

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Workforce Administration  
Workforce Innovation and Opportunity Act

**WIOA TITLE IB ELIGIBILITY CHECKLIST**

CRITERIA	ACCEPTABLE VERIFICATION AND DOCUMENTATION Only one document from this column per eligibility criterion is required, unless otherwise stated.* Documentation must be collected prior to providing individualized or training services to participants in the WIOA Adult or DW program and prior to enrollment for participants in the WIOA Youth program.	YOUTH	ADULT	DW
<b>SOCIAL SECURITY NUMBER</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 (if name and SSN is shown) <input type="checkbox"/> Letter from social services agency (if name and SSN is shown) <input type="checkbox"/> Social Security benefits letter/notice (if name and SSN is shown) <input type="checkbox"/> Social Security card issued by SSA <input type="checkbox"/> Unemployment Insurance records(GUIDE 01 screen, wage statement) <input type="checkbox"/> Pay stub (if name and SSN is shown) <input type="checkbox"/> W-2 (if name and SSN is shown)	X	X	X
<b>DATE OF BIRTH / AGE VERIFICATION</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file	<input type="checkbox"/> Baptismal record (if date of birth is shown) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Certificate of Release or Discharge from Active Duty (DD-214), <input type="checkbox"/> Driver's license/state ID <input type="checkbox"/> Federal, state or local government ID card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service agency records (if name and DOB is shown) <input type="checkbox"/> School records/identification card (if name and DOB is shown) <input type="checkbox"/> Tribal records <input type="checkbox"/> Work permit <input type="checkbox"/> Cross match with Dept. of Vital Statistics	X	X	X
<b>CITIZENSHIP OR ELIGIBLE TO WORK</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A  <b>All documents must be unexpired.</b>	<input type="checkbox"/> Baptismal certificate that indicates birthplace <input type="checkbox"/> One verification source from List A on I-9 form ( <a href="http://www.uscis.gov/sites/default/files/files/form/i-9.pdf">http://www.uscis.gov/sites/default/files/files/form/i-9.pdf</a> ) <input type="checkbox"/> One verification source from List B AND one verification source from List C ( <a href="http://www.uscis.gov/sites/default/files/files/form/i-9.pdf">http://www.uscis.gov/sites/default/files/files/form/i-9.pdf</a> )	X	X	X
<b>SELECTIVE SERVICE STATUS</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Telephone verification (1-847-688-6888) <input type="checkbox"/> DD-214 <input type="checkbox"/> Selective Service registration record (Form 3A) <input type="checkbox"/> Selective Service verification form <input type="checkbox"/> Stamped post office receipt of registration	X	X	X

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	<input type="checkbox"/> Internet www.sss.gov <input type="checkbox"/> Selective Service registration card <input type="checkbox"/> Selective Service advisory opinion letter <input type="checkbox"/> Exempt based on Selective Service guidance			
<b>INDIVIDUALS WITH DISABILITIES</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file when an individual claims they have a disability. <input type="checkbox"/> N/A	<input type="checkbox"/> Letter from drug or alcohol rehabilitation agency <input type="checkbox"/> Medical records <input type="checkbox"/> Doctor’s diagnosis/statement (physician, psychiatrist, or psychologist) <input type="checkbox"/> Rehabilitation evaluation <input type="checkbox"/> School records <input type="checkbox"/> Sheltered workshop certification <input type="checkbox"/> Social Security Administration disability records <input type="checkbox"/> Social service records/referral <input type="checkbox"/> Veteran’s Administration letter/records <input type="checkbox"/> Vocational rehabilitation letter <input type="checkbox"/> Workers’ compensation record	X	X	X
<b>VETERAN STATUS OR SPOUSE OF A VETERAN</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 <input type="checkbox"/> Cross Match with veterans data  Spouse of a veteran: <input type="checkbox"/> Cross Match with veterans data <input type="checkbox"/> Military document (ID, other DD Form) indicating dependent spouse <input type="checkbox"/> Documentation (such as DD214) that indicates status of veteran that meets the requirement for “spouse of a veteran.”  <b>Adults/DW/DWG exiters who received only basic career services (not individualized career or training services):</b> <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> AJC case notes	X	X	X
<b>EMPLOYMENT STATUS AT PARTICIPATION</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Pay stub <input type="checkbox"/> AJC case notes showing information collected from participant  <b>Adults/DW/DWG exiters who received only basic career services (not individualized career or training services):</b> <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> AJC case notes	X	X	X

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<b>UI COMPENSATION PROGRAMS</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> UI Records (GUIDE 01 screen or 07 screen, letter from administration)	X	X	X
<b>PELL GRANT</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Copy of check <input type="checkbox"/> Letter from school <input type="checkbox"/> Student aid report	X	X	X
<b>HOMELESS INDIVIDUAL OR RUNAWAY YOUTH</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Written statement from a shelter or social service agency <input type="checkbox"/> Written statement from an individual providing temporary residence <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant)	X	X	X
<b>OFFENDER</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Documentation from Juvenile or Adult Criminal Justice System <input type="checkbox"/> Documentation phone call with court representatives <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant)	X	X	X
<b>INDIVIDUAL STATUS / FAMILY SIZE</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Court decree <input type="checkbox"/> Divorce decree <input type="checkbox"/> Disabled (Family of 1) <input type="checkbox"/> Landlord statement <input type="checkbox"/> Lease (if family size is given) <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Public assistance/social service agency records <input type="checkbox"/> Public housing authority (if resident or on waiting list) <input type="checkbox"/> Written statement from publicly supported 24-hour facility <input type="checkbox"/> Most recent tax return <input type="checkbox"/> Birth Certificates <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature	X	X	
<b>INDIVIDUAL / FAMILY INCOME VALIDATION</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Alimony agreement <input type="checkbox"/> Award letter from Veterans Administration <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Court award letter <input type="checkbox"/> Employer statement/contact	X  (when income determination is required by policy)	X	

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	<ul style="list-style-type: none"> <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/annuity statement</li> <li><input type="checkbox"/> Public assistance records</li> <li><input type="checkbox"/> Quarterly estimated tax for self-employed persons</li> <li><input type="checkbox"/> Social Security benefits</li> <li><input type="checkbox"/> UI records (GUIDE 07 screen printout, wage statement)</li> <li><input type="checkbox"/> Bank statements</li> <li><input type="checkbox"/> WIOA Applicant Statement w/ corroborating witness signature</li> </ul> <p><b>Adults exiters who received only basic career services (not individualized or training services):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> State MIS</li> <li><input type="checkbox"/> WIOA Applicant Statement w/ corroborating witness signature</li> <li><input type="checkbox"/> AJC case notes</li> </ul>			
<p><b>TEMPORARY ASSISTANCE TO NEEDY FAMILILES (TANF)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file</li> <li><input type="checkbox"/> N/A</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cross-match with TANF public assistance records</li> </ul> <p><b>Individual applying must be listed on current grant.</b></p> <p><b>Adults/DW/DWG exiters who received only basic career services (not individualized career or training services):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> State MIS</li> <li><input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature</li> <li><input type="checkbox"/> AJC case notes</li> </ul>	X	X	
<p><b>OTHER PUBLIC ASSISTANCE RECIPIENT OR LOW-INCOME STATUS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file</li> <li><input type="checkbox"/> N/A</li> </ul> <p><b>A. General Assistance - state/local government</b></p>	<p><i>The applicant is receiving or has received cash assistance or other support services from the following sources (items A-D) in the last six months prior to participation in the program and must be listed on current grant or show dates of eligibility for benefits or lives in a high poverty area.</i></p> <p><b>A. General Assistance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Authorization to receive cash public assistance</li> <li><input type="checkbox"/> Copy of public assistance check</li> <li><input type="checkbox"/> Medical card showing cash grant status</li> <li><input type="checkbox"/> Public assistance records/printout</li> <li><input type="checkbox"/> Agency award letter</li> <li><input type="checkbox"/> Cross-match with public assistance database</li> </ul>	X	X	

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<p><b>B. Refugee Cash Assistance (RCA)</b></p> <p><b>C. Supplemental Nutrition Assistance Program (SNAP)</b></p> <p><b>D. Supplemental Security Income (SSI/SSA Title XVI)</b></p> <p><b>E. High-Poverty Area</b>                      Note: Does not include foster care payments.</p>	<p><b>B. Refugee Cash Assistance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Refugee assistance records/printout</li> <li><input type="checkbox"/> Authorization to receive cash public assistance</li> <li><input type="checkbox"/> Copy of public assistance check</li> <li><input type="checkbox"/> Medical card showing cash grant status</li> <li><input type="checkbox"/> Public assistance records/printout</li> <li><input type="checkbox"/> Cross-match with public assistance database</li> <li><input type="checkbox"/> Agency award letter</li> </ul> <p><b>C. Nutrition Assistance (formerly Food Stamp Program)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tribal commodity program records/printout</li> <li><input type="checkbox"/> Public assistance records/printouts</li> <li><input type="checkbox"/> Cross-match with public assistance database</li> <li><input type="checkbox"/> Agency award letter</li> </ul> <p><b>Individual applying must be listed on current grant or show dates of eligibility within previous 6 months for benefits.</b></p> <p><b>D. Supplemental Security Income</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Authorization to receive cash public assistance</li> <li><input type="checkbox"/> Copy of public assistance check</li> <li><input type="checkbox"/> Medical card showing cash grant status</li> <li><input type="checkbox"/> Public assistance records/printout</li> <li><input type="checkbox"/> Agency award letter</li> <li><input type="checkbox"/> Cross-match with public assistance database</li> </ul> <p><b>Adults/DW/DWG exiters who received only basic career services (not individualized career or training services):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> State MIS</li> <li><input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature</li> <li><input type="checkbox"/> AJC case notes</li> </ul> <p><b>E. High-Poverty Area (for individuals in WIOA Youth program)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Printout from U.S. Census Bureau using the youth's address at <a href="http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&amp;refresh=t">http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&amp;refresh=t</a></li> </ul>			
<p><b>PREGNANT OR PARENTING YOUTH</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation <b>MUST</b> be in file</li> <li><input type="checkbox"/> N/A</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Child's baptismal record</li> <li><input type="checkbox"/> Case notes regarding observable condition</li> <li><input type="checkbox"/> Child's birth certificate</li> <li><input type="checkbox"/> Doctor's note confirming pregnancy</li> <li><input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature</li> </ul>	X		

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<b>YOUTH WHO NEED ADDITIONAL ASSISTANCE</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Case notes <input type="checkbox"/> Individual Service Strategy <input type="checkbox"/> See LWDA policy and plan <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant)	X		
<b>YOUTH IN FOSTER CARE</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Court Records <input type="checkbox"/> Letter from group home <input type="checkbox"/> Arizona Department of Child Safety records <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Verification of payments made on behalf of the child <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature	X		
<b>EDUCATION STATUS AT TIME OF PARTICIPATION</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<u><b>Enrolled at time of participation</b></u> <input type="checkbox"/> School transcripts <input type="checkbox"/> Attendance records <input type="checkbox"/> School documentation  <u><b>Out of School at time of participation</b></u> <input type="checkbox"/> High School Equivalency (HSE) diploma <input type="checkbox"/> High School diploma <input type="checkbox"/> Dropout letter <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIOA Application (signed by applicant) <input type="checkbox"/> State MIS	X		
<b>BASIC SKILLS DEFICIENCY</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> School records <input type="checkbox"/> TABE 9/10  <b>Adult who received only basic career services (not individualized career or training services):</b> <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant statement w/corroborating witness signature <input type="checkbox"/> AJC case notes	X	X	
<b>ENGLISH LANGUAGE LEARNER</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> School records <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> AJC Case notes	X	X	

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<p><b>DISLOCATED WORKER (CATEGORY I)*</b></p> <p><input type="checkbox"/> Documentation <b>MUST</b> be in file</p> <p><input type="checkbox"/> N/A</p> <p>A. An individual, including recently separated U.S. veterans within 48 months after discharge or release from active duty, who has been terminated or laid off, or has received a notice of termination or layoff from employment; AND</p> <p>1. Is eligible for or has exhausted entitlement to Unemployment Insurance (UI) compensation, OR</p> <p>2. Has been employed for a duration sufficient to demonstrate attachment to the workforce (determined on a case-by-case basis by the LWDA), but is not eligible for unemployment compensation due to insufficient earning or having performed services for an employer that was not covered under state unemployment compensation law; AND</p> <p>3. Is unlikely to return to a previous industry or occupation.</p>	<p><i>*One document each from item A, A (1) or A (2), AND A (3) is required.</i></p> <p><b><u>A</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DD-214</li> <li><input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22)</li> <li><input type="checkbox"/> Military orders</li> <li><input type="checkbox"/> Veterans Administration letter or records</li> <li><input type="checkbox"/> Worker Adjustment and Retraining Notification Act (WARN) notice</li> <li><input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication</li> <li><input type="checkbox"/> Employer or union representative letter or statement</li> <li><input type="checkbox"/> WIOA Applicant Statement</li> </ul> <p><b><u>A (1) or A (2)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> UI records, including continued claim form (GUIDE 07 screen)</li> <li><input type="checkbox"/> Verification of UI eligibility by UI office</li> <li><input type="checkbox"/> DD-214</li> <li><input type="checkbox"/> National Guard Report of Separation and Record of Service (NGB22)</li> <li><input type="checkbox"/> Military orders</li> <li><input type="checkbox"/> Pay check stubs</li> <li><input type="checkbox"/> W-2 and/or tax returns</li> <li><input type="checkbox"/> Statement by the employer or union representative</li> <li><input type="checkbox"/> WIOA Applicant Statement</li> </ul> <p><b><u>A (3)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Labor market information that shows zero or negative growth rate for the industry or occupation</li> <li><input type="checkbox"/> Employment Service confirms that in the previous sixty days there was a lack of job order for the occupation to qualified job seekers</li> <li><input type="checkbox"/> The local Chamber of Commerce, Economic Development representative, or other credible sources of regional economic information confirms that occupation or industry has shown a significant employment decline in the local labor marker area</li> <li><input type="checkbox"/> Notice that a plant closure or substantial layoff, within the labor market area in the same industry or occupation, has occurred in the last six months</li> <li><input type="checkbox"/> WIOA Applicant Statement, stating that the individual has been actively seeking, but unable to find employment in their previous industry or occupation for a period of ninety days or more</li> </ul>			X

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	<input type="checkbox"/> DD-214, showing the individual was “separated” from active military duty under conditions other than dishonorable <input type="checkbox"/> Documentation from an employer or WIOA Applicant Statement stating the individual was laid off from their job due to lack of certification for the job from which they were laid off.			
<b>DISLOCATED WORKER (CATEGORY II)</b>  <input type="checkbox"/> Documentation <b>MUST</b> be in file <input type="checkbox"/> N/A 1. Has been terminated or laid off, or has received a notice of termination or layoff from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; or 2. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or 3. For purposes of eligibility to receive services other than training services, career services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.	<input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication <input type="checkbox"/> Employer or union representative statement <input type="checkbox"/> Worker Adjustment and Retraining Notification Act (WARN) notice <input type="checkbox"/> Verification from employer <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature			X
<b>DISLOCATED WORKER (CATEGORY III)</b>  <input type="checkbox"/> Documentation <b>MUST</b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Bankruptcy documents listing both the name of the business and applicant’s name <input type="checkbox"/> Business license <input type="checkbox"/> Completed Federal Income Tax Return (Schedule SE) for the most recent tax year <input type="checkbox"/> Photocopy of a printed media article announcing layoff and must include the name of the media source and date of publication			X



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An individual who was self-employed (including employment as a farmer, rancher, or fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.	<input type="checkbox"/> Copy of Articles of Incorporation for the business listing the applicant as a principal <input type="checkbox"/> WIOA Applicant Statement			
<b>DISLOCATED WORKER (CATEGORY IV)</b>  <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A  An individual is a displaced homemaker (see definition of displaced homemaker at WIOA Section 3 (16)).	<input type="checkbox"/> Bank records <input type="checkbox"/> Court records <input type="checkbox"/> Divorce decree <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Spouse’s layoff notice <input type="checkbox"/> Spouse’s death certificate <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature  <b>DW/DWG exiters who received only basic career services (not individualized career or training services):</b> <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA Applicant Statement w/corroborating witness signature <input type="checkbox"/> AJC Case Notes			X

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.