

**WIA Eligibility
Guidelines
Documentation Log
*Desk Reference***

COMPOSITE OF ACCEPTABLE DOCUMENTATION

Acceptable Documentation Log

Introduction

This section provides a comprehensive list of Workforce Investment Act (WIA) eligibility criteria aligned with the appropriate documentation sources. A file copy of any one document listed per criteria will satisfy the U.S. Department of Labor (DOL) documentation requirements.

The *WIA Eligibility Guidelines Documentation Log* provides examples of documentation for the following eligibility criteria:

BASIC ELIGIBILITY

Must meet all of the following:

Citizenship/Eligible Noncitizen
Birth Date/Age
Selective Service Registration (For individuals over 18 years of age)

YOUTH BARRIERS

Must meet at least one of the following:

Deficient in Basic Literacy Skills
School Dropout
Homeless, Runaway, or Foster Youth
Pregnant or Parenting
Offender
Additional Assistance Needed

ADULT & YOUTH ECONOMIC ELIGIBILITY

Must meet at least one of the following:

Cash Public Assistance
Individual/Family Income
Individual Status/Family Size
Food Stamp Benefits
Homeless
Foster Youth
Individual with a Disability

SPECIAL RULE – 5% YOUTH EXEMPTION

Must meet at least one of the following exemptions if both Economic Eligibility and Barrier are unmet:

1. School Dropout
2. Basic Skills Deficient
3. Behind Grade Level
4. Pregnant or Parenting Youth
5. Individuals with Disabilities
6. Homeless or Runaway Youth
7. Offender
8. Local Workforce Development Board-Designated Category

DISLOCATED WORKER ELIGIBILITY

Must meet at least one of the following:

Terminated or Laid Off
Permanent Closure or Substantial Layoff
Formerly Self-Employed
Public Announcement of Closure
Displaced Homemaker

General Instructions

The procedures and forms included in this section have been developed for use in complying with WIA documentation and verification requirements. Documents used to verify the eligibility of a job seeker are listed in the *WIA Eligibility Guidelines Documentation Log*.

Determination of a job seeker's eligibility is based on information in the completed and signed application form and the documentation collected to substantiate eligibility *prior* to enrollment in WIA.

The *WIA Eligibility Guidelines Documentation Log*, hard copy or The Workforce Information System of Texas (TWIST) copy, and copies of those documentation sources identified on the Log are required. All documentation must be retained in the job seeker's file.

1. **Job Seeker's Name** – Record the last, first, and middle initial.
2. **SSN** – Record the job seeker's Social Security number.
3. **Application Date** – Record the month, day, and year the application process was started.
4. **Sources of Documentation** – The *WIA Eligibility Guidelines Documentation Log* is designed to identify acceptable documentation sources for eligibility determination and provide a method for tracking or logging those documents. The appropriate document (birth certificate, identification card, letter, etc.) must be one of the source documents contained in these guidelines. Because the burden of proof and the responsibility for eligibility lies with Local Workforce Development Boards (Boards), liability for ineligible participants increases each time an alternative source is used.

Documentation sources listed in the dislocated worker section and identified with an alpha character(s) may be used to document the corresponding eligibility criteria identified with the same alpha character.

In order to meet the requirements of certain eligibility criteria, it may be necessary to use multiple documentation sources in combination with one another.

Texas Workforce Center staff completing the *WIA Eligibility Guidelines Documentation Log* must check the box to the left of each documentation source collected and used in verifying the eligibility of the job seeker. It is required that eligibility be verified *prior* to registration for enrollment. Documentation must be retained in the job seeker's file.

5. **Texas Workforce Center Staff Signature and Date** – When applicable, the staff member verifying all documentation must sign and date where indicated.
6. **Reviewer's Signature and Date** – When applicable, the staff member reviewing this information must sign and date where indicated.

As long as the eligibility criteria and acceptable documentation sources remain the same, Boards may modify this document format. Sometimes staff will use only the sections applicable to each individual customer. Items five and six, Texas Workforce Center Staff Signature and Date and

Reviewer's Signature and Date must be documented on at least the last page of the log pages used for each customer.

The *WIA Eligibility Guidelines Documentation Log* lists:

1. specific eligibility criteria; and
2. documentation sources to verify eligibility.

All appropriate verification of eligibility documentation sources are listed. A copy of any one source of eligibility documentation will satisfy DOL requirements, unless otherwise specified.

WIA ELIGIBILITY DOCUMENTATION LOG
IDENTIFYING INFORMATION

Job Seeker's Name: _____

Last

First

MI

SSN: Application Date:

BASIC ELIGIBILITY

Job seeker must meet the following Basic Eligibility requirements and furnish proof of each Eligibility Criteria with one of the listed Acceptable Documentation source documents. Although a job seeker's Social Security number is not considered Basic Eligibility criteria, it must be verified.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
SOCIAL SECURITY NUMBER	<input type="checkbox"/> DD-214, Report of Transfer or Discharge <input type="checkbox"/> Employment Records <input type="checkbox"/> Letter from Social Service Agency <input type="checkbox"/> Pay Stub <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> W-2 Form <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification from Official Source
CITIZENSHIP/ELIGIBLE NONCITIZEN	<input type="checkbox"/> Citizenship/Eligible Noncitizen Authorization to Work Form <input type="checkbox"/> Alien Registration Card indicating Right to Work (INS Form I-151, I-94, I-688, I-688A, I-688B, or I-766) <input type="checkbox"/> Baptismal Certificate (if place of birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214, Report of Transfer or Discharge (if place of birth is shown) <input type="checkbox"/> Food Stamp Benefits Records (if place of birth is shown) <input type="checkbox"/> Foreign Passport Stamped "Eligible to Work" <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Naturalization Certification <input type="checkbox"/> Public Assistance Records (if place of birth is shown) <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Social Security Card stamped "Work Eligible" (noncitizens only) with Picture I.D. <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Telephone Verification from Official Source
BIRTHDATE/AGE	<input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214, Report of Transfer or Discharge Paper <input type="checkbox"/> Driver's License <input type="checkbox"/> Federal, State, or Local Government Identification Card <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> School Records/Identification Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Native American Tribal Document

<p>SELECTIVE SERVICE REGISTRANT</p> <p><input type="checkbox"/> N/A</p>	<ul style="list-style-type: none"><input type="checkbox"/> Selective Service Letter/Registration Letter<input type="checkbox"/> Internet Verification/Registration (http://www.sss.gov)<input type="checkbox"/> Telephone Verification (847) 688-6888
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DISLOCATED WORKER

Dislocated Workers must meet Basic Eligibility and any one of the following five categories.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p><u>EXPEDITED RRES PARTICIPANT ELIGIBILITY</u></p> <p>A. Social Security Number B. Citizenship/Alien Status C. Category 1 Dislocated Worker</p>	<p>Expedited eligibility criteria A, B, and C are satisfied by any one of the following:</p> <p><input type="checkbox"/> Screen Print of AD17 – RRES Outreach List <input type="checkbox"/> Copy of RRES Outreach Letter <input type="checkbox"/> Copy of WorkInTexas.com Screen Showing Participant’s RRES Indicator (Dollar Sign in Red Background)</p>
<p>EXPEDITED UI RECIPIENT ELIGIBILITY</p> <p>A. Social Security Number</p>	<p>Social Security number criteria for UI recipients is satisfied by any one of the following:</p> <p><input type="checkbox"/> UI Screen – <i>Current Claimant Status (CTCS)</i>; or <input type="checkbox"/> UI Award Letter.</p>
<p>CATEGORY 1</p> <p>A. Terminated/Laid Off/Received Notice of Termination or Layoff B1. UI/UI-Covered Dislocation B2. Not UI-Covered Dislocation C. Unlikely to Return to Previous Industry/Occupation C1. No Growth or Decline in Job Openings OR C2. Employment Search <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> (A,B,C) WorkInTexas.com Services Screen:</p> <ul style="list-style-type: none"> o The RRES add service – indicates that this job seeker was outreached via an RRES profiling letter; and o The RRES-exempt or RRES orientation service – indicates that this job seeker responded to the profiling letter. <p><input type="checkbox"/> (A) Certification of Expected Separation <input type="checkbox"/> (B1) Texas Workforce Commission (TWC) Verification <input type="checkbox"/> (B2) Board Determination <input type="checkbox"/> (A,B) Letter from Employer <input type="checkbox"/> (A,B) TWC Verification <input type="checkbox"/> (C1) TWC Verification <input type="checkbox"/> (C1) Other TWC-Approved Labor Market Analysis <input type="checkbox"/> (C2) TWC Verification <input type="checkbox"/> (C2) Documentation from Prospective Employer <input type="checkbox"/> (C2) Documentation from Employment Agency</p>
<p>CATEGORY 2</p> <p>A. Terminated/Received Notice of Layoff B. Permanent Closure of Plant/Facility/Enterprise OR C. Substantial Layoff <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> (A) Certification of Expected Separation <input type="checkbox"/> (A,B,C) Letter from Employer <input type="checkbox"/> (A,B,C) TWC Verification <input type="checkbox"/> (B,C) Media Announcement with Employment Verification</p> <p><input type="checkbox"/> (A,B,C) Telephone Verification from Official Source</p>

<p>CATEGORY 3</p> <p>A. Formerly Self-Employed and Presently Unemployed because of:</p> <p>B. General Economic Conditions in Residing Community</p> <p style="text-align: center;">OR</p> <p>C. Permanently Dislocated because of Natural Disaster</p> <p><input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> (A) Business License/Permit</p> <p><input type="checkbox"/> (A) IRS Documentation</p> <p><input type="checkbox"/> (A,B) TWC Verification</p> <p><input type="checkbox"/> (B) TWC Labor Market Information</p> <p><input type="checkbox"/> (B) Unemployment Rate</p> <p><input type="checkbox"/> (B) Other TWC-Approved Labor Market Analysis</p> <p><input type="checkbox"/> (B) Failure of Business Supplier</p> <p><input type="checkbox"/> (B) Failure of Business Customer</p> <p><input type="checkbox"/> (B) Depressed Prices or Market</p> <p><input type="checkbox"/> (C) Federal/State Declaration of Disaster</p> <p><input type="checkbox"/> (C) TWC-Approved Disaster</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> (C) Permanent Dislocation</p> <p><input type="checkbox"/> (A,B,C) Telephone Verification from Official Source</p>
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<p>CATEGORY 4 Public Announcement</p> <p>A. Public Declaration through Media of the Impending Closure, within 180 Days, of a Specific Facility: AND</p> <p>B. Planned Date of Final Closure AND</p> <p>C. Documented Verification made to State AND</p> <p>D. Individual Employment Verification Confirming Employment</p> <p><input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> (A) Documentation from Media Source AND</p> <p><input type="checkbox"/> (B) Documentation from State Dislocated Worker Service <i>and</i> (B) Documentation from Media Source AND</p> <p><input type="checkbox"/> (C) Documentation from State Dislocated Worker Service AND</p> <p><input type="checkbox"/> (D) Employer Verification</p> <p><input type="checkbox"/> (A,B,C,D) Telephone Verification from Official Source</p>
<p>CATEGORY 5 Displaced Homemaker</p> <p>A. Providing Unpaid Services AND</p> <p>B. Has been Supported by the Income of a Family Member and is No Longer Receiving that Income. AND</p> <p>C. Unemployed or Underemployed with Difficulty in Finding Employment or Upgrading</p> <p>C1. Military service member who is not retiring, but is being honorably discharged due to special circumstances OR</p> <p>C2. Qualifying military spouse</p> <p><input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> (A) IRS Documentation AND</p> <p><input type="checkbox"/> (B) Public Assistance Records/Printout (B) Court Records (B) Medical Records/Death Certificate (B) Bank/Financial Records (B) Spouses Layoff Notice AND</p> <p><input type="checkbox"/> (C,C1,C2) TWC Verification (C,C1,C2) Employer Verification (C,C1,C2) Job Search Verification</p> <p><input type="checkbox"/> (A,B,C,C1,C2) Self-Certification Form</p> <p><input type="checkbox"/> Other: _____</p>

ADULT AND YOUTH

Adults (18 or older) must meet Basic Eligibility and any Board priority policy criteria (as indicated in the Boards' local plan). Youth (14 - 21) must meet Basic Eligibility, one of the Economic criteria, and one or more of the Barrier criteria. If Youth does not meet Economic criteria, then Youth must meet one or more of the 5% Youth Exemptions.

ECONOMIC (Low Income) CRITERIA	ACCEPTABLE DOCUMENTATION
<p>INDIVIDUAL/FAMILY INCOME</p> <p><i>Note:</i> Documentation should be provided for each applicable income source.</p> <p><input type="checkbox"/> N/A If using TANF, Food Stamps, SSI, Homeless, OR Foster Youth documentation to determine low-income individual.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Award Letter from Veterans Affairs <input type="checkbox"/> Bank Statement (Direct Deposit) <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Pension Statement <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Persons (Schedule C) <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> UI Documents and/or Printout <input type="checkbox"/> Self-Certification Form
<p>INDIVIDUAL STATUS/FAMILY SIZE</p> <p><input type="checkbox"/> N/A If using TANF, Food Stamps, SSI, Homeless, or Foster Youth documentation to determine low-income job seeker family size, it does not need to be documented separately; however, the family for the individual needs to be established.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Job Seeker Statement of Family Status <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Decree of Court <input type="checkbox"/> Disabled (see Individuals with Disability below) <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Medical Card <input type="checkbox"/> Most Recent Tax Return Supported by IRS Documents (e.g., Form Letter 1722 – see <i>Income Guidelines Desk Reference</i>) <input type="checkbox"/> Public Assistance/Social Service Agency Records <input type="checkbox"/> Public Housing Authority (if resident of or on waiting list) <input type="checkbox"/> Written Statement from a Publicly Supported 24-Hour Care Facility or Institution (e.g., mental health facility, prison) <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification from Official Source

<p>CASH PUBLIC ASSISTANCE</p> <p><input type="checkbox"/> N/A</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Record (Cash Grant Status) <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Refugee Assistance Records <input type="checkbox"/> TWIST Legacy Search (Print TWIST Intake Common Public Assistance Tab Screen)
<p>FOOD STAMPS</p> <p><input type="checkbox"/> N/A</p> <p><i>Note:</i> The listed items of documentation are acceptable for any individual who is a member of a family receiving Food Stamps.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Current Food Stamp Receipt <input type="checkbox"/> Letter from Food Stamp Disbursing Agency <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> TWIST Legacy Search (Print TWIST Intake Common Public Assistance Tab Screen)
<p>HOMELESS</p> <p><input type="checkbox"/> N/A</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Written Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Written Statement from Shelter <input type="checkbox"/> Written Statement from Social Service Agency <input type="checkbox"/> Self-Certification Form
<p>SUPPORTED FOSTER YOUTH</p> <p><input type="checkbox"/> N/A</p> <p><i>Note:</i> In order to document both criteria, multiple documentation may be required.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Verification from Social Service Agency of Payment Made on Behalf of the Child <input type="checkbox"/> Written Statement from State/Local Agency <input type="checkbox"/> Telephone Verification from Official Source
<p>INDIVIDUALS WITH DISABILITIES</p> <p><input type="checkbox"/> N/A</p> <p><i>Note:</i> If an individual declares a disability, any one of the listed items may be used. It is only necessary to document that the individual has a disability. Detailed information about the disability is not necessary.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Self-Certification Form The following sources may be used, but are not necessary: <input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency <input type="checkbox"/> Letter from Child Study Team Stating Specific Disability <input type="checkbox"/> Medical Records <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Psychiatrist's Diagnosis <input type="checkbox"/> Psychologist's Diagnosis <input type="checkbox"/> Rehabilitation Evaluation <input type="checkbox"/> School Records Verifying Disability <input type="checkbox"/> Sheltered Workshop Certification <input type="checkbox"/> Social Service Records/Referral <input type="checkbox"/> Social Security Administration Disability Records <input type="checkbox"/> Veterans Affairs Letter/Records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Workers Compensation Record <input type="checkbox"/> Telephone Verification from Official Source

YOUTH BARRIERS	ACCEPTABLE DOCUMENTATION
DEFICIENT IN BASIC LITERACY SKILLS <input type="checkbox"/> N/A	<input type="checkbox"/> Assessed by a Generally Accepted Standardized Test <input type="checkbox"/> School Records
SCHOOL DROPOUT <input type="checkbox"/> N/A	<input type="checkbox"/> School Attendance Record <input type="checkbox"/> School Dropout Letter <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification from Official Source
HOMELESS, RUNAWAY, OR FOSTER YOUTH <input type="checkbox"/> N/A	<input type="checkbox"/> Written Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Written Statement from Shelter <input type="checkbox"/> Written Statement from Social Service Agency <input type="checkbox"/> Self-Certification Form
PREGNANT OR PARENTING YOUTH <input type="checkbox"/> N/A	<input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Physician's Note <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Observation
OFFENDER <input type="checkbox"/> N/A	<input type="checkbox"/> Documents from Juvenile Justice System <input type="checkbox"/> Documents from Adult Criminal Justice System <input type="checkbox"/> Telephone Verification from Court Representative <input type="checkbox"/> Self-Certification Form
ADDITIONAL ASSISTANCE NEEDED <input type="checkbox"/> N/A <i>Note:</i> Assistance needed to complete an educational program, or to secure and hold employment.	Board-Defined Category: _____ <input type="checkbox"/> Self-Certification Form

5% YOUTH EXEMPTIONS	ACCEPTABLE DOCUMENTATION
<p>SPECIAL RULE–5% ELIGIBILITY EXEMPTIONS</p>	<p>BASIC SKILLS DEFICIENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessed by a Generally Accepted Standardized Test <p>BEHIND GRADE LEVEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Report Card <input type="checkbox"/> School Records <input type="checkbox"/> Telephone Verification from Official Source <p>SCHOOL DROPOUT</p> <ul style="list-style-type: none"> <input type="checkbox"/> School Attendance Record <input type="checkbox"/> School Dropout Letter <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification from Official Source <p>OFFENDER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents from Juvenile Justice System <input type="checkbox"/> Documents from Adult Criminal Justice System <input type="checkbox"/> Telephone Verification from Court Representative <p>INDIVIDUALS WITH DISABILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-Certification Form <p>The following sources may be used, but are not necessary:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency <input type="checkbox"/> Letter from Child Study Team Stating Specific Disability <input type="checkbox"/> Medical Records <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Psychiatrist's Diagnosis <input type="checkbox"/> Psychologist's Diagnosis <input type="checkbox"/> Rehabilitation Evaluation <input type="checkbox"/> School Record verifying Disability <input type="checkbox"/> Sheltered Workshop Certification <input type="checkbox"/> Social Service Records/Referral <input type="checkbox"/> Social Security Administration Disability Records <input type="checkbox"/> Veterans Affairs Letter/Records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Workers Compensation Record <input type="checkbox"/> Telephone Verification from Official Source <p>PREGNANT OR PARENTING YOUTH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Physician's Note <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification from Observation <p>HOMELESS OR RUNAWAY YOUTH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Written Statement from Shelter <input type="checkbox"/> Written Statement from Social Service Agency <input type="checkbox"/> Self-Certification Form <p>BOARD-DESIGNATED CATEGORY</p> <p>Identify Workforce Area Category: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Self-Certification Form

ADULT ELIGIBILITY EXEMPTION	REQUIREMENTS
ADULT EXEMPT ELIGIBILITY FOR EXCESS FUNDS/PRIORITY <input type="checkbox"/> N/A	Board must establish that excess funds exist in the workforce area to serve adults who are <i>not</i> low-income individuals . <input type="checkbox"/> Excess Funds Exist <input type="checkbox"/> Meets Board Criteria for Services Documentation <input type="checkbox"/> _____ <input type="checkbox"/> _____

CASE MANAGER /INTAKE NOTES:

_____	_____	____/____/____
Texas Workforce Center Staff Signature	Print Name	Date
_____	_____	____/____/____
Manager/Reviewer Signature	Print Name	Date