

**SECTION III: Eligibility Checklist    ATTACHMENT C**

**SAMPLE COMPOSITE OF DOCUMENTATION**

<b>ADULT AND DISLOCATED WORKERS</b>	
<b>GENERAL ELIGIBILITY CRITERIA</b> (Verify each criterion unless specified otherwise)	<b>ACCEPTABLE DOCUMENTATION</b> (Only one document from this column per eligibility criterion is required)
<p><b>BIRTH DATE/AGE Note:</b> Applicants must be age 18 or older at the time of registration to participate in this program.</p>	<p>• Baptismal or Church Record • Birth Certificate • DD-214 Form • Driver's License • Federal, State or Local Government Issued Identification Card • Hospital Record of Birth • Passport • Public Assistance/Social Service Records • School Records • Telephone Verification • Work Permit</p>
<p><b>U.S. WORK AUTHORIZATION Note:</b> For changes to the list of acceptable identity and work authorization documents since the November 1991 revision of the INS Form I-9, go to <a href="http://uscis.gov/graphics/formsfee/forms/i-9.htm">uscis.gov/graphics/formsfee/forms/i-9.htm</a>.</p>	<p>• Verification Document(s) that Satisfy List A of the I-9 • Verification Document(s) that Satisfy List B and C of the I-9</p>
<p><b>SELECTIVE SERVICE REGISTRANT Note:</b> Each male registrant 18 years of age or older born on or after January 1, 1960, must present evidence that he has complied with <i>Section 3</i> of the Military Selective Service Act. Each male who turns 18 years of age during WIA participation must also submit evidence that he has complied with the requirements of the Military Selective Service Act.</p>	<p>• Acknowledgement Letter • Form DD-214<sup>(1)</sup> • Screen printout of the Selective Service Verification Internet site: <a href="http://www.sss.gov/regver/verification1.asp">www.sss.gov/regver/verification1.asp</a> • Selective Service Status Information Letter<sup>(2)</sup> • Selective Service Registration Card • Selective Service Registration Record (Form 3A) • Selective Service Verification Form • Stamped Post Office Receipt of Registration</p>

<sup>1</sup>  
Men who separate from active military duty for any reason before they turn age 26 must register for Selective Service. See "Who Must Register" chart at [www.sss.gov/must.htm](http://www.sss.gov/must.htm) for specific military-related requirements.

<sup>2</sup>  
Since January 1995, the Selective Service System has been issuing "status information letters" in lieu of previous system of "advisory opinion letter."

# DISLOCATED WORKERS

## ELIGIBILITY CRITERIA

(Verify each criterion unless specified otherwise)

## ACCEPTABLE DOCUMENTATION

(Only one document from this column per eligibility criterion is required)

### ELIGIBILITY GROUP A–Terminated/Laid Off

1. (A) Has been terminated or laid off, or who has received a notice of termination or layoff, from employment; **AND**

- Worker Adjustment and Retraining Notification Act (WARN) notice
- Photocopy of a printed media article or announcement describing the layoff. The photocopy must include the name of the medium in which published and the date of publication
- Employer or union representative letter or statement
- Applicant Statement

(B) (a) Is eligible for or has exhausted entitlement to unemployment compensation; **or** (b) Has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; **AND**

- Unemployment Insurance records
- Statement by an Unemployment Insurance representative
- Pay check stubs
- W-2 and/or Tax Returns
- Unemployment Insurance records
- Statement by the employer or union representative

(C) Is unlikely to return to a previous industry or occupation.

- Worked in a declining industry or occupation as documented on a state or local/regional labor market information list
- Documented lack of job offers or rejection letters from employers in the prior industry or occupation

## DISLOCATED WORKERS (continued)

### ELIGIBILITY CRITERIA

(Verify each criterion unless specified otherwise)

### ACCEPTABLE DOCUMENTATION

(Only one document from this column per eligibility criterion is required)

#### ELIGIBILITY GROUP A—Terminated/Laid Off (continued)

(C) [continued] Is unlikely to return to a previous industry or occupation.

- Applicant Statement
- Internet site, such as Michigan Talent Bank that indicates lack of industry/occupation availability
- Screen print of local or regional Labor Market Information screens that indicates lack of industry/occupation availability
- Doctor statement indicating applicant's inability to return to previous industry/occupation due to physical limitations
- Vocational rehabilitation counselor's statement indicating applicant's inability to return to previous industry/occupation due to physical limitations

#### ELIGIBILITY GROUP B—Plant Closure/Substantial Layoff

2. 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; Note: In the case of downsizing or workforce reduction when it is unclear which employees will be affected, a layoff notice is appropriate.

- Closure or substantial layoff: • Bankruptcy documents, if declared under *Chapter 7*, Title 11 U.S.C. Notice of foreclosure or a similar document provided by a financial institution when such document clearly shows that a closure or mass layoff will occur as a result of its issuance
- Copy of a printed media article/announcement describing the closure/mass layoff; the copy must include the name of the medium in which published and the date of publication
- Statement from the employer or union representative
- Statement from the employer's bank official, attorney, supplier, accountant, or another knowledgeable individual
- Copy of a **valid** WARN notice provided by the employer or authorized representative
- Telephone Verification
- Applicant Statement
- Notice of Layoff or Laid-off: • Copy of a **valid** WARN notice provided by the employer or authorized representative
- Copy of other specific notice to employee of intent to lay-off
- Employer or union representative letter or statement
- Telephone Verification
- Applicant Statement

## DISLOCATED WORKERS (continued)

**ELIGIBILITY CRITERIA**  
(Verify each criterion unless specified otherwise)

**ACCEPTABLE DOCUMENTATION** (Only one document from this column per eligibility criterion is required)

### ELIGIBILITY GROUP B—Plant Closure/Substantial Layoff (continued)

3. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; **OR** For purposes of eligibility to receive core services only, is employed at a facility at which the employer has made a general announcement that such facility will close.

- Bankruptcy documents, if declared under *Chapter 7*, Title 11, U.S.C. Notice of foreclosure or a similar document provided by a financial institution when such document clearly shows that a closure or mass layoff will occur as a result of its issuance
- Copy of a printed media article/announcement describing the closure/mass layoff; the copy must include the name of the medium in which published and the date of publication
- Statement from the employer or union representative
- Statement from the employer's bank official, attorney, supplier, accountant, or another knowledgeable individual

### ELIGIBILITY GROUP C—Self-employed

4. Was self-employed (including employment as a 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.

- Bankruptcy documents listing both the name of the business and the applicant's name
- Business License
- Copy of a completed federal income tax return (Schedule SE) for the most recent tax year
- Copy of a printed media article/announcement describing the closure/mass layoff; the copy must include the name of the medium in which published and the date of publication
- Copy of articles of incorporation for the business listing the applicant as a principal
- Applicant Statement

### ELIGIBILITY GROUP D—Displaced Homemaker

5. Is a displaced homemaker.

- Applicant Statement

## MISCELLANEOUS CRITERIA

### ELIGIBILITY CRITERIA

(Verify each criterion unless specified otherwise)

### ACCEPTABLE DOCUMENTATION

(Only one document from this column per eligibility criterion is required)

#### ADULT PROGRAM PRIORITY

The definition of low-income individual applies to the priority to serve low-income adults and eligible youth.

#### VETERANS' PRIORITY OF SERVICE

A veteran/covered person, as defined in Section 4215 of the Jobs for Veterans Act, is entitled to priority of service under WIA Title I programs, e.g., adult, youth and dislocated worker.

- DD 214 • Veterans Administration Letter or Records

#### NOT EMPLOYED

Use WIASRD, Item 115 definition.

- Applicant Statement

#### UNDEREMPLOYED

Applies to displaced homemaker and older youth.

- Employment Specialist or Case Manager's Determination
- Telephone Verification • Applicant Statement

<b>YOUTH</b>	
<b>GENERAL ELIGIBILITY CRITERIA</b> <small>(Verify each criterion unless specified otherwise)</small>	<b>ACCEPTABLE DOCUMENTATION</b> <small>(Only one document from this column per eligibility criterion is required)</small>
The general eligibility criteria for youth are the same as for adults and dislocated workers: Birth Date/Age; INS U.S. Work Authorization and Selective Service Registration. Acceptable documentation for these criteria is the same as adults and dislocated	See adult and dislocated worker general eligibility criteria
<b>ECONOMIC ELIGIBILITY CRITERIA</b> <small>(Only one Economic Eligibility criterion in the left column need be verified)</small>	<b>ACCEPTABLE DOCUMENTATION</b> <small>(Only one document from this column per eligibility criterion is required)</small>
<b>CASH PUBLIC ASSISTANCE Note:</b> The applicant receives or is a member of a family that receives cash payments under a federal, state, or local income-based public assistance program.	<ul style="list-style-type: none"> <li>• Authorization to Receive Cash Public Assistance</li> <li>• Public Assistance Check • Public Assistance Identification Card Showing Cash Grant Status • Public Assistance Records/Printout • Refugee Assistance Records/Printout • Signed Statement from Health &amp; Welfare • Telephone Verification</li> </ul>
<b>FAMILY INCOME Note:</b> Documentation should be provided for <b>each</b> applicable <i>inclusive</i> income source received by the applicant and each family member for the six-month income period immediately preceding the determination date. It is necessary to verify family size when utilizing family income eligibility. An applicant who claims little or no income must submit a statement that little or no income was received during the past six months, and that he/she was <b>not employed</b> for that period.	<ul style="list-style-type: none"> <li>• Accountant Statement • Alimony Agreement • Award Letter from Veterans Administration • Bank Statements (Direct Deposit) • Compensation Award Letter • Court Award Letter • Employer Statement • Farm or Business Financial Records • Housing Authority Verification • Pay Stubs • Pension Statement • Public Assistance Records • Applicant Statement • Quarterly Estimated Tax for Self-employed Persons (Schedule C) • Social Security Benefits Records • Telephone Verification with Employer • Unemployment Insurance Documents and/or Printout</li> </ul>

<b>YOUTH (continued)</b>	
<b>ECONOMIC ELIGIBILITY CRITERIA</b> (Only one Economic Eligibility criterion in the left column need be verified)	<b>ACCEPTABLE DOCUMENTATION</b> (Only one document from this column per eligibility criterion is required)
<p><b>FAMILY SIZE/INDIVIDUAL STATUS Note:</b> In addition to documentation of family size, additional documentation may require to establish that the family is living in a single residence. Persons ordinarily included in the definition of family, but claiming to be no longer dependent, must attest to their individual status. The head of household in which that person resides, if possible, should corroborate such statement. Individual must also show source of support.</p> <p><b>Note:</b> A social security card is invalid if not signed by the number holder unless health or age prevent signature.</p>	<ul style="list-style-type: none"> <li>• Lease • Telephone Verification • Birth/Baptismal Certificates or Church/Hospital Records of Birth • Decree of Court • Divorce Decree • Social Security Cards • Alien Registration Cards • Landlord Statement • Marriage Certificate • Medical Card • Public Assistance/Social Service Agency Records • Written Statement from a 24 Hour Care Facility or Institution (e.g. Mental, Prison) • Most Recent Tax Return Supported by IRS Documents (e.g. Form Letter 1722) • Applicant Statement</li> </ul>
<p><b>FOOD STAMPS Note:</b> The documentation listed must show that the applicant is a member of a household that receives (or has been determined within the 6-month period prior to application for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.).</p>	<ul style="list-style-type: none"> <li>• Authorization to Obtain Food Stamps • Food Stamp Card with Current Date • Food Stamp Receipt • Postmarked Food Stamp Mailer with Applicable Name and Address • Statement from County Welfare Office • Public Assistance Records/Printout • Telephone Verification with County Welfare Office</li> </ul>
<p><b>FOSTER CHILD Note:</b> Must be a foster child for which State or local government payments are made on his/her behalf.</p>	<ul style="list-style-type: none"> <li>• Court Records/Documentation • County Welfare Office Records/Statement • Medical Card • Telephone Verification • Verification of Payments Made on Behalf of the Child • Written Statement from Cognizant Agency</li> </ul>
<p><b>HOMELESS</b></p>	<ul style="list-style-type: none"> <li>• Applicant Statement • Statement from a Social Service Agency • Statement from an Individual Providing Temporary Residence • Statement from Shelter • Telephone Verification</li> </ul>

<b>YOUTH (continued)</b>	
<b>ECONOMIC ELIGIBILITY CRITERIA</b> (Only one Economic Eligibility criterion in the left column need be verified)	<b>ACCEPTABLE DOCUMENTATION</b> (Only one document from this column per eligibility criterion is required)
<b>INDIVIDUALS WITH DISABILITIES Note:</b> Disability status as well as income must be verified. An individual with a disability shall be considered a family of one for eligibility purposes.	<ul style="list-style-type: none"> <li>• Letter from Drug or Alcohol Rehabilitation Agency</li> <li>• Medical Records • Observable Condition</li> <li>• Physician's Statement • Psychiatrist or Psychologist Diagnosis/Statement • Rehabilitation Evaluation</li> <li>• School Official Statement • Sheltered Workshop Certification • Social Security Administration Disability Records • Social Service Records/Referral • Veterans Administration Letter/Records • Vocational Rehabilitation Letter/Statement • Workers Compensation Records/Statement • Telephone Verification • Applicant Statement</li> </ul>
<b>ADDITIONAL REQUIREMENTS</b> (Only one eligibility criterion in the left column need be verified)	<b>ACCEPTABLE DOCUMENTATION</b> (Only one document from this column per eligibility criterion is required)
<b>BASIC LITERACY SKILLS DEFICIENT</b>	<ul style="list-style-type: none"> <li>• Locally defined, may include: – Standardized Test – School Records</li> </ul>
<b>SCHOOL DROPOUT</b>	<ul style="list-style-type: none"> <li>• School Statement/Records • Applicant Statement</li> </ul>
<b>HOMELESS OR RUNAWAY</b>	<ul style="list-style-type: none"> <li>• Applicant Statement • Statement from a Social Service Agency • Statement from an Individual Providing Temporary Residence • Statement from Shelter • Telephone Verification</li> </ul>
<b>FOSTER CHILD Note:</b> Must be a foster child for which State or local government payments are made on his/her behalf.	<ul style="list-style-type: none"> <li>• Court Records/Documentation • County Welfare Office Records/Statement • Medical Card • Telephone Verification • Verification of Payments Made on Behalf of the Child • Written Statement from Cognizant Agency</li> </ul>

<b>YOUTH (continued)</b>	
<b>ADDITIONAL REQUIREMENTS</b> (Only one eligibility criterion in the left column need be verified)	<b>ACCEPTABLE DOCUMENTATION</b> (Only one document from this column per eligibility criterion is required)
<b>PREGNANT OR PARENT</b>	<ul style="list-style-type: none"> <li>• Birth Certificate • Hospital Record of Birth • Medical Card • Statement from Physician • Statement from School Program for Pregnant Youth • School Records • Telephone Verification • Written Statement from Social Services Agencies • Applicant Statement</li> </ul>
<b>OFFENDER</b>	<ul style="list-style-type: none"> <li>• Court Documents • Letter of Parole • Police Records • Statement from Halfway House • Statement from Probation Officer • Newspaper • Telephone Verification • Applicant Statement</li> </ul>
<b>IS AN INDIVIDUAL WHO REQUIRES ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM, OR TO SECURE AND HOLD EMPLOYMENT</b>	<ul style="list-style-type: none"> <li>• Locally defined</li> </ul>
<b>5% EXCEPTION</b> (Only one criterion in the left column need be verified)	<b>ACCEPTABLE DOCUMENTATION</b> (Only one document from this column per eligibility criterion is required)
<b>SCHOOL DROPOUT</b>	See above
<b>BASIC LITERACY SKILLS DEFICIENT</b>	See WIA definition. Additional criteria may be defined locally.
<b>INDIVIDUALS WITH EDUCATIONAL ATTAINMENT THAT IS ONE OR MORE GRADE LEVELS BELOW THE GRADE LEVEL APPROPRIATE TO THE AGE OF THE INDIVIDUALS</b>	<ul style="list-style-type: none"> <li>• Telephone Verification with the School • Statement from School • Report Card • School Records</li> </ul>
<b>PREGNANT OR PARENT</b>	See above
<b>INDIVIDUALS WITH DISABILITIES</b>	See above
<b>HOMELESS OR RUNAWAY</b>	See above
<b>OFFENDER</b>	See above
<b>OTHER ELIGIBLE YOUTH WHO FACE SERIOUS BARRIERS TO EMPLOYMENT AS IDENTIFIED BY THE LOCAL BOARD</b>	<ul style="list-style-type: none"> <li>• Locally defined</li> </ul>