



Workforce System Directive

Data Validation and Source Documentation

Effective Date of Policy: 4/8/24

Policy Number: WSD #03-2024

Rescissions: OWDI 02-2019, Change 2

Approved By: Trae Rahill, Chief Executive Officer

STAKEHOLDERS:

- Chief Local Elected Officials
- Workforce Development Board Chairs
- Workforce Development Board Staff
- Designated Fiscal Agent Staff

REFERENCES:

- The Workforce Innovation and Opportunity Act of 2014 (Public Law 113-128);
- 20 CFR Part 680;
- U.S. Department of Labor/Employment and Training Administration (TEGL) No. 11-11, Change 2
- U.S. Department of Labor/Employment and Training Administration (TEGL) No. 23-19, Change 2
- U.S. Department of Labor/Employment and Training Administration (TEGL) No. 10-23

PURPOSE: This policy is to provide information to use in developing procedures for ensuring that data submitted for performance reporting are valid and reliable. This policy outlines the data validation review process and includes the following attachments: Attachment I, Forms for Data Validation and Attachment II, Source Documentation DOL-only Data Element Validation.

BACKGROUND: The revision updates the data elements and required documentation as described in TEGL 23-19, Change 2 and TEGL 10-23.

POLICY AND PROCEDURES:

Source Documentation

It is both useful and necessary to properly establish eligibility and capture key information and characteristics of individuals to understand their needs and the potential programs or benefits for which they may be eligible, as well as for program and performance management purposes.

Processes for gathering information must be done as efficiently as possible to administer important services timely. At times, eligibility for a participant can be based on a single known characteristic. During intake, you should limit collection of documentation only to those items required for eligibility rather than trying to collect all the documentation necessary for data validation purposes. Local

procedures should include opportunities to request documentation after intake and initial service provision. In many situations, self-attestation is sufficient for both eligibility determination and data validation purposes. Self-attestation is not intended to be utilized exclusively but it is encouraged as a viable alternative, particularly among certain populations whose life circumstances may preclude immediate access to certain documents.

There may be times when certain documentation is not necessary. Local areas can play a crucial role in helping individuals obtain the required documents by paying fees to obtain such documents as an allowable supportive service, except for individuals not yet authorized to work.

Social Security Numbers: It is not required to disclose Social Security Numbers (SSN) for eligibility determination. While you must request an individual's SSN for performance reporting purposes, services cannot be denied if an individual chooses not to share it. Local policies cannot require individuals to disclose their SSN to receive services. SSNs are needed for purposes of wage record matching to support performance accountability data collection efforts, eligibility and service provision should not be conditioned upon the provision of the SSN or SSN card. When requesting an SSN, it must be explained, in writing, the authority to request it, the purpose, how the information will be used for understanding outcomes, and the right to decline disclosure. A participant's SSN can be requested during the period of services if needed for employment services.

Work Authorization: Some services may be delivered without proof of the participant's work authorizations. This can be helpful in many situations, including where workers are awaiting work authorization, already have work authorization but do not have the documents to demonstrate it due to surviving a disaster, recently returning from incarceration, experiencing homelessness, leaving foster care, moving to a new location, or otherwise lack full access to many of their vital documents, or any number of circumstances. Local areas do not need to verify that one of these scenarios occurred; but can deliver certain services without checking work authorization to ensure the efficient delivery of services to workers in need.

| Services that... | |
|--|---|
| REQUIRE Work Authorization | DO NOT REQUIRE Work Authorization |
| Job Placement | Labor exchange services such as labor market information, career exploration, career guidance, resume writing assistance, and job search assistance. |
| Occupational Post-secondary Training | Information on workers' rights and where to find legal assistance. |
| Work Experience | Referrals to community resources such as transportation, childcare support, food assistance, housing assistance, medical assistance, and other similar resources. |
| Supportive services that represent a direct financial benefit such as a voucher or reimbursement, relocations expenses, or needs-related payments. | Basic skills education, including English language instruction, and high school equivalency. |
| | Assistance in completing paperwork to finalize work authorization. |
| | Assistance in applying for an occupational license including the cost of such applications. |

| | |
|--|---|
| | Outreach to workers regarding the Employment-Related Law Complaint System and processing of such complaints. |
| | Individualized services such as career assessment's development of an individual employment plan, group counseling, one-on-one case management, career planning, information on foreign credential evaluation service and on obtaining credit for prior learning. |

When serving participants whose work authorization has not been verified, local areas must develop an IEP/ISS that identifies the order of services that best prepare the individual to successfully reside in the community and to eventually secure employment with a livable wage.

Some individuals may not wish to disclose whether they are authorized to work. Others may have a changing or under review status or may not know what their status is. In such situations, local areas should clearly explain what services they can and cannot provide to individuals who may not yet have work authorization documentation, as well as clearly explain that employers will need work authorization documentation.

Local areas must verify that an individual has been granted work authorization prior to delivering any services identified above as requiring verification of work authorization documentation. While a copy of such documentation is not required for a participant file, a program note documenting that the case manager has seen and verified the documents and entered a program note in the case file that the participant has an employment authorization document.

Selective Service Registration: Local areas must continue to follow requirements related to Selective Service registration and documentation of such as a prerequisite for eligibility for all programs. For details on these requirements, see OWDI 04-2020, *Selective Service Registration*.

Program Specific Requirements

Title I programs must utilize the WIOA Title I Eligibility Forms, Attachment I, Forms for Data Validation, to determine the appropriate documentation used to support program eligibility. The source documentation requirements in this policy must be referenced to determine the acceptable source documentation required to verify the designated characteristic.

Title III services are available to any jobseeker, regardless of employment status; however, Veterans receive priority of service in accordance with Training and Employment Guidance Letter (TEGL) 10-09 and Veterans Program Letter (VPL) 07-09. Program participants may also include individuals with employment authorization documents who have been granted relief under the Deferred Action for Childhood Arrivals (DACA). In addition, any employer seeking workers is also eligible for services.

Trade Adjustment Act offers a variety of benefits and services to support workers in their search for reemployment. This includes Trade Readjustment Allowances, training, assistance with healthcare premium costs, Reemployment Trade Adjustment Assistance, job search, and relocation allowances. A group of workers may be eligible for TAA if their jobs are lost or threatened due to trade-related circumstances as determined by a USDOL investigation.

The National Farmworker Jobs Program (NFJP) is the Department of Labor-administered workforce investment program for eligible MSFWs established by WIOA sec. 167 as a required partner of the one-stop delivery system and includes both career services and training grants, and housing grants.

Data Validation

Data validation is a series of internal controls established to verify the accuracy, validity, and reliability

of data. Data validation helps ensure the accuracy of the annual statewide performance reports, safeguards data integrity, and promotes the timely resolution of data anomalies and inaccuracies as required by 2 CFR 200.328. This joint data validation ensures that all programs are consistent and accurately reflect the performance of each core program. All participants across the core programs must validate the common data elements according to this guidance. The common data elements and source documentation are indicated in Attachment II, Source Documentation DOL-only Data Element Validation. It is required to obtain and upload at least one source document for each data element listed for each participant in a WIOA core program. Source documentation types include:

- **Uploaded Documentation:** Documentation must be clear and legible copies that are uploaded into the virtual case management system. Some documentation may be source documents for more than one data element and need only to be uploaded one time provided all data elements are indicated prior to the upload.
- **Detailed Case Notes:** Either paper or electronic statements made by the case manager that identify, at a minimum, a participant's status for a specific data element, the date on which the information was obtained, and the name of the case manager who obtained the information.
- **Cross-Match:** a cross-match required areas to identify detailed evidence that confirms the data element in a secondary database. The cross-match must also confirm supporting information such as dates of participant and services rendered.
- **Electronic Records** which may include:
 - Participant Source Documents: participant source documents maintained in the management information system (MIS).
 - Participant Service Record: Participant information generated and maintained by the State regarding the specific services received by a participant. The information may be generated and maintained through the State MIS.
- **Self-Attestation:** Written, or electronic/digital declaration of information for a particular data element, signed and dated by the participant. DOL broadly interprets what is considered an electronic/digital signature. Electronic signatures or a submission from the participant such as an email, text, or unique online survey response is considered an electronic signature or verification; it must be participant generated and traceable to the participant. The documentation of the self-attestation must be uploaded in not captured by the State MIS.

Data Validation Review

The U.S. Department of Labor, Employment and Training Administration, requires states to validate the accuracy of their annual performance report submissions to ensure decisions about WIOA policy and funding are made based on a true picture of program outcomes. Quarterly data element validation reviews shall be conducted to ensure the data elements in participant records are accurate in order to maintain system integrity, ensure completeness of data, and to identify and correct specific issues associated within the reporting process and to ensure the accuracy of data entered into the States case management system and subsequently submitted to USDOL-ETA. The effectiveness of the data validation process will be assessed annually, and revisions will be made as needed.

Quarterly Data Validation Procedure: Local Area staff collect documentation supporting data elements on an ongoing basis. This data collection becomes the foundation for the data validation performed.

Data from the Participant Individual Record Layout (PIRL) file will be utilized to randomly select

participants for the data validation process. To meet the 90% confidence interval for each Title I program, a total of 271 participants will be drawn, or approximately 68 participants to be validated per quarter. Of the 271 participants, half of them will be drawn based on the participant start date and half of based on the participant exit date. The start and exit dates will be within the program year being validated. The participants will be validated based on the proportion of participants in each local workforce area relative to the individual programs.

A worksheet for each participant will be created from the PIRL file that contains all applicable data elements and documentation reported during the reporting period, to be validated.

The State Data Validation Unit will validate the worksheets against the source documentation in the participant's file to ensure compliance with federal and state guidance. Screenshots of the case management system that indicate when and where the error occurred will enhance transparency of the state's validation procedures.

The State Data Validation Unit will score each random element for random clients as either a pass or fail for validation that applies to each participant. Each data element that is required to be validated and that is supported or matched by acceptable documentation is scored as a "pass". Conversely, any data element required to be validated that is not supported by acceptable documentation or is inconsistent with other documentation (particularly the PIRL data received from information input into the Outcomes in the state's management information system) is scored as a "fail". Data elements lacking properly labeled or unreadable source documents will be scored as "fail", even if the documentation is in the file.

Once completed, the elements failed will be reviewed. At the beginning of each quarter the local areas will receive a report of errors that were identified for the sample of audited participants. The local area will have 30 days from the date of the initial report to review and submit a written response to the Validation Unit outlining any concerns or questions regarding the report.

Data Validation Training: Consistent with the DOL recommendation that data validation to be part of annual monitoring efforts, a summary will be presented with the State's annual monitoring detailing the most encountered errors throughout the program year from the data validation sample. The results of the report will be the focus of the Annual Data Validation Training which will focus on the most common data entry errors, ensure local areas understand the process for data validation, and provide technical assistance on how to successfully collect the information that is required by the reporting elements identified by DOL.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT: All Recipients, and Sub-recipients/Sub-grantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, based on citizenship status or participation in a WIOA Title-I financially assisted program or activity.

INSTRUCTIONS: This Workforce System Directive (WSD) is to become a part of your permanent records and made available to appropriate staff and sub-recipients.

Attachments:

Attachment I, Forms for Data Validation

[Attachment II, Source Documentation DOL-only Data Element Validation](#)

Inquiries: All inquiries regarding the process involved in this policy should be directed to WorkforceServices.Inquiry@oesc.ok.gov.

Attachment I, Forms for Data Validation

Forms Included in this Attachment:

- **Income Eligibility Form**
- **Income Calculation Worksheet**
- **Individual Training Account Agreement Form**
- **Individual Training Voucher Form**
- **Coordination of Training Funds**
- **Youth Eligibility Form**
- **Youth Support Form**
- **School Dropout Status Form**
- **Youth Training Provider Procurement Form**
- **Documents to Verify Eligibility to Work**
- **Applicant Statement**
- **WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form**
- **Supplemental Wage Self-Employment Verification Form**
- **Wage Conversion Chart**
- **Adult and Dislocated Worker Eligibility Form**

WIOA Income Eligibility Form: Part I

| Identifying Information | | | |
|-------------------------|-------|----|-------------------------|
| Applicant's Name: _____ | | | Participant ID: _____ |
| Last | First | MI | Application Date: _____ |

Income Period – From (6 months prior to application): _____ **To (application date):** _____

NOTE – Family Income Calculation: Complete and attach Part II: Income Calculation, for each family member with earned income during the 6- month income review period. **Documentation of income source(s), family size, and Parts I & II of this form must be uploaded in the participant virtual case file.**

Family Composition: List each family member. Family is two or more persons related by blood, marriage, or decree of court, who are living in a single residence. (Married couple & dependent children: parent or guardian & dependent children; or married couple).

| Family Member | Name | Relationship | Date of Birth | Age | Income Source(s) | 6-Month Income |
|---------------|------|----------------|---------------|-----|------------------|----------------|
| 1 | | Self/Applicant | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

| | | | |
|----------------------|--|---|---|
| Income Review | Family Size: | Income Limit: <small>* to be taken from "at or below poverty line or 100% FLSM"</small> | Total 6-Month Income: |
| | | | 6-Month Income X 2: <small>* to be compared to INCOME LIMIT</small> |
| Certification | I attest that to the best of my knowledge the above information is true and correct. | | |

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

Date

Case Manager Signature

Date

WIOA Income Eligibility Form: Part I - continued

| Family income calculations INCLUDE the following: | Family income calculations EXCLUDE the following: |
|--|---|
| <ul style="list-style-type: none"> • Gross wages and salaries before deductions • Net income (gross income minus operating expenses) from a business or other non-farm enterprise • Net income from farm self-employment (income from a farm which operates as an owner, renter, or sharecropper, after deductions from farm operating expenses) • Social Security Disability Insurance (SSDI) • Governmental and non-governmental pensions (including military retirement pay) • Regular payments from railroad retirement benefits, strike benefits from union funds, worker's compensation and training stipends • Alimony • Merit based scholarships, fellowships, and assistantships i.e. the recipient may be determined by students' athletic, academic, artistic or other abilities • Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings • Terminal leave pay, severance pay, or a cash out of accrued vacation leave • Disaster Relief Employment wages • On-the-Job Training (OJT) wages Now included under WIOA • Unemployment compensation • Child support payments • Old age and survivors' insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402) | <ul style="list-style-type: none"> • Foster child care payments • Income earned while the veteran was in Active Military Duty, and certain other Veteran's Benefits • Federal non-cash benefits such as: Medicare, Medicaid, food stamps, school lunches, and housing assistance • Assets drawn down as withdrawals from a bank • Public Assistance payments: TANF, SSI, GA, and RCA • One-time cash payment, which includes: tax refunds, loans, one-time insurance payments or compensation for injury, gifts and lump sum inheritances • Job Corps payments • Cash value of employer-paid or union-paid portion of health insurance or other employee fringe benefits • Cash value of food or housing received in lieu of wages • Payments received under the Trade Readjustment Act of 1974 • Needs-based scholarship assistance • Financial assistance under Title IV of the Higher Education Act • Stipends received from the following programs: VISTA, Peace Corps, Foster Grandparents Program, Retired Senior Volunteer Program, Youth Works/AmeriCorps Program • All WIOA payments except OJT <p>Last updated: 1/19/18</p> |

WIOA Income Calculation Worksheet: Part II

| Identifying Information | | | |
|-------------------------|-------|----|-------------------------|
| Applicant's Name: _____ | | | Participant ID: _____ |
| Last | First | MI | Application Date: _____ |

Income Period – From (6 months prior to application): _____ **To (application date):** _____

Family Member: _____ **Relationship:** _____

☐ **Straight Pay Method:** Use this method if family member provides all income documents covering income review period.

| Employer or Income Source | | Pay Date | # of Pay Periods Weekly=26, Bi-weekly=13,Monthly=6 | = | Pay Period Gross Pay |
|---|--|----------|--|---|----------------------|
| 1 | | | | = | |
| 2 | | | | = | |
| 3 | | | | = | |
| 4 | | | | = | |
| 6-Month Income: Sum of all Pay Period Gross Pays | | | | | = |

☐ **Average Pay Method:** Use this method if family member provides at least 2 income documents from each source.

| Employer or Income Source | | Pay Date | Gross Pay | ÷ | # Weeks in Time Frame: Weekly=1, Bi-weekly=2, Monthly=4.3 | = | Weekly Gross Income | |
|--|--|----------|----------------------------|---|--|---|---------------------|--|
| 1 | | | | ÷ | | = | | |
| 2 | | | | ÷ | | = | | |
| 3 | | | | ÷ | | = | | |
| # of Pay Stubs Collected | | | Sum of Weekly Gross Income | | | + | | |
| Average Weekly Gross: Sum of Weekly Income ÷ # of Pay Stubs | | | | | | | = | |
| 6-Month Income: Average Weekly Gross × 26 (there are 26 weekly pay days in a six-month period) | | | | | | | = | |

WIOA Income Calculation Worksheet: Part II (continued)

- ☐ **Year-to-Date Method:** Use this method if the family member provides a recent pay stub or income source with the cumulative year-to-date gross income indicated on it.

| Employer or Income Source | Pay Date | Cumulative year-to-date Gross Pay | ÷ | # of cumulative weeks on pay stub | = | Weekly Gross Income | |
|---|----------|-----------------------------------|---|-----------------------------------|---|---------------------|--|
| 1 | | | ÷ | | = | | |
| 2 | | | ÷ | | = | | |
| Sum of Weekly Gross Income (Average Weekly Gross Income): | | | | | | + | |
| 6-Month Income: Average Weekly Gross × 26 (there are 26 weekly pay days in a six-month period) | | | | | | = | |

- ☐ **Intermittent Work/Other Income Method:** Use this method if the family member has not had steady income from one or more sources during the review period.

| Employer | Description of Work | Start Date | End Date | Total Gross Income | |
|---|---------------------|------------|----------|--------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 6-Month Income: Sum of all Total Gross Incomes | | | | = | |

Guidelines for Income Calculation Worksheet: Part II

When calculating income, use any one of the following methods as appropriate. A separate form should be used for each family member with income. The examples are illustrative only and as many pay stubs as needed and available to accurately calculate family income should be obtained.

1. STRAIGHT PAY METHOD

Under the Straight Pay Method, pay stubs covering the most recent three to four months of family income should be submitted. Upon review, it is determined that the wages on the pay stubs are the same, with no variations.

The income is calculated based upon the wages indicated on one of the pay stubs, since there are no variations in the gross income on any of the pay stubs. Based upon the length of the pay period the gross income is multiplied by the number of pay periods in a six-month period (weekly = 26, bi-weekly = 13, or monthly = 6).

The result will be the six-month income used to determine WIOA low-income eligibility.

EXAMPLE:

Five bi-weekly pay stubs are provided indicating gross wages of \$548.00 each. The pay stubs are sporadic and cover a period of three months but there is no variation in the gross income.

Multiply: $\$548 \times 13 = \$7,124$.

\$7,124 is the six-month income used to determine WIOA low-income eligibility.

2. AVERAGE PAY METHOD

Average Pay Method is used if there is a variation in pay from pay stub to pay stub and it is a result of overtime, lost time, or working for different employers.

To compute the six-month income, the gross earning total of all the pay stubs provided is divided by the number of weeks in the timeframe for each pay stub submitted (weekly = 1, bi-weekly = 2, monthly = 4.3). These totals are added together and divided by the number of pay stubs submitted. The resulting average gross weekly income is then divided by 26 determining the 6-month income.

EXAMPLE:

Example 1:

Three pay stubs are provided and the pay frequency is bi-weekly: \$1,009, \$932, \$1,032

Divide each amount by 2 (bi-weekly: $1009/2 = \$504.50$; $932/2 = \$466$; $1032/2 = \$516$) Add totals together: $\$504.50 + \$466 + \$516 = \1486.50

Divide by 3 (# of pay stubs submitted): $\$1486.50/3 = \495.50

Multiply total by 26 (# of weeks in a 6-month period): $\$495.50 \times 26 = \$12,883$

\$12,883 is the six-month income amount used to determine WIOA low-income eligibility.

Example 2:

Six pay stubs are provided and the pay frequency is weekly: \$534, \$475, \$398, \$534, \$498, and \$534

*You can skip the first step since the pay frequency is weekly and you would be dividing each amount by 1

Add: $\$534 + \$475 + \$398 + \$534 + \$498 + \$534 = \$2973.00$

Divide by 6 (# of pay stubs submitted): $\$2973/6 =$

$\$495.50$ Multiply total by 26: $\$495.50 \times 26 = \$12,883.$

\$12,883 is the six-month income amount used to determine WIOA low-income eligibility.

3. YEAR-TO-DATE METHOD

Under the Year-To-Date Method of calculating six-month gross income, the participant provides recent pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date, on the pay stub.

To compute the six-month income, the intake worker counts the number of cumulative weeks that have occurred in the year-to-date period, and divides that number into the gross year-to-date earnings indicated on the pay stub to get the weekly gross income. The result of this computation weekly gross income is then multiplied by the number of weeks in a six-month period to determine the six-month gross earnings.

EXAMPLE:

Participant provides the intake worker with a recent pay stub dated July 3rd showing his year-to-date earnings were \$25,200 so far that year. The cumulative number of weeks for the year is 27, Calculation of the gross annualized income would be done as follows:

Divide: $25,200 \text{ by } 27 = \933

Multiply: $\$933 \text{ by } 26 \text{ (No. of weeks in 6 months)} = \$24,258$

\$24,258 is the 6-month income figure for this individual or family member.

4. INTERMITTENT WORK METHOD

When an applicant has not had steady work with one or more employers, they should supply as many pay stubs as possible and complete an Applicant Statement explaining all missing pay stubs and not-work periods during the last six months.

If an applicant reports little or no includable income, they should indicate the resources relied upon for life support during the last six months, on the Applicant Statement. Such resources may include such things as unpaid debts, gifts, loans, unemployment compensation, etc.

Individual Training Account (ITA) Agreement

Participant: _____

ID# _____

ITA Start Date: _____

ITA End Date: _____

Amount of Individual Training Account (ITA): \$ _____

Training Provider: _____

Demand Occupation: _____

ACKNOWLEDGEMENT AND AGREEMENT

- The amount of my Individual Training Account (ITA) has been awarded based on individual factors including cost of attendance, coordination of other funding sources, and needs identified in my Individual Employment Plan (IEP).
- ITA funding may be used to assist with tuition and fees as well as books, uniforms, tools, equipment, or supplies required for training/degree plan.
- This ITA is limited to the amount and the scheduled start and end date stated above. Any modification to the ITA Agreement must be approved per Workforce Development Board policy and only for exceptional circumstances.
- It is my responsibility to budget and track my ITA expenditures to insure that the funds available to me are not depleted prior to completion of training. I will coordinate with my Career Manager and verify my ITA balance as necessary.
- I understand that I must meet or exceed attendance and academic requirements of the school/training provider.
- I understand that I am not required to access student loans or incur personal debt as a condition of participation. However, if I chose to do so, I understand the responsibilities associated with such indebtedness, including loan repayment. My Career Manager has counseled me in regard to this issue.
- Continued participation is subject to continued availability of funding by the Department of Labor.
- I agree to monthly contact with my Career Manager to discuss my training progress and any other issues, whether academic, personal, or financial, which may affect the successful completion of my training.
- I will immediately inform my Career Manager of changes of name, address, phone number, email address or back-up contact information.
- Prior to the beginning of each new semester I will schedule an appointment with my Career Manager to complete a voucher for the upcoming semester. I agree to provide any documentation necessary for completion of the voucher, which may include class schedule, enrollment sheet, grade report from previous semester, and Financial Aid Award letter.
- In the event that I drop or add a class, I will notify my Career Manager immediately.
- ITA funding may be used to pay only for classes or training directly related to my training/degree plan. ITA funding will not be used to pay for the same class more than once. If I fail a class, I will be responsible for paying for such class the second time.
- Upon completion of my training, I agree to provide my Career Manager with information concerning my employment and copies of any diplomas, credentials, or licenses earned.

I have read this document and hereby understand and agree to comply with the terms herein described. I am receiving a copy of this agreement for my records.

ITA Participant's Signature

Date

I have established this ITA and reviewed the terms of this Agreement with the client.

WIOA Service Provider's Signature

Date

ITA # _____

INDIVIDUAL TRAINING VOUCHER FORM

Training Institution/Provider: _____

Mod #: _____

Participant Name: _____

ID #: _____

WIOA Program/Funding Stream: ☐ TAA ☐ Adult ☐ DW ☐ Youth ☐ Other: _____

(WIOA Service Provider) agrees to sponsor the above named student in the course(s) or
program(s) listed below and pay the training costs listed (based on off-the-shelf catalog prices) for the time period of:
_____ through _____. Refunds or returns for non-compliance will be made to

(WIOA Service Provider).

Explanation if this is a Modification:

TRAINING

| Course # | Course Title | Hours |
|----------|--------------|-------|
| | | |
| | | |
| | | |
| | | |

AUTHORIZED TRAINING COSTS

| Items | Amount | Items | Amount |
|----------|--------|----------|-----------------|
| Tuition | \$ | Uniforms | \$ |
| Fees | \$ | Tools: | \$ |
| Supplies | \$ | Books: | \$ |
| Books | \$ | Other: | \$ |
| | | | TOTAL \$ |

As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees, or other required supplies, I hereby authorize the training institution listed above to release information regarding my attendance, grades, schedules, personal conduct and/or other information as needed to the _____ (WIOA Service Provider).

Participant Signature_____
WIOA Service Provider Signature_____
Date_____
Date

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.

SECTION I**COORDINATION OF TRAINING FUNDS**

TO: FINANCIAL AID OFFICE

ATTENTION: _____

FROM: _____

SCHOOL: _____

ATTENTION: _____

FAX OR E-MAIL ADDRESS: _____

FAX OR E-MAIL ADDRESS: _____

PARTICIPANT NAME: _____

ID NUMBER: _____

I hereby authorize the exchange of information between the WIOA Case Manager and the Financial Aid Office at the above named School regarding the awarding of any financial aid from any source.

Participant Signature: _____ Date: _____

SECTION II: The following section is to be completed by the financial aid office.**PERIODS COVERED**

Start Date: _____

End Date: _____

☐ Fall _____☐ Trimester I☐ Full Length of Short Course☐ Spring _____☐ Trimester II☐ Summer _____☐ Trimester III**COST OF ATTENDANCE *****STUDENT'S FINANCIAL AID**

Pell Grant Eligibility \$ _____

Tuition and Fees \$ _____

_____ Student or Program is not PELL eligible

Books, Supplies and Tools \$ _____

OTHER FINANCIAL RESOURCES EXCLUDING LOANS AND VA BENEFITS

Uniforms \$ _____

OTHER EXPENSES RELATED TO TRAINING **

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL FINANCIAL AID \$ _____

TOTAL COST OF ATTENDANCE \$ _____

Total Cost of Attendance \$ _____ minus Student's Financial Aid \$ _____ equals Unmet Financial Need \$ _____

By signing below, the financial aid officer (or those personnel who perform those duties) agrees to inform the local WIOA program operator of the amounts and disposition of financial aid to each participant awarded after the enrollment of the participant, as part of a continuing, regular information sharing process.

Financial Aid Officer: _____

Date: _____

*As defined by the Higher Education Act Section. 472

**Other expenses related to training may include transportation, room and board, vehicle insurance, and other items necessary for attendance as defined by local policy.

SECTION III: The following section is to be completed by the WIOA Case Manager.

After a comprehensive review of services provided by partner agencies, other social service agencies, and other community resources, I have determined that WIOA funds are necessary for attainment of the participant's employment goal. I certify that WIOA funds will be coordinated with other funds and there will be no duplication of resources.

WIOA Service Provider's Signature: _____

Date: _____

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

WIOA Youth Eligibility Form

| Identifying Information | | |
|---|--|--|
| Applicant's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div> | Participant ID: _____ Application Date: _____ | |

| General Eligibility Verify all of the following criteria. | |
|--|---|
| CRITERIA (See 681.210 and State Policy for full text...) | Identify Source Documents to be Uploaded |
| 1. Age / Date of Birth | |
| 2. Citizenship / Eligible to Work | |
| 3. Selective Service Registration | <input type="checkbox"/> N/A - female <input type="checkbox"/> N/A - male under 18 |

| Out-of-School Youth Between the ages of 16 and 24, not attending any school, and meet one of the following criteria: | |
|--|---|
| CRITERIA (See 681.210 and State Policy for full text...) | Identify Source Documents to be Uploaded |
| 1. A school dropout | |
| 2. Youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter... | |
| 3. A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is either basic skills deficient or an English language learner. | <input type="checkbox"/> Low Income <input type="checkbox"/> BSD/LLL |
| 4. An offender | |
| 5. A homeless individual aged 16 to 24... | |
| 6. An individual in foster care or who has aged out of the foster care... | |
| 7. An individual who is pregnant or parenting... | |
| 8. An individual with a disability... | |
| 9. A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment... | <input type="checkbox"/> Low Income <input type="checkbox"/> Additional Assistance |

WIOA Youth Eligibility Form (continued)

| In-School Youth Must be attending school, not younger than 14 or Older than 21, low income, and meet one of the criteria: | |
|--|---|
| CRITERIA (See 681.210 and State Policy for full text...) | Identify Source Documents to be Uploaded |
| School Status at program entry (Required) | |
| Low Income (Required) | |
| 1. Basic skills deficient | |
| 2. An English language learner | |
| 3. An offender | |
| 4. A homeless individual aged 14 to 21... | |
| 5. An individual in foster care or who has aged out of the foster care... | |
| 6. An individual who is pregnant or parenting | |
| 7. An individual with a disability | |
| 8. An individual who requires additional assistance to complete an educational program or to secure or hold employment... | |

WIOA Youth Support Form

Identifying Information

Applicant's
Name: _____

Last

First

MI

Participant
ID: _____

Application Date: _____

☐

I HAVE HAD LITTLE OR NO INCOME OR I AM A MEMBER OF A FAMILY THAT HAS HAD LITTLE OR NO INCOME FOR THE 6-MONTH PERIOD PRIOR TO APPLICATION.

1. What is your household's monthly grocery bill? _____

How does your household pay for this expense? _____

2. What are your household's monthly housing expenses (include rent and utilities)? _____

How does your household pay for this expense? _____

3. What are your household's monthly transportation expenses (car payment, gas, bus, etc.)? _____

How does your household pay for this expense? _____

4. What is the average monthly cost for clothing and shoes for your household? _____

How does your household pay for this expense? _____

5. What are your household's monthly entertainment expenses? _____

How does your household pay for this expense? _____

If an individual is not living in a single residence with other family members, that individual is not a member of a family for the purpose of WIOA income calculations.

20 CFR § 675.300 defines family as "two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (1) A married couple and dependent children; (2) A parent or guardian and dependent children; or (3) A married couple."

Circumstances where only the youth's income is considered in determining whether the youth satisfies WIOA income limits for the program. 20 CFR § 681.280 provides that:

- ☐ **OSY with a disability: NOT REQUIRED TO BE LOW-INCOME** (20 CFR § 681.280) This includes all other OSY barriers other than the two barriers of OSY that are required to be low-income.
- ☐ **ISY with a disability: My own income, rather than my family's income, must meet the low-income definition and not exceed the higher of the poverty line or 70 percent of the LISIL.**

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 FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult
Signature

Date

Case Manager Signature

Date

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.

WIOA School Dropout Status Form

Identifying Information

Applicant's Name: _____
Last First MI

Participant ID: _____

Application Date: _____

☐ I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM NO LONGER ATTENDING ANY SCHOOL AND THAT I HAVE NOT RECEIVED A SECONDARY SCHOOL DIPLOMA OR ITS RECOGNIZED EQUIVALENT.

Last School Attended: _____

Location: _____

Dates of Attendance: _____

Highest Grade Level Completed: _____

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 FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

Date

CERTIFICATION

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Case Manager Signature

Date

YOUTH TRAINING PROVIDER PROCUREMENT FORM

| Identifying Information | | |
|---|--|--|
| Applicant's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div> | Participant ID: _____ Application Date: _____ | |

| TRAINING PROVIDER #1 | | TRAINING LOCATION ADDRESS AND PHONE NUMBER |
|------------------------------------|-----------------------------|--|
| | | |
| COURSE OF TRAINING | TOTAL HOURS | TOTAL TUITION AND FEES |
| | | |
| SOURCE OF INFORMATION (CHOOSE ONE) | | |
| CATALOG | WEB PAGE PRINT-OUT (attach) | TELEPHONE QUOTE (attach telephone verification form) |
| TRAINING PROVIDER #2 | | TRAINING LOCATION ADDRESS AND PHONE NUMBER |
| | | |
| COURSE OF TRAINING | TOTAL HOURS | TOTAL TUITION AND FEES |
| | | |
| SOURCE OF INFORMATION (CHOOSE ONE) | | |
| CATALOG | WEB PAGE PRINT-OUT (attach) | TELEPHONE QUOTE (attach telephone verification form) |
| TRAINING PROVIDER #3 | | TRAINING LOCATION ADDRESS AND PHONE NUMBER |
| | | |
| COURSE OF TRAINING | TOTAL HOURS | TOTAL TUITION AND FEES |
| | | |
| SOURCE OF INFORMATION (CHOOSE ONE) | | |
| CATALOG | WEB PAGE PRINT-OUT (attach) | TELEPHONE QUOTE (attach telephone verification form) |

| CERTIFICATION | |
|--|------|
| I certify that the information recorded on this form is accurate and was obtained as indicated by the signature and date below | |
| Case Manager Signature | Date |

Documents to Verify Eligibility to Work

LIST A: Documents That Establish Both Identity and Employment Authorization

1. U.S. Passport or Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa (MRIV)
4. Employment Authorization Document (Card) that contains a photograph (Form I-766)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

OR

LIST B: Documents That Establish Identity

For Individuals 18 years of age or older:

1. Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

AND

LIST C: Documents That Establish Employment Authorization

1. U.S. Social Security card other than one that specifies the face that the issuance of the card does not authorize employment in the United States.
*Note: A copy (such as a metal or plastic reproduction) is not acceptable
2. Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
3. Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
4. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen Identification Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security

Applicant Statement

Identifying Information

Applicant's Name: _____
Last First MI

Participant ID: _____

Application Date: _____

Family is two or more persons related by blood, marriage, or decree of court, who are living in a single residence.

- Married Couple & Dependent Children
- Parent or Guardian & Dependent Children
- Married Couple

Applicant Statement: Please provide a brief description on your lack of or unverifiable income or employment, the documentation limitations, and how you have been supported for the 6-month period prior to application. If unable to obtain a satisfactory witness, please explain below.

Thereby certify, under penalty of perjury, that the information stated above is true and accurate, and I 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

Corroborative Witness Statement: Please provide a brief description below describing your knowledge of the above participants household income or employment as you understand it.

Thereby certify, under penalty of perjury, that the information stated above is true and accurate, and I understand that I am a corroborating witness and that I possess the knowledge to validate the participant's statement as listed above.

Witness' Signature

Witness Printed Name

Date

Witness' Relationship to Applicant

Witness' Contact Information

Office Use Only

The above applicant statement is being utilized for documentation of low income for eligibility purposes, I have reviewed all documentation sources and documentation limitations with the participant and the corroborative witness.

Case Manager Signature

Date

WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form

During orientation, you were informed that we would be contacting those who participated in our education or training program to find out how you are progressing after completing the program. We would like to know if our program helped you achieve your goal of entering postsecondary education/training or obtaining/retraining employment.

This survey will only take a few minutes and all information you give will be strictly confidential.

Name: _____

Date: _____

PID: _____

POSTSECONDARY EDUCATION AND TRAINING

1. Since the end of your program, have you enrolled in any postsecondary educational or training programs?
☐ Yes (Proceed to Next Question) ☐ No (Proceed to Employment Questions)
2. In what type of class or classes have you enrolled? (Check all that apply.)
☐ Adult Workforce Education/Job Training/Career Center/Skilled Trades Program
☐ College
☐ Other (Specify) _____
☐ Do not know or Prefer not to answer

EMPLOYMENT (SUPPLEMENTAL WAGE VERIFICATION)

1. Are you currently Employed? ☐ Yes ☐ No
2. Since completing our program, please select the 3-month period(s) you have been employed.
☐ January to March ☐ April to June ☐ July to September ☐ October to December
3. Place of Employment during the previous 3-month period:
Employer: _____ Type of Employment: _____
Employer FEIN (if known): _____
4. Is the job related to any education/training you received during the program you attended?
☐ Yes ☐ No
5. Approximately how many hours do you work each week? _____ Hours
6. Wage during the previous 3-month period of employment: \$ _____ ☐ hourly ☐ weekly ☐ monthly ☐ yearly
7. Reason for Unemployment.
☐ Insufficient Employment Opportunity ☐ Self-Employed/Lack of Work ☐ Military relocation
☐ Unemployed due to Termination/Layoff
☐ Unemployed due to permanent closure/substantial layoff at place of employment
☐ Other _____
☐ Prefer Not to Answer

CLOSING

Do you have any questions or comments?

Staff Use Only: (If Completed by Phone)

Survey administered by: _____ Date: _____

Staff Use Only:
Gross Quarterly Wage Calculation:

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

SUPPLEMENTAL WAGE SELF-EMPLOYMENT VERIFICATION FORM

List all gross receipts and total expenses for the previous three months. Subtract total expenses from gross receipts to calculate Net Profit for each Month. Add Net Profit for previous three months to obtain the **Total Net Profit (Earnings)** for the Previous Quarter.

Name: _____

Business Name: _____

Date: _____

PID: _____

| | MONTH _____ | MONTH _____ | MONTH _____ |
|--|-------------|-------------|-------------|
| Wages | | | |
| Commission | | | |
| Bonuses | | | |
| Cash Value of Compensation other than cash | | | |
| Gratuities | | | |
| Wages earned but not received | | | |
| Other includable income (Specify below): | | | |
| | | | |
| Gross Receipts | | | |

| | MONTH _____ | MONTH _____ | MONTH _____ |
|---------------------------------|-------------|-------------|-------------|
| Business Rent | | | |
| Business Telephone | | | |
| Business Utilities | | | |
| Business Supplies | | | |
| Other expenses (Specify below): | | | |
| | | | |
| Total Expenses | | | |

| | MONTH _____ | MONTH _____ | MONTH _____ |
|-------------------------------------|-------------|-------------|-------------|
| Net Profit | | | |
| Total Net Profit (Earnings): | | | |

I, _____, certify that the information stated above is true and accurate, and there is no intent to commit fraud. I am aware that the information I have provided is subject to review and verification, and that I may be required to document its accuracy.

Signature: _____

Date: _____

Wage Conversion Chart

Directions: This is a guide to convert various wage and earnings inputs to a quarterly wage. Collect the hourly/weekly/bi-weekly/monthly/annual wages from the participant and enter that value in the appropriate cell*. The example input values in **red** must be replaced with the appropriate information collected from the participant to calculate the reportable quarterly wage.

| Convert Hourly Rate to Quarterly Wages | | | | | | |
|--|---|--|---|----------------------|---|--------------------|
| Hourly Rate (\$xxx.xx/hour) | | Hours worked per week on average (xx.x) | | 13 weeks per quarter | | Quarterly Wages |
| | X | | X | 13 | | |
| \$7.25 | X | 32.0 | X | 13 | = | \$3016.00 |

| Convert Weekly Wages to Quarterly Wages | | | | |
|---|---|----------------------|---|-------------------|
| Weekly Wages (\$xxx.xx/hour) | | 13 weeks per quarter | | Quarterly Wages |
| | X | 13 | | |
| \$290.00 | X | 13 | = | \$3,770.00 |

| Convert Biweekly Wages to Quarterly Wages | | | | |
|---|---|--------------------------------------|---|-------------------|
| Biweekly Wages (\$xxxxx.xx/hour) | | 6.5 biweekly pay periods per quarter | | Quarterly Wages |
| | X | 6.5 | | |
| \$580.00 | X | 6.5 | = | \$3,770.00 |

| Convert Monthly Wages to Quarterly Wages | | | | |
|--|---|----------------------|---|-------------------|
| Monthly Wages (\$xxxxx.xx/hour) | | 3 months per quarter | | Quarterly Wages |
| | X | 6.5 | | |
| \$1,256.67 | X | 3 | = | \$3,770.01 |

| Convert Annual Wages to Quarterly Wages | | | | |
|---|---|---------------------|---|-------------------|
| Annual Wages (\$xxxxx.xx/hour) | | 4 quarters per year | | Quarterly Wages |
| | / | 4 | | |
| \$15,080.00 | / | 4 | = | \$3,770.00 |

Adult and Dislocated Worker Eligibility Form

| Identifying Information | | | |
|-------------------------|-------|----|-------------------------|
| Applicant's Name: _____ | | | Participant ID: _____ |
| Last | First | MI | Application Date: _____ |

| Section II: General Eligibility Criteria <i>Verify all of the following criteria</i> | |
|---|---|
| CRITERIA | Identify Source Documents to be Uploaded |
| 1. Age / Date of Birth | |
| 2. Citizenship / Eligible to Work | |
| 3. Selective Service Registration | <input type="checkbox"/> N/A - female <input type="checkbox"/> N/A – male under 18 |

| Section III: Statutory Adult Priority of Service for WIOA Funds Instructions: | Please check the Adult Priority of Service | Documentation Uploaded |
|---|--|------------------------|
| <p>When utilizing Adult funds to provide individualized career services and/or training services, <u>priority must be given to recipients of public assistance, otherlow income individuals, and individuals that are basic skills deficient, per WIOA 3(5) and TEGL 19-16 Attachment III).</u> The underlined priorities above are the only special populations/barriers that are allowable for Priorities 1 and 2 of this section.</p> <p>Priority must be given in the following order:</p> | | |
| <u>Priority 1:</u> Veterans and Eligible Spouses who are low-income, recipients of public assistance and/or basic skills deficient, including English language learners | <input type="checkbox"/> | |
| <u>Priority 2:</u> Non-veterans or eligible spouses who are low-income, recipients of public assistance and/or basic skills deficient/English language learners | <input type="checkbox"/> | |
| <u>Priority 3:</u> Veterans and Eligible spouses who are not low-income, recipients of public assistance, or basic skills deficient | <input type="checkbox"/> | |
| <u>Priority 4:</u> Priority Population established by the LWDB, if applicable. | <input type="checkbox"/> | |
| <u>Priority 5:</u> Individuals outside the groups given statutory priority for WIOA funds (<i>i.e., Individuals with Barriers to Employment as listed in the section below</i>) | <input type="checkbox"/> | |

Adult and Dislocated Worker Eligibility Form (continued)

| Section IV: Priority and Special Populations for Adult Programs WIOA 3(24) Staff must ensure that <u>ALL</u> characteristics of individuals they serve are recorded in the case management system to accurately reflect the diversity of the populations being served. Each characteristic/barrier to employment listed on the following page that applies to the participant named on this form must be checked in column 2 of this section. Additionally, the name of the support documentation that was uploaded to the case management system must be listed in column 3. | Individual Characteristics / Barriers to Employment | Documentation Uploaded |
|---|--|-------------------------------|
| 1. Low-income Individuals | <input type="checkbox"/> | |
| 2. Individuals with Disabilities | <input type="checkbox"/> | |
| 3. Homeless Individuals | <input type="checkbox"/> | |
| 4. Native Americans, Alaska Natives, and Native Hawaiians | <input type="checkbox"/> | |
| 5. Older Individuals (age 55 and older) | <input type="checkbox"/> | |
| 6. Ex-offenders | <input type="checkbox"/> | |
| 7. Individuals who are English language learners | <input type="checkbox"/> | |
| 8. Individuals who have low levels of literacy | <input type="checkbox"/> | |
| 9. Individuals facing substantial cultural barriers | <input type="checkbox"/> | |
| 10. Eligible migrant and seasonal farmworkers | <input type="checkbox"/> | |
| 11. Individuals within two years of exhausting lifetime TANF eligibility | <input type="checkbox"/> | |
| 12. Single Parents (including single pregnant women) | <input type="checkbox"/> | |
| 13. Long-term unemployed individuals (27 or more consecutive weeks) | <input type="checkbox"/> | |
| 14. Displaced homemakers | <input type="checkbox"/> | |

| Dislocated Worker Program Criteria | | Eligibility Criteria | Documentation Uploaded |
|---|--|--------------------------|------------------------|
| Date of Dislocation (required): | | | |
| Recently Dislocated | | <input type="checkbox"/> | |
| Plant Closure or Substantial Layoff | | <input type="checkbox"/> | |
| Loss of Self-Employment | | <input type="checkbox"/> | |
| Displaced Homemaker | | <input type="checkbox"/> | |
| Military Spouse (Loss of employment or Displaced) | | <input type="checkbox"/> | |

Instructions: This form supersedes all versions of Attachment O to OWDI #02-2019, Data Validation and Source Documentation, as well as local versions of the form. The form must be uploaded into the virtual case management system as an Enrollment Document.

Equal Opportunity Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities.