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Workforce Investment Act (WIA) Transmittal Letter No. 27

To: Local Elected Officials, WIA Local Workforce Investment Boards (WIBs), Fiscal Agents, Administrative Entities, and One-Stop Operators

From: Barbara E. Riley, Director

Subject: Source Documentation for WIA Eligibility

I. Purpose

To provide guidance on acceptable sources of documentation for establishing WIA adult, dislocated worker, and youth program eligibility.

II. Effective Date

Immediately.

III. Background

WIA and 20 CFR Part 652 establish general and specific program eligibility criteria. In TEN 9-06, USDOL established specific expectations for acceptable source documentation for WIA adult, dislocated worker and youth participants. The data validation requirements were issued to ensure compliance with the WIA eligibility guidelines. DOL data validation requirements form the basis for the state of Ohio case file requirements for all WIA program participants.

Local areas conducting incumbent worker training programs using local funds specifically approved by the state for this purpose are not subject to the requirements listed in this guidance, except for the General Eligibility Items that are discussed later in this guidance. Refer to WIATL 22 B for additional information on incumbent worker program specifics.

IV. Guidance Statement

Local areas are required to verify (i.e., confirm) eligibility requirements through an examination of documents. Furthermore, local areas are required to document (i.e., maintain physical evidence of) eligibility in participant files. There are a variety of documents that may be used to verify required data elements. In fact, self-attestation and telephone/electronic verification are acceptable documents for some data elements.

However, it is important to note that the type of acceptable documentation is dependent upon each particular data element. The charts provided list each data element collected during the application process that require documentation, and provide a variety of source documentation that may be used for verification.

Please note that the following source documentation elements represent the minimal requirements for documenting eligibility. A local area may choose to implement a more restrictive documentation policy based on knowledge of specific local conditions. However, the local policy should not be so restrictive as to make the eligibility determination an unnecessary burden.

Dislocated Worker Local Definitions

Local areas should have their own local definitions for the following terms:

- Substantial layoff
- Unlikely to return

The rationale for each of these definitions must be clearly evident, and in the cases where they are applied, documentation must be provided that shows how the participant or the business meets the definition.

Clarification of the Use of Specific Documents

Telephone or Electronic Communication

In instances where telephone or electronic communication is acceptable and used by a local area, the case file must contain the name of the agency representative, the date of the conversation, and the result of the verification. Local areas should use standardized forms to document phone verification. If a phone conversation is used to verify dislocation, the file must contain the date of termination, the reason for termination, and if applicable, a possible recall date. Please see attachment A for a sample telephone verification form.

Self-Attestation

Applicant self-attestation statements may be used to document certain data elements. However, self-attestation can be used only if it avoids undue hardship for individuals to obtain a proof of eligibility, or if all other forms of documentation are not available. In self-attestation, a participant states his/her status or characteristic, and then signs and dates a form that acknowledges this status. Local areas should use a standardized form for self-attestation. Please see attachment B for a sample self-attestation form.

Cross match with public assistance records

A cross match requires accessing a state public assistance records database to find detailed supporting evidence for the eligibility characteristic that is being documented. Detailed supporting evidence may include the date of eligibility determination, as well as the date and type of services provided. For example, a CRIS-E printout that shows the name, the Social Security Number, the date of determination and the amount of assistance will be considered to be detailed supporting evidence for the receipt of public assistance. However, a CRIS-E printout that shows just a check mark in a box indicating a receipt of public assistance is not enough supporting evidence.

Required General Eligibility Verification Items

The following items must be verified and documented for all participants.

Eligibility Criteria	Documentation in File (one document per group required)	Adult	Dislocated Worker	Youth
Age/Birth Date	<ul style="list-style-type: none"> ▪ Birth Certificate ▪ Baptismal Record if Date of Birth is Shown ▪ DD-214 Transfer or Discharge Paper ▪ Hospital Record of Birth ▪ Driver's license ▪ State, Federal, or Local Government ID ▪ Passport ▪ Work permit ▪ Cross match with public assistance records via state MIS system ▪ Other public assistance records (CRIS-E printout) ▪ School Record ▪ Tribal Records 	Yes	Yes	Yes
Citizenship Status/ Authorization to Work in the US	<ul style="list-style-type: none"> ▪ U.S. passport, certificate of U.S. citizenship, certificate of naturalization, permanent resident card, unexpired refugee travel document. ▪ U.S. Social Security card issued by the Social Security Administration (other than a card stating not valid for employment), Certificate of Birth Abroad issued by the Department of State, birth certificate issued by a state, county, municipal authority or outlying possession of the U.S., U.S. citizen ID card, ID card for use of Resident Citizens in the U.S. ▪ Cross match with public assistance records via state MIS system ▪ Other public assistance records (CRIS-E printout) ▪ Self-attestation - Please see attachment C for a sample self-attestation form for this criteria. 	Yes	Yes	Yes
Selective Service Registration	<ul style="list-style-type: none"> ▪ Selective service card ▪ Verification from the Selective Service web site: https://www4.sss.gov/regver/verification1.asp. ▪ Self-attestation form if an applicant failed to register, is too old to register, and the local areas determine that the failure to register was not willful and knowing 	Yes	Yes	Yes
SSN	<ul style="list-style-type: none"> ▪ SS card ▪ Photo ID with the SSN ▪ W-2 ▪ DD-214 Transfer or Discharge Paper ▪ Pay stubs ▪ Letter from Social Service Agency ▪ Cross match with public assistance records via state MIS system ▪ Other public assistance records (CRIS-E printout) ▪ Social Security Benefit Documents ▪ U.C. records if name and SSN is shown 	Yes	Yes	Yes

Required Program Specific Eligibility Documentation

Eligibility Criteria	Documentation in file (one document per group required)	Adult	Dislocated Worker	Youth
<p><u>Low Income Individual</u> An individual who meets ONE of the six conditions below is considered to be a low income individual</p>				
<p>1. Cash Public Assistance -receives or is a member of a family that receives cash payments under a federal, state, or local income-based public assistance program</p>	<ul style="list-style-type: none"> ▪ Copy of authorization to receive cash public assistance ▪ Verification by the public assistance agency through phone, email or fax. ▪ Copy of public assistance check ▪ Medical card showing cash grant status ▪ Cross match with public assistance records via state MIS system ▪ Other public assistance records (CRIS-E printout) ▪ Refugee assistance records ▪ Verification from the refugee assistance provider through phone, email or fax. 	No*	No	Yes
<p>2. Family Income - determined when an individual received an income or is a member of a family that received an income for the 6 month period prior to application for the program that in relation to family size does not exceed the higher of the poverty line or the 70 percent of the lower living standard income.</p>	<ul style="list-style-type: none"> ▪ Pay stubs ▪ Employer statement of earnings ▪ Compensation award letters ▪ Social Security retirement benefits letter ▪ Pension statement ▪ Bank statements if income is received by direct deposit ▪ Court award letter ▪ Family or business financial records ▪ Quarterly estimated tax for self-employed persons ▪ Alimony agreements ▪ Self attestation only in cases when an individual has no income or receives very little undocumented income. The statement should include some description of how the applicant has been supported within the past six months. 	No*	No	Yes
<p>3. Food Stamps -is a member of a household that receives (or has been determined within the six month period prior to the application for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977.</p>	<ul style="list-style-type: none"> ▪ Verification by the public assistance agency through phone, email or fax ▪ Cross match with public assistance records via state MIS system ▪ Other public assistance records (CRIS-E printout) 	No*	No	Yes

* Applies for adult participants only when funds are limited and the priority policy is in effect for intensive and training services

Eligibility Criteria	Documentation in file (one document per group required)	Adult	Dislocated Worker	Youth
4. Homeless Individual - as defined in subsections (a) and (c) of Sections 103 of the Stewart B. McKinney Homeless Assistance Act.	<ul style="list-style-type: none"> ▪ Verification from a shelter or social services agency ▪ Self attestation ▪ Written statement from individual providing residence 	No*	No	Yes
5. Foster Child -individual is a foster child on behalf of whom State and local government payments are made.	<ul style="list-style-type: none"> ▪ Court documentation ▪ Verification from a social services agency ▪ Case notes 	No*	No	Yes
6. Disabled Individual - whose own income meets the criteria in either 1 or 2 above, even if his or her family income does not meet this criteria.	<p style="text-align: center;"><u>To Document Disability:</u></p> <ul style="list-style-type: none"> ▪ Letter from drug or alcohol rehabilitation agency ▪ Medical records ▪ Physician's statement ▪ Case notes regarding observable conditions ▪ Psychologist diagnosis ▪ Social security disability records ▪ School record of disability determination ▪ Social services records ▪ Veterans administration letter ▪ Vocational rehabilitation letter ▪ Worker's compensation record ▪ Self attestation <p style="text-align: center;"><u>To Document Low Income:</u></p> <ul style="list-style-type: none"> ▪ Pay stubs ▪ Employer statement of earnings ▪ Compensation award letters ▪ Social security retirement benefits letter ▪ Pension statement ▪ Bank statements if income is received by direct deposit ▪ Court award letter ▪ Family or business financial records ▪ Quarterly estimated tax for self-employed persons ▪ Alimony agreements ▪ Copy of authorization to receive cash public assistance ▪ Verification by the public assistance agency through phone, email or fax. ▪ Copy of public assistance check ▪ Medical card showing cash grant status ▪ Cross match with public assistance records via state MIS system ▪ Refugee assistance records 	No*	No	Yes

* Applies for adult participants only when funds are limited and the priority policy is in effect for intensive and training services

Eligibility Criteria	Documentation in file (one document per group required)	Adult	Dislocated Worker	Youth
(disabled individual continued)	<ul style="list-style-type: none"> ▪ Verification from the refugee assistance provider through phone, email or fax. 			
Working Adults and Dislocated Workers				
<p>Self-sufficiency -If an individual is employed at the time of application, local areas must determine if the applicant is self-sufficient based on the local definition established by the Workforce Investment Board.</p>	<p>Documentation is based on the local definition of self-sufficiency.</p> <p>If the local self-sufficiency policy is based on income:</p> <ul style="list-style-type: none"> ▪ Pay stubs ▪ Employer statement of earnings ▪ Compensation award letters ▪ Social Security retirement benefits letter ▪ Pension statement ▪ Bank statements if income is received by direct deposit ▪ Court award letter ▪ Family or business financial records ▪ Quarterly estimated tax for self-employed persons ▪ Alimony agreements 	Yes	Yes	No

Youth Eligibility Criteria and Documentation

Eligibility Criteria	Documentation in file (one document per group required)	Youth
<u>Youth Barriers</u>		
Youth must have one of the following 7 barriers in addition to meeting one of the low income criteria		
1. Deficient in basic literacy skills	<ul style="list-style-type: none"> ▪ Standardized assessment test ▪ School records ▪ Case notes 	Yes
2. School dropout	<ul style="list-style-type: none"> ▪ School board verification of drop out status or habitual truancy ▪ Dropout letter ▪ Self-attestation 	
3. Homeless	<ul style="list-style-type: none"> ▪ Verification from a shelter or social services agency ▪ Self-attestation ▪ Written statement from individual providing residence 	
4. Foster Child	<ul style="list-style-type: none"> ▪ Court documentation ▪ Verification from a social services agency 	
5. Pregnant or parenting youth	<ul style="list-style-type: none"> ▪ Physician's statement ▪ Birth certificate if parenting ▪ Baptismal record ▪ Verification with social service agency ▪ Self-attestation 	
6. Offender	<ul style="list-style-type: none"> ▪ Court records ▪ Halfway house resident ▪ Letter of parole ▪ Letter from probation officer ▪ Police records ▪ Self-attestation 	
7. Require additional assistance to complete educational program or to secure and hold employment	This is a locally defined criteria. Local areas provide appropriate documentation based on the local definition.	
<u>5% Youth Exception</u>		
Up to 5% of youth participants may be individuals who do not meet the income criteria, but they must be in one or more of the following 8 categories:		
1. Deficient in basic literacy skills	<ul style="list-style-type: none"> ▪ Standardized assessment test ▪ School records ▪ Case notes 	Yes
2. School dropout	<ul style="list-style-type: none"> ▪ School board verification of drop out status or habitual truancy ▪ Dropout letter ▪ Self-attestation 	
3. Homeless	<ul style="list-style-type: none"> ▪ Verification from a shelter or social services agency ▪ Self-attestation ▪ Written statement from individual providing residence 	
4. Pregnant or parenting youth	<ul style="list-style-type: none"> ▪ Physician's statement ▪ Birth certificate if parenting ▪ Baptismal record ▪ Verification with social service agency ▪ Self-attestation 	

Eligibility Criteria	Documentation in file (one document per group required)	Youth
5. Offender	<ul style="list-style-type: none"> ▪ Court records ▪ Halfway house resident ▪ Letter of parole ▪ Letter from probation officer ▪ Police records ▪ Self-attestation 	
6. Disabilities (including learning disabilities)	<ul style="list-style-type: none"> ▪ Letter from drug or alcohol rehabilitation agency ▪ Medical records ▪ Physician's statement ▪ Case notes regarding observable conditions ▪ Psychologist diagnosis ▪ Social security disability records ▪ School record of disability determination ▪ Social services records ▪ Veterans administration letter ▪ Vocational rehabilitation letter ▪ Worker's compensation record ▪ Self attestation 	
7. One or more grade levels below the grade level appropriate for the individual's age	<ul style="list-style-type: none"> ▪ School records 	
8. Face barriers to employment	This is a locally defined criteria. Local area provides appropriate documentation based on the local definition.	

Dislocated Worker Eligibility Criteria and Documentation

All dislocated workers must be within one of the following categories:

Eligibility Criteria	Documentation in file (one document per group required)
1. Terminated or laid off, or received a notice of termination or layoff from employment (must document A, B, C , D or E)	
A. Proof of employment with layoff employer	<ul style="list-style-type: none"> ▪ Pay stub ▪ Letter from employer ▪ UC award if names of both company and participant are stated ▪ Bank statements if direct deposit is used and the name of the employer is stated ▪ Individual's name or SSN on a WARN notice ▪ Employer contact: phone or electronic verification ▪ Self-attestation ▪ DD 214
B. Proof of termination or layoff	<ul style="list-style-type: none"> ▪ Layoff letter from employer ▪ Employer contact: phone or electronic verification ▪ Individual's name or SSN on a WARN notice ▪ UC award letter or check ▪ Self-attestation ▪ DD 214 if dislocation is based on the participant discharge from the military ▪ Military orders if the participant is a military spouse and the dislocation is based on the service member permanent change of military station ¹
C. Receipt of Unemployment Compensation (current receipt or exhausted UC)	<ul style="list-style-type: none"> ▪ UC award letter ▪ Phone or email verification with ODJFS UC staff ▪ UC check ▪ UC direct deposit or UC Visa Debit Card verification
OR	OR
proof of attachment to the workforce, but UC ineligible due to insufficient earnings or services not covered by UC law	<ul style="list-style-type: none"> ▪ UC denial letter ▪ Pay stub showing insufficient earnings to date ▪ Letter from employer noting not subject to UC law ▪ Employer contact: phone or electronic verification that services are not subject to UC law ▪ Phone verification with ODJFS UC staff ▪ DD 214 if dislocation is based on the participant discharge from the military ▪ Self-attestation
D. Unlikely to return to previous industry or occupation	<ul style="list-style-type: none"> ▪ Local approval letter/form based on local LMI data and local conditions ▪ Printout screen shots from state or local LMI data ▪ OCIS printout ▪ Other appropriate documentation based on local definition ▪ Self-attestation
E. Has been identified as meeting the criteria for Worker Profiling and ReEmployment Services (WPRS)	<ul style="list-style-type: none"> ▪ UC WPRS letter to claimant ▪ Phone verification with ODJFS UC staff ▪ Printout of profiling pool ▪ REA work search plan

¹ Military spouses can be served under the dislocated worker category if the spouse is unable to continue an employment due to the service member's permanent change of military stations, or if the spouse loses employment as a result of discharge from the military. The spouse must also satisfy "unlikely to return to previous industry of occupation".

Eligibility Criteria	Documentation in file (one document per group required)
2. Plant Closure or Substantial Layoff: an individual must be in one of the 3 sub-categories below	
I. Terminated or laid off, or 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 (must document A, B and C)	
A. Proof of employment with an employer that closed or is experiencing substantial layoffs	<ul style="list-style-type: none"> ▪ Pay stub ▪ Letter from employer ▪ UC award if names of both company and participant are stated ▪ Bank statements if direct deposit is used and the name of the employer is stated ▪ Individual's name or SSN on a WARN notice ▪ Employer contact: phone or electronic verification ▪ Self-attestation
B. Proof of termination or layoff	<ul style="list-style-type: none"> ▪ Layoff letter from the employer ▪ Employer contact: phone or electronic verification ▪ Individual's name or SSN on a WARN notice ▪ UC award letter if names of both company and participant are stated ▪ Self-attestation
C. Proof of closure or substantial layoff	<ul style="list-style-type: none"> ▪ Employer notice ▪ WARN notice ▪ Employer contact: phone or electronic verification ▪ Newspaper article / media announcement
II. Is employed at a facility at which the employer has made a public announcement that such facility will close within 180 days (Must document A and B)	
A. Proof of employment in closing facility	<ul style="list-style-type: none"> ▪ Pay stub ▪ Letter from employer ▪ Bank statements if direct deposit is used and the name of the employer is stated ▪ Individual's name or SSN on a WARN notice ▪ Employer contact: phone or electronic verification ▪ Self-attestation
B. Proof of a public announcement of closure within 180 days	<ul style="list-style-type: none"> ▪ Employer notice ▪ WARN notice ▪ Employer contact: phone or electronic verification ▪ Newspaper article / media announcement
III. For purposes of eligibility to receive services <u>other than</u> training services described in Section 134(d)(4A), intensive services described in Section 134(d)(3), or supportive services, is employed at a facility at which the employer has made a <u>general</u> announcement that such facility will close (Must document A and B)	
A. Proof of employment at closing facility	<ul style="list-style-type: none"> ▪ Pay stub ▪ Letter from employer ▪ Bank statements if direct deposit is used and the name of the employer is stated ▪ Individual's name or SSN on a WARN notice ▪ Employer contact: phone or electronic verification ▪ Self-attestation
B. Proof of announcement	<ul style="list-style-type: none"> ▪ Employer notice ▪ Newspaper article / media announcement ▪ Employer contact: phone or electronic verification ▪ WARN notice

Eligibility Criteria	Documentation in file (one document per group required)
3. Self Employed Individual , including employment as farmer, a rancher, or a fisherman, but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters (Must Document A and B)	
<p>A. Evidence of self employment</p> <p>B. Evidence of business failure</p>	<ul style="list-style-type: none"> ▪ Business license or permits ▪ IRS forms ▪ Other evidence of self-employment ▪ Self-attestation ▪ Chapter 7 or Chapter 11 bankruptcy published in newspaper, with the date shown ▪ Evidence of business failure of supplier or customer ▪ Insurance claims, or other proof of income loss ▪ Disaster insurance claim ▪ Federal or state declaration of disaster ▪ Self-attestation
4. Displaced Homemaker , an individual who has been providing unpaid services to family members in the home (Must Document A, B and C)	
<p>A. has been dependent on the income of another family member but is no longer supported by that income</p>	<ul style="list-style-type: none"> ▪ Court records ▪ Divorce papers ▪ Spouse's layoff notice ▪ Spouse's death record ▪ Public assistance records ▪ Self-attestation
<p>B. is unemployed</p> <p>OR</p> <p>underemployed</p>	<ul style="list-style-type: none"> ▪ Public assistance records Self-attestation OR ▪ Local area determination of not being at the self-sufficiency level ▪ Public assistance records ▪ Self-attestation
<p>C. is experiencing difficulty upgrading or obtaining employment.</p>	<ul style="list-style-type: none"> ▪ Job application rejection letters ▪ Self-attestation

Some individual characteristics must be documented regardless of whether they are part of the eligibility determination or not. The required elements and acceptable documentation include:

Characteristics	Documentation in file (one document per group required)	Adult	Dislocated Worker	Youth
Veteran status	<ul style="list-style-type: none"> ▪ DD-214 	Yes	Yes	Yes
Low income	Previously defined in the table above	Yes	No	Yes
Employment status at participation	<ul style="list-style-type: none"> ▪ Pay stub ▪ Bank statements if income is received by direct deposit ▪ Case notes 	Yes	Yes	Yes
TANF recipient	<ul style="list-style-type: none"> ▪ Cross match with TANF public assistance records ▪ Verification from a TANF service provider through phone, email or fax 	Yes	Yes	Yes
Other public assistance recipient	<ul style="list-style-type: none"> ▪ Copy of authorization to receive cash public assistance ▪ Verification by the public assistance provider through phone, email or fax ▪ Copy of public assistance check ▪ Medical card showing cash grant status ▪ Public assistance records ▪ Refugee assistance records ▪ Verification from the refugee assistance provider through phone, email or fax ▪ Cross match with public assistance records via state MIS system 	Yes	Yes	Yes

If participants are enrolled under multiple funding streams, applicable source documentation must exist for each eligibility determination.

Equal Opportunity Data must be collected for every participant who has submitted personal information. Information on each individual's race, ethnicity, sex, age, and where known, disability status must be recorded in SCOTI (20 CFR Sections 663.105, 660.300).

V. Technical Assistance

For additional information, you may send your questions to the Bureau of Workforce Services: wiaqna@odjfs.state.oh.us.

VI. References

DOL, Training and Employment Notice 9-06, *Timeline for Program Year (PY) 2005 Workforce Investment Act (WIA) Performance Reporting and PY 2005 Data Validation* (all programs), August 15, 2006.

DOL, Training and Employment Guidance Letter 22-04, *Serving Military Service Members and Military Spouses under the Workforce Investment Act Dislocated Worker Formula Grant*, March 22, 2006

WIA, 20 Code of Federal Regulations, Final Rules, August 11, 2000, Sections 663.110, 663.115, 663.120, 663.220, 663.310, 664.200.

Workforce Investment Act (WIA) of 1998, Public Law 105-220, August 7, 1998.

Attachment A

Ohio Department of Job and Family Services
WIA Telephone Eligibility Verification

Applicant Name	Last	First	MI
Social Security Number			

Documents have been verified for the following eligibility criteria:

Name of Document Inspected:

Agency Providing Verification
Name of Agency Representative
Agency Representative's Telephone Number
Date and Time of Verification
Name of Eligibility Intake Staff Person

I attest that the information recorded by me on this document was obtained through a telephone contact on the above date. As indicated by the agency representative, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

Eligibility Intake Staff Person Signature	Date
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Attachment B

Ohio Department of Job and Family Services
Self-Attestation

Applicant Name	Last	First	MI
Social Security Number		Date	

I hereby certify, under penalty of perjury, that the following information is true:

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature	Date
Applicant's Phone Number	
Applicant's Address	
Signature of Parent or Guardian (as needed)	

The above applicant self-attestation statement is being utilized for documentation of the following eligibility criteria:

Eligibility Intake Staff Person Name	
Signature	Date

Attachment C

Ohio Department of Job and Family Services
Citizenship Status / Authorization to Work Self-Attestation

Applicant Name	Last	First	MI
Social Security Number		Date	

I hereby certify, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States, or
- A lawful permanent resident, or
- An refugee, asyle, parolee or other immigrant authorized by the Attorney General to work in the United States.

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 and/or penalties as specified by law.

Applicant's Signature	Date
Phone Number	
Applicant's Address	
Signature of Parent or Guardian (as needed)	

The above applicant self-attestation statement is being utilized for documentation of the following eligibility criteria:

- Citizenship or authorization to work in the US

Eligibility Intake Staff Person Name	
Signature	Date