



**North Carolina**  
**Department of Commerce**  
*Division of Workforce Development*

**Beverly Eaves Perdue, Governor**  
**J. Keith Crisco, Secretary**

**Roger Shackelford, Executive Director**

January 8, 2010

LOCAL AREA ISSUANCE NO. 2010-01

**SUBJECT:** Participant Eligibility and Data Validation Documentation Sources Reference Guide

**PURPOSE:** To release a side-by-side comparison of Workforce Investment Act (WIA) Participant Eligibility and Data Validation Documentation Sources.

**BACKGROUND:** Local Workforce Development Areas may use various allowable sources to determine eligibility and data validation. While the attached document does not represent all Data Validation requirements (refer to Local Area Issuance No. 2007-11 for complete Data Validation documentation requirements), it places current participant eligibility sources alongside current data validation documentation sources in one, easy to reference document.

**ACTION:** Local Workforce Development Areas may utilize the attached document for training and reference purposes and distribute to other interested parties as appropriate.

**EFFECTIVE DATE:** Immediately

**EXPIRATION:** Indefinite

**CONTACT:** Grants Management Staff

  
Roger Shackelford

Attachment

313 Chapanoke Rd. Suite 120•4316 Mail Service Center•Raleigh, North Carolina 27699-4316

Tel: (919)329-5230•Fax: (919)662-4770

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## WIA PARTICIPANT ELIGIBILITY AND DATA VALIDATION DOCUMENTATION SOURCES

*NOTE: This document does not represent all Data Validation requirements. For complete Data Validation documentation requirements, please refer to Local Area Issuance No. 2007-11.*

| No. | Data Element           | Required Eligibility Documentation<br><i>Copies of:</i>   | Required Data Validation Documentation                                      |
|-----|------------------------|---|---|
| 1.  | Social Security Number | Social Security card<br>Report of Transfer or Discharge paper (DD-214)<br>Passport  | Same documentation as eligibility verification, except US Passport accepted |
| 2.  | Name                   | Birth certificate<br>Driver's license<br>Baptismal record<br>Printout of birth certificate from County Register of Deeds office<br>DD-214, Report of Transfer or Discharge paper<br>Federal, State, or Local Government Identification card<br>Hospital record of Birth<br>Passport<br>Public Assistance/Social Service records<br>School records/Identification card<br>Work permit<br>Tribal records<br>Department of Motor Vehicles ID card<br>Prison records verification | Not Validated   |
| 3.  | Date of Birth          | Birth certificate<br>Driver's license<br>Public Assistance/Social Service records<br>School records/Identification card (Copy from school)<br>Baptismal record<br>Printout of birth certificate from Register of Deeds Office<br>DD-214, Report of Transfer or Discharge paper<br>Federal, State, or Local Government Identification card<br>Hospital record of Birth<br>Passport<br>Work permit<br>Cross match with Department of Vital Statistics<br>Tribal records         | Same documentation as eligibility verification                              |

| No. | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>   | Required Data Validation Documentation |
|-----|--|---|--|
|     |  | Department of Motor Vehicles ID card<br>Prison records verification   |  |
| 4.  | Citizenship  | Birth certificate<br>US Passport<br>Immigration and Naturalization Service (INS)<br>documentation indicating right to work<br>Social Security Administration records<br>Foreign Passport stamped eligible to work<br>Hospital record of live birth<br>Naturalization certification  | Not Validated                          |
| 5.  | Family Size<br><br><i>The size of the family is determined by counting and identifying the number of persons living in a single residence at time of application who are related by blood, marriage, or decree of court, and who are included in one or more of the following categories:<br/>-A husband, wife, and dependent children<br/>- A parent and dependent children<br/>- A guardian and dependent children<br/>- A husband and wife<br/>- Not a family member (Family size is "one")</i> | Social Services/Public Assistance agency records<br>Public Housing Authority records<br>Court records/Legal documents<br>Guardian Decree of Court<br>** Family Size Verification Form - client statement attesting to size of family to include names and relationship<br>***E-mail Verification from Social Service agency | Not Validated                          |

| No. | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>   | Required Data Validation Documentation  |
|-----|--|---|---|
|     | <i>If FAMILY SIZE is used to determine low-income, it must be verified before a determination of eligibility is made</i>   |   |   |
| 6.  | Selective Service Compliance   | Internet verification from <a href="http://www.sss.gov">www.sss.gov</a><br>Selective Service Registration card<br>Acknowledgment letter from Selective Service Agency determination that failure to register was not knowing and willful  | Not Validated   |
| 7.  | Veteran Status   | Report of Transfer or Discharge paper, DD-214<br>Cross-Match with Veterans Data (Veterans' Administration)<br>Veterans' Service Officer statement/printout  | Same documentation as eligibility verification  |
| 8.  | Requires Additional Assistance (to complete an educational program/secure employment)<br><br><i>Defined as one who:</i><br><b>Is currently attending an education program</b><br><i>AND</i><br><ul style="list-style-type: none"> <li>• <i>Has previously dropped out of an educational program</i></li> <li>OR</li> <li>• <i>Has poor attendance patterns in an educational program during the last 12 months</i></li> <li>OR</li> <li>• <i>Has below average grades</i></li> <li>OR</li> <li>• <i>Has aged out of the foster care system (ages 18-21)</i></li> </ul> | <b>School Status at Registration</b><br>Applicable records from educational institution (GED, certificate, diploma, post-secondary enrollment, attendance record, transcripts, dropout letter, school documentation)<br>** Self-Attestation - client statement attesting to school status<br><i>AND</i><br><b>School Drop Out</b><br>Applicable records from educational program (i.e. GED, certificate, diploma, post-secondary enrollment, attendance record, transcripts, dropout letter, school documentation)<br>Copy of transcripts<br>Letter from the school system<br>** Self-Attestation - client statement attesting to last school attended and date of withdrawal | Same documentation as eligibility verification<br><i>OR</i><br>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)<br><i>OR</i><br>Case/activity notes |

| No. | Data Element  | Required Eligibility Documentation<br><i>Copies of:</i>  | Required Data Validation Documentation   |
|-----|---|--|--|
|     | <ul style="list-style-type: none"> <li>• <i>Has a currently incarcerated parent(s).</i></li> </ul> <p style="text-align: center;"><i>OR</i></p> <p><b>Is not currently attending an education program</b></p> <p style="text-align: center;"><i>AND</i></p> <ul style="list-style-type: none"> <li>• <i>Has a poor work history, to include no work history, or has been fired from a job in the last 6 calendar months</i></li> <li><i>OR</i></li> <li>• <i>Has aged out of the foster care system (ages 18-21)</i></li> <li><i>OR</i></li> <li>• <i>Has a currently incarcerated parent(s).</i></li> </ul> <p>Requires Additional Assistance (to complete an educational program/secure employment)</p> | <p><b>Poor Attendance</b> (Local Area determination)<br/>Report card<br/>Letter from school/program representative<br/>** Self-Attestation - client statement attesting to poor attendance within the last 12 months</p> <p><b>Below Average Grades</b><br/>Written certification from school official<br/>Written certification from parent or guardian<br/>** Self-Attestation - client statement attesting to below average grades</p> <p><b>Poor Work History</b> (Local Area determination)<br/>** Self-Attestation - client statement attesting to work history (poor, non-existent, terminated)</p> <p><b>Aged Out of Foster Care</b><br/>Written statement from state/local agency<br/>Written confirmation from Social Services agency<br/>** Self-Attestation - client statement attesting to aging out of Foster Care</p> <p><b>Incarcerated Parent(s)</b><br/>Documentation from Criminal Justice system<br/>Printout from Criminal Justice Website (Department of Correction)<br/>Written statement from state/local agency<br/>Written confirmation from Social Services agency<br/>** Self-Attestation - client statement attesting to incarcerated parent(s)</p> | <p>Same documentation as eligibility verification</p> <p style="text-align: center;"><i>OR</i></p> <p>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p> <p style="text-align: center;"><i>OR</i></p> <p>Case/activity notes</p> |
| 9.  | <p>Person with Disability</p> <ul style="list-style-type: none"> <li>• <i>In the determination of WIA eligibility for Youth, disability</i></li> </ul>  | <p>Individualized Education Plan (I.E.P) title page<br/>Social Security Administration letter/records<br/>Vocational Rehabilitation statement<br/>Cross-Match from Veterans Data (Veterans'</p>  | Not Validated  |

| No. | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>   | Required Data Validation Documentation  |
|-----|--|---|---|
|     | <p><i>IS NOT an allowable barrier.</i></p> <ul style="list-style-type: none"> <li><i>The presence of an Individualized Education Plan (IEP) does not automatically mean the applicant is basic skills deficient, unless basic skills test results from the last 6 months are included in the IEP.</i></li> <li><i>For the purpose of calculating family income, a Youth with a documented Disability may be considered a Family of One.</i></li> </ul> | <p>Administration)<br/> Veterans' Service Officer statement/Printout<br/> Verification from Drug or Alcohol Rehabilitation agency<br/> Physician's statement<br/> Psychologist's statement<br/> Rehabilitation agency statement<br/> Social Service records/statement<br/> ***E-mail Verification from Social Service agency<br/> ***E-mail Verification from IEP Team or other authorized school personnel</p> |   |
| 10. | <p>Date of Actual Qualifying Dislocation</p> <p><i>Only used for <b>Dislocated Worker</b> determination</i></p>  | <p>Not used for eligibility determination purposes</p>  | <p>Written verification from employer<br/> Notice of layoff from employer<br/> Rapid Response list<br/> Public announcement with follow-up cross match with UI system<br/> **Self-Attestation – client statement attesting to the dislocating event</p> |
| 11. | <p>Source of Dislocation</p> <p><i>Only used for <b>Dislocated Worker</b> determination</i></p>  | <p>Please see addendum B. for eligibility information</p>   | <p>Not Validated</p>  |
| 12. | <p>School Status at Registration</p>   | <p>Applicable records from educational institution (GED, certificate, diploma, post-secondary enrollment, attendance record, transcripts, dropout letter, school documentation)<br/> ** Self-Attestation - client statement attesting to school status</p>  | <p>Same documentation as eligibility verification<br/> OR<br/> WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p>   |
|     |  |   |   |

| No. | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>  | Required Data Validation Documentation   |
|-----|--|--|--|
| 13. | Pregnant/Parenting Youth<br><br><i>If the applicant is under 22 years of age AND is pregnant. Also if the applicant is under 22 years of age (male or female) AND is providing custodial care for one or more dependent children under the age of 18.</i>  | Birth certificate (for child listing participant's name as a parent)<br>Statement from Social Services agency or Health Department<br>Baptismal record<br>Doctor's note confirming Pregnancy<br>Statement from program for Pregnant or Parenting Youth<br>Hospital record of Live Birth (for child listing Participant's name as a parent)<br>Most recent tax return supported by IRS documents<br>** Self-Attestation - client statement attesting to pregnancy status  | Same documentation as eligibility verification<br>OR<br>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable) |
| 14. | Runaway Youth<br><br><i>If, at the time of application, the applicant is an individual under the age of 18, who has left home or place of legal residence without the permission of parents or legal guardian, and who is unlikely to voluntarily return. Runaway does not necessarily denote a homeless individual (Runaway Youth can still live with extended family, i.e. aunt, uncle).</i><br><br><b>A Runaway is automatically considered a family of one</b> | Written statement from a shelter<br>Written statement from Social Service agency, Mental Health agency, Health Department or Substance Abuse agency<br>Written statement from an Individual providing residence<br>Written Law Enforcement verification<br>*Signed Local Area Telephone Verification Form – from Social Service, Mental Health, Health Department or Substance Abuse agencies only<br>** Self-Attestation - client statement attesting to runaway status | Same documentation as eligibility verification<br>OR<br>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable) |
| 15. | Basic Skills/<br>Literacy Skills Deficient<br><br><i>If the applicant is a person who computes or solves problems,</i>   | Standardized assessment test results<br>Testing records<br>School records with standardized test results   | Same documentation as eligibility verification<br>OR<br>Case/activity notes (test name <u>with scores</u> in school year-month format)                               |

| No. | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>  | Required Data Validation Documentation  |
|-----|--|--|---|
|     | <p><i>reads, writes, or speaks English at or below the 9th grade level.</i></p> <p><i>Assessments must be dated within the last 6 months.</i></p>  |  |   |
| 16. | <p>School Dropout</p> <p><i>If the individual has not received, and is no longer attending any school in pursuit of, a secondary school diploma, certificate of achievement, graduation certificate or GED. A youth attending an alternative school is not a dropout.</i></p>  | <p>Letter from the school system<br/>Applicable records from educational institution (i.e. GED, certificate, diploma, post-secondary enrollment, attendance record, transcripts, dropout letter, school documentation)<br/>Copy of transcripts<br/>** Self-Attestation - client statement attesting to last school attended and date of withdrawal</p>   | <p>Same documentation as eligibility verification<br/>OR<br/>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p> |
| 17. | <p>Public Assistance</p> <p><i>If the applicant is listed on the grant and/or is receiving cash assistance as indicated under TANF (Temporary Assistance for Needy Families) GA (General Assistance), RCA (Refugee Cash Assistance), or SSI (Social Security Income)</i></p> <p><i>An applicant receiving food stamps is not, by federal definition, receiving cash public assistance.</i></p> | <p>Public Assistance records/printout<br/>Written verification from DSS<br/>SSI Award letter<br/>Public Assistance check<br/>Medical card showing cash grant status<br/>Public Assistance Refugee Assistance Records<br/>Cross-Match from Public Assistance database<br/>Copy of authorization to receive cash assistance (must have applicant's name verified as being on the grant)<br/>Public assistance identification card showing cash grant status<br/>Written verification from awarding agency<br/>Letter from Social Security Administration<br/>Written documentation from Social Security Administration<br/>*Signed Telephone Verification – from Public Assistance agency only</p> | <p>Same documentation as eligibility verification</p>   |

| No. | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>   | Required Data Validation Documentation  |
|-----|--|---|---|
| 18. | TANF<br><i>(Temporary Assistance for Needy Families)</i>   | Public Assistance records<br>Written verification from DSS<br>Cross-Match from TANF Database<br>DSS TANF printout (showing appropriate TANF coding)<br>DSS Electronic Interface Printout<br>*Signed WDB Telephone Verification Form from Public Assistance agency   | Same documentation as eligibility verification  |
| 19. | Member in Household Receiving Food Stamps  | Food Stamp records/printout<br>Letter from Food Stamp disbursing agency<br>DSS verification of receipt of food stamps<br>***E-mail Verification from Social Service agency  | Not Validated   |
| 20. | Homeless<br><i>An individual who lacks a fixed, regular, and adequate nighttime residence.</i><br><i>OR</i><br><i>Who has a primary nighttime residence that is:</i><br><br><i>a. a publicly or privately operated supervised shelter designed to provide temporary living accommodation (including welfare hotels, congregate shelters, and transitional housing for mentally ill)</i><br><i>OR</i><br><i>b. an institution that provides a temporary residence for individuals intended to be institutionalized</i><br><i>OR</i> | Written statement from a Shelter<br>Written statement from Social Service agency, Mental Health agency, Health Department or Substance Abuse agency<br>Written statement from an individual providing a residence<br>Written Law Enforcement verification<br>*Signed WDB Telephone Verification Form – from Social Service, Mental Health, Health Department or Substance Abuse agencies only<br>** Self-Attestation - client statement attesting to homeless status with beginning date and a summary of circumstances | Same documentation as eligibility verification<br><i>OR</i><br>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable) |

| No. | Data Element  | Required Eligibility Documentation<br><i>Copies of:</i>  | Required Data Validation Documentation   |
|-----|---|--|--|
|     | <p><i>c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings</i></p> <p><b>Homeless determination qualifies as automatic low-income</b></p>  |  |  |
| 21. | <p>Offender</p> <p><i>An individual who is or has been subject to any stage of the criminal justice process, and for whom services under this Act may be beneficial</i></p> <p><b>OR</b></p> <p><i>Is an individual who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction</i></p> | <p>NC Dept. of Correction printout: <a href="http://www.doc.state.nc.us">www.doc.state.nc.us</a></p> <p>Documentation from Juvenile Justice/Criminal Justice Court documents</p> <p>Letter of Parole</p> <p>Prison records</p> <p>Letter from Probation Officer</p> <p>Police records</p> <p>*Signed WDB Telephone Verification Form from Court, Public Safety, Criminal Justice system representative, or Prison agencies only</p> <p>** Self-Attestation - client statement attesting to offender status including dates and a summary of charges.</p> | <p>Same documentation as eligibility verification</p> <p><b>OR</b></p> <p>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p> |
| 22. | Current Foster Child  | <p>Court documentation of Foster Care status</p> <p>Written confirmation from Social Services agency</p> <p>Verification of payments made on behalf of the child</p> <p>Written statement from state/local agency</p>  | Same documentation as eligibility verification   |
| 23. | <p>Displaced Homemaker</p> <p><i>Only used for <b>Dislocated Worker</b> determination</i></p> <p><i>the applicant is an individual who</i></p>  | <p>Divorce papers</p> <p>Spouse's death record</p> <p>Public Assistance records</p> <p>Court records</p> <p>Bank records</p> <p>Spouse's layoff notice</p>   | Same documentation as eligibility verification   |

| No.        | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>  | Required Data Validation Documentation                |
|------------|--|--|---|
|            | <p><i>has been providing unpaid services to family members in the home and who:</i></p> <ul style="list-style-type: none"> <li><i>- has been dependent on the income of another family member but is no longer supported by that income;       AND</i></li> <li><i>-is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</i></li> </ul> | <p><b>** Self-Attestation - client statement attesting to displacement circumstances</b></p>   |   |
| <b>24.</b> | <p>Personal Income</p> <p><i>Six months total income</i></p>   | <p>Pay stubs<br/> Social Security benefits statements<br/> U.I. documents and/or printout, including U.I. pay stub<br/> Public Assistance records<br/> Alimony agreement<br/> Award letter from Veterans Administration<br/> Bank statements<br/> Compensation award letter<br/> Court award letter<br/> Pension statement<br/> Employer statement/contact<br/> Farm, Family, or Business financial records<br/> Housing Authority verification<br/> Quarterly estimated tax for self-employed persons<br/> FICA records<br/> Employer notice of direct deposit<br/> Scholarship/Financial aid records (indicating any cash paid directly to the applicant is counted as income)<br/> *Written Employer Statement/Contact – WDB Telephone Verification Form<br/> **Written statement by the applicant of odd jobs and/or self employment and income<br/> **Self-Attestation:<br/> -Written statement by the applicant of no income</p> | <p>Same documentation as eligibility verification</p> |

| No. | Data Element   | Required Eligibility Documentation<br><i>Copies of:</i>   | Required Data Validation Documentation  |
|-----|--|---|---|
|     |  | -Written statement by the applicant of cash gifts   |   |
| 25. | <p>Family Income</p> <p><i>Six months total income</i></p> <p><b><i>If the applicant is NOT a Family of One, the family's income must be computed based upon the documentation of family size.</i></b></p> | <p>Pay stubs of applicant and adult family members of the household</p> <p>Public Assistance records</p> <p>Alimony agreement</p> <p>Award letter from Veterans Administration</p> <p>Bank statements</p> <p>Compensation award letter</p> <p>Court award letter</p> <p>Pension statement</p> <p>Employer statement/contact</p> <p>Farm, Family, or Business financial records</p> <p>Housing Authority verification</p> <p>Quarterly estimated tax for self-employed persons</p> <p>Social Security benefits statements</p> <p>U.I. documents and/or printout, including U.I. pay stub</p> <p>FICA records</p> <p>Employer notice of direct deposit</p> <p>Scholarship/Financial aid records (indicating any cash paid directly to the applicant is counted as income)</p> <p>*Written Employer Statement/Contact – WDB Telephone Verification Form</p> <p>**Self-Attestation:</p> <p>-Written statement by the applicant and adult members of household of no income</p> <p>-Written statement by the applicant and adult members of cash gifts, odd jobs and/or self employment and income</p> | Same documentation as eligibility verification  |
| 26. | Low income   | <p>Same items as Data Validation but also including:</p> <p>Food Stamp verification</p> <p>Proof of Homeless status</p>   | <p>Public Assistance records</p> <p>Pay stubs</p> <p>Social Security benefits statements</p> <p>Alimony agreement</p> |

| No. | Data Element | Required Eligibility Documentation<br><i>Copies of:</i> | Required Data Validation Documentation  |
|-----|--------------|---|---|
|     |              | Proof of current Foster Care status                     | Award letter from Veterans Administration<br>Bank statements<br>Compensation award letter<br>Court award letter<br>Pension statement<br>Employer statement/contact<br>Farm, Family or Business financial records<br>Housing Authority verification<br>Quarterly estimated tax for self-employed persons<br>U.I. documents and/or printout, including U.I. pay stub<br>FICA records<br>Employer notice of direct deposit<br>*Written employer statement/contact – WDB Telephone Verification Form<br>Scholarship/Financial Aid records (indicating any cash paid directly to the applicant is counted as income)<br>**Self-Attestation:<br>-Written statement by the applicant of no income<br>-Written statement by the applicant of cash gifts<br>-Written statement by the applicant of odd jobs and /or self employment income |

**ADDENDUM A**  
**5% ELIGIBILITY DETERMINATION**

If a youth is not low-income but possesses one or more of the following barriers, the applicant may be eligible for WIA services ONLY if the WDB has approved the use of the 5% Income Rule

**5% Income Rule-**

Youth participants must be low-income individuals, except that not more than five percent (5%) who do not meet the minimum income criteria, may be considered eligible youth if they meet one or more of the following categories:

| No. | Data Element   | Required Eligibility Documentation   | Required Data Validation Documentation |
|-----|--|--|--|
| 1.  | School Dropout   | No change  | No change                              |
| 2.  | Basic Skills Deficient   | No change  | No change                              |
| 3.  | Homeless or Runaway  | No change  | No change                              |
| 4.  | Offender   | No change  | No change                              |
| 5.  | Pregnant or Parenting  | No change  | No change                              |
| 6.  | Disability -<br><i>Possesses one or more Disabilities, including learning disabilities</i>   | No change  | Not Validated                          |
| 7.  | Below Grade Level -<br><i>One or more grade levels below the grade level appropriate to the individual's age</i>   | Written certification from school official<br>Written certification from parent or guardian                        | Not Validated                          |
| 8.  | Face serious barriers to employment as identified by the Local WDB. (WIA sec. 129(c)(5).) –<br><br><i>Before verifying a barrier under SERIOUS BARRIERS TO EMPLOYMENT, be sure the local Workforce Development Board has an established policy in this area.</i> | If the applicant has one or more serious barriers to employment approved by the local Workforce Development Board. | Not Validated                          |

**ADDENDUM B**  
**SOURCE OF DISLOCATION FOR DISLOCATED WORKER APPLICANTS**

For Eligibility Purposes Only *\*\*information is not validated\*\**

| No. | Source of Dislocation - Dislocated Worker Applicants   | Required Eligibility Documentation   |
|-----|--|--|
| 1.  | Individual has been terminated from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility or enterprise<br><i>OR</i><br>Military spouse relocated due to service transfer | Termination letter<br>Employer statement<br>Military paperwork detailing transfer<br><b>**Self-Attestation-client statement attesting to termination or transfer</b>   |
| 2.  | Individual has been laid off   | Layoff notice<br>Employer statement<br><b>**Self-Attestation-client statement attesting to dislocation</b>   |
| 3.  | Individual has received notice of termination or layoff from employment  | Termination letter<br>Layoff notice<br>Employer statement  |
| 4.  | Substantial layoff at a plant, facility or enterprise  | Employer statement<br>ESC verification<br>WARN notice<br><b>**Self-Attestation-client statement attesting to dislocation</b>   |
| 5.  | General announcement of layoff or closure within 180 days  | Employer statement<br>WARN notice<br><b>**Self-Attestation-client statement attesting to upcoming closure or layoff</b>  |
| 6.  | Was self-employed but is currently unemployed as a result of general economic conditions in community  | Payment of employee and employer parts of FICA tax<br>Wage records<br>Copy of W-2 form<br>Farm/Business financial records<br>News media report<br>General LMI information<br><b>**Self-Attestation-client statement attesting to self-employment and poor economic conditions</b>                        |
| 7.  | Was self-employed but is currently unemployed as a result of a natural disaster  | Payment of employee and employer parts of FICA tax<br>Wage records<br>Copy of W-2 form<br>Farm/Business financial records<br>News media report<br>Official government declaration<br><b>**Self-Attestation-client statement attesting to self-employment and business impact due to natural disaster</b> |
| 8.  | Displaced Homemaker  | Public Assistance records<br>Court records<br>Bank records<br>Spouse's layoff notice<br>Spouse's death record<br><b>** Self-Attestation-client statement attesting to displacement circumstance</b>  |

## NOTES

\* **Telephone Verification Forms** used for any data element source, including eligibility and data validation, **must** have all of the following minimum elements per US DOL, effective October 1, 2007:

1. The name of the applicant;
  2. The name of the source, employer or agency contacted;
  3. Address and telephone number (e-mail address if applicable) for the source (see #2 above);
  4. The name of the person providing verification;
  5. The period of time for which the verification applies (“to” and “from” dates);
  6. Total amount of income from employment, if applicable;
  7. The type of public assistance received and the amount, if applicable;
  8. The date of telephone/e-mail contact;
  9. The name of the Case Manager obtaining the information;
- 

\*\* **Self-Attestation** is used to verify those eligibility items that, in some cases, are not verifiable or may cause undue hardship for individuals to obtain. At minimum, a self-attestation form must include:

1. The applicant’s full name;
  2. Clear statements of the issue being documented (i.e. drop-out status, pregnancy)
  3. The applicant’s signature, if applicable;
  4. Date signed;
  5. Case manager’s signature will serve as witness to all self-attestation documents.
- 

\*\*\***E-mail Verification** is used for eligibility purposes **only** and **must** have all of the following elements:

1. The name of the applicant;
  2. The name of the source, employer or agency contacted;
  3. E-mail address for the source (see #2 above);
  4. The name and title of the person providing verification;
  5. The period of time for which the verification applies (“to” and “from” dates);
  6. The type of assistance received and the amount, if applicable;
- 

**A WorkforcePlus signed Intake is NO LONGER an eligibility document.** All WDB’s may utilize self-attestation forms to prove the following:

- |                                  |                                 |
|----------------------------------|---------------------------------|
| - Low-income                     | - School status at registration |
| - Pregnant                       | - Runaway                       |
| - Parenting                      | - Homeless                      |
| - School dropout                 | - Offender                      |
| - Family size                    | - Displaced homemaker           |
| - Requires additional assistance |                                 |
| - Date of dislocation            |                                 |

All verification documents must be typed or in ink. The use of white-out is prohibited. Errors should be lined through, initialed and correct information added.

For items marked with \*, \*\*, and \*\*\* refer to page 15 for further details.