbox"/> In-depth assessment with case manager <input type="checkbox"/> Court records <input type="checkbox"/> Self-attestation <input type="checkbox"/> Signed intake application or enrollment form
<b>CATEGORY 7: Military Spouse. Unemployed or Unemployed Due to Relocation</b>	
<b>Dislocation Category Verification</b> (and appropriate selections below)	<input type="checkbox"/> Cat 7: Case file documents active duty Armed Forces spouse employment loss related to duty station change.
Employment Status at DW Eligibility <input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-attestation <input type="checkbox"/> UI records <input type="checkbox"/> Employer contact <input type="checkbox"/> UI cross-match
<input type="checkbox"/> Spouse or Caregiver of a Military Member (Veterans tab)	<input type="checkbox"/> Self-attestation



## WIOA TITLE I ELIGIBILITY DOCUMENTATION LOG FOR YOUTH

Name: \_\_\_\_\_

	Last	First	MI
WorkInTexas.com State ID:		Date:	

**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)	<input type="checkbox"/> Baptismal record <input type="checkbox"/> Birth certificate <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Driver’s license <input type="checkbox"/> Federal, state, or local government identification card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School records/identification <input type="checkbox"/> Work permit <input type="checkbox"/> 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. <input type="checkbox"/> Family bible <input type="checkbox"/> Cross-match with state agency records <input type="checkbox"/> Justice system records <input type="checkbox"/> Selective Service registration <input type="checkbox"/> Signed letter from a parent or guardian <input type="checkbox"/> Medical records <input type="checkbox"/> Self-attestation <input type="checkbox"/> Tribal record with date of birth
<input type="checkbox"/> Authorized to Work in the United States  Note: Identified in WorkInTexas.com as US Citizenship Status	<input type="checkbox"/> 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
<input type="checkbox"/> Selective Service Registration	<input type="checkbox"/> Selective Service acknowledgement letter <input type="checkbox"/> Contact Selective Service (847) 688-6888 <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Internet verification/registration ( <a href="http://www.sss.gov">http://www.sss.gov</a> ) <input type="checkbox"/> Self-attestation that <b>failure to register was not knowing or willful</b> , including any required documentation for Board determination
<input type="checkbox"/> Individual with a Disability  Note: Detailed information about the disability is not necessary.	<input type="checkbox"/> Section 504 record provided by student <input type="checkbox"/> Assessment test results <input type="checkbox"/> School records—Individualized Education Program (IEP) <input type="checkbox"/> Self-attestation

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> 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.	<input type="checkbox"/> Signed Intake Application and Enrollment Form <input type="checkbox"/> Case Notes <input type="checkbox"/> School records <input type="checkbox"/> Self-attestation
<input type="checkbox"/> School Status at Youth Program Eligibility	<input type="checkbox"/> School records <input type="checkbox"/> Attendance <input type="checkbox"/> Drop-out letter <input type="checkbox"/> Training provider verification of enrollment <input type="checkbox"/> Intake Application or Enrollment Form <input type="checkbox"/> Case Notes <input type="checkbox"/> Self-attestation
<input type="checkbox"/> Attending Any School  Youth program type determination	<input type="checkbox"/> Case Notes <input type="checkbox"/> Educational Institution Enrollment Record <input type="checkbox"/> School records <input type="checkbox"/> Self-attestation
<input type="checkbox"/> School Dropout	<input type="checkbox"/> Self-attestation <input type="checkbox"/> School attendance record <input type="checkbox"/> School dropout letter
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> TANF Eligibility Verification <input type="checkbox"/> TANF Period of Benefit Receipt Verification <input type="checkbox"/> Referral Transmittal from TANF <input type="checkbox"/> Cross-match with TANF records in WorkInTexas.com
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> SSI Receipt of Benefits Verification <input type="checkbox"/> Referral Transmittal from SSA <input type="checkbox"/> SSI Eligibility Verification
<input type="checkbox"/> General Assistance (GA)	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance eligibility verification
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> SNAP Eligibility Verification <input type="checkbox"/> Authorization to Receive Food Stamps <input type="checkbox"/> Documentation of SNAP Benefit Receipt <input type="checkbox"/> Referral Transmittal from SNAP <input type="checkbox"/> Cross-match with SNAP Records in WorkInTexas.com
<input type="checkbox"/> Refugee Cash Assistance (RCA)	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Public assistance eligibility verification

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

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

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p>Individual/Family Income</p> <p>Note: Income verification is not required for OSY, except those who are:</p> <ul style="list-style-type: none"> <li>• basic skills deficient;</li> <li>• English language learners; or</li> <li>• require additional assistance to complete an educational program or to secure and hold employment.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Alimony agreement</li> <li><input type="checkbox"/> UI documents and/or printout</li> <li><input type="checkbox"/> Award letter from Veterans Affairs</li> <li><input type="checkbox"/> Bank statement</li> <li><input type="checkbox"/> Compensation award letter</li> <li><input type="checkbox"/> Court award letter</li> <li><input type="checkbox"/> Employer statement/contact</li> <li><input type="checkbox"/> Family or business financial records</li> <li><input type="checkbox"/> Housing authority verification</li> <li><input type="checkbox"/> Pay stubs</li> <li><input type="checkbox"/> Pension statement</li> <li><input type="checkbox"/> Public assistance records/printout</li> <li><input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C)</li> <li><input type="checkbox"/> Social Security benefits</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> Self-attestation</li> <li><input type="checkbox"/> Self-employment verification form</li> <li><input type="checkbox"/> Workers' Compensation records</li> </ul>

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:

- Local schools
- US Department of Veterans Affairs
- Vocational rehabilitation facilities
- Housing authorities
- Judicial agencies and institutions
- Social Security Administration
- Medical and health facilities
- Drug and alcohol rehabilitation facilities
- Homeless shelters
- 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**

<b>IDENTIFYING INFORMATION</b>		
Job Seeker's Name: _____		
<small>First</small>	<small>Last</small>	<small>MI</small>

WorkInTexas.com State ID: \_\_\_\_\_

Date: \_\_\_\_\_

**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: \_\_\_\_\_

**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

**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:

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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 SERVICES AND/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:

<b>CERTIFICATION</b>		
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 income or 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: _____	
WorkInTexas.com State ID: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 25px; vertical-align: middle;"></span>	Application Date: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 25px; vertical-align: middle;"></span>

**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**.

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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
<b>OR</b> <span style="margin-left: 200px;"><b>AND</b></span>		
<input type="checkbox"/> US Passport or US Passport Card  <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  <input type="checkbox"/> Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigration visa  <input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766)  <input type="checkbox"/> 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  <input type="checkbox"/> 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	<input type="checkbox"/> 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  <input type="checkbox"/> 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  <input type="checkbox"/> School ID Card with a photograph  <input type="checkbox"/> Voter Registration Card  <input type="checkbox"/> US Military Card or Draft Record  <input type="checkbox"/> Military Dependent's ID Card  <input type="checkbox"/> US Coast Guard Merchant Mariner Card  <input type="checkbox"/> Native American Tribal Document  <input type="checkbox"/> Driver's License issued by a Canadian government authority  <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <input type="checkbox"/> School record or report card  <input type="checkbox"/> Clinic, doctor, or hospital record  <input type="checkbox"/> Day care or nursery school record	<input type="checkbox"/> 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  <input type="checkbox"/> Certification of Report of Birth issued by the Department of Homeland Security (Form DS-1350, FS-545 or FS-240)  <input type="checkbox"/> 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  <input type="checkbox"/> Native American Tribal Document  <input type="checkbox"/> US Citizen ID Card (INS Form I-197)  <input type="checkbox"/> Identification Card for use of Resident Citizen in the United States (Form I-179)  <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security (except I-766, which is a List A document)  <input type="checkbox"/> Screenprint of UI screen Current Claim Status  <input type="checkbox"/> UI award letter  <input type="checkbox"/> Expedited Eligibility through TAA  <input type="checkbox"/> 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