## A. Eligibility Requirements

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Explanation</th>
<th>Source Documentation</th>
</tr>
</thead>
</table>
| 1. Eligible to Work | An individual legally entitled to work in the United States. | - Self-attestation  
- I-9 or accepted I-9 documentation combinations, such as: passport; driver’s license / ID card & Social Security card; driver’s license / ID card & birth certificate; etc. See I-9 handbook for guidance. |
| 2. Age | Is 18 years of age or older. | - Driver’s License or State ID card  
- Passport  
- DD-214  
- Other DEV document: __________ |
| 3. Selective Service Registration | Must be registered, or exempt from registering, with the U.S. Selective Service System. With only a few exceptions, the Selective Service Registration requirement applies to all male U.S. citizens and male aliens living in the U.S. who are 18 through 25. All men born on or after January 1, 1960 are required to register. Not applicable to females or males born prior to 1960. | - Selective Service acknowledgement letter  
- Form DD-214 “Report of Separation”  
- Screen printout of the Selective Service Verification site  
- Selective Service Registration Card  
- Selective Service Verification (Form 3A)  
- Stamped Post Office Receipt of Registration  
- SAWDC Selective Service exception letter  
- Not applicable. Reason: __________ |

## B. Priority Criteria (choose only one category)

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Source Documentation</th>
</tr>
</thead>
</table>
| 1. Low-income (select and document only one criteria) | 1.1. An individual who receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the supplemental nutrition assistance program, the program of block grants to States for temporary assistance for needy families program, or the supplemental security income program established, or State or local income-based public assistance; | - If eligibility is based on receipt of TANF:  
- Cross-match with public assistance records  
- If eligibility is based on receipt of cash support from GA, RCA, or SNAP:  
- Copy of authorization to receive cash public assistance  
- Copy of public assistance check  
- Public assistance records  
- Refugee assistance records  
- Cross-match with public assistance database  
- If eligibility is based on any other type of income-based public assistance:  
- Self-attestation  
- Award letter from veteran’s administration  
- Bank statements  
- Compensation award letter  
- Public assistance records  
- Social Security benefits (Supplemental Security Income only)  

Use the following list for Criteria 1.2 and 1.3  
- Alimony agreement  
- Applicant Statement  
- Award letter from veteran’s administration  
- Bank statements  
- Compensation award letter  
- Court award letter  
- Pension statement  
- Employer statement/contact  
- Family or business financial records  
- Pay stubs  
- Quarterly estimated tax for self-employed persons  
- Social Security benefits  
- UI documents |
| | 1.2. An individual who received an income, or is a member of a family that received a total family income, for the 6-month period prior to application for the program that, in relation to family size, does not exceed the corresponding income standard established in SWC Policy WS816 Attachment B – WIOA Income Guidelines |  

| | 1.3. An individual with a disability whose own income, for the 6-month period prior to application for the program, does not exceed the corresponding income standard established in SWC Policy WS816 Attachment B – WIOA Income Guidelines |  

| | 1.4. Is a homeless individual as defined by the Violence Against Women Act of 1994 or a homeless child or youth as defined by the McKinney-Vento Homeless Assistance Act; | - Self-attestation  
- Written statement from an individual providing residence, shelter, or social service agency  
- WIOA intake or registration form |
C. Priority for Services under the Adult Program (choose only one category of priority)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Priority Group</th>
<th>Source Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Priority</td>
<td>A covered person (veteran or eligible spouse) who is low-income (may include unemployed individuals) or a recipient of public assistance.</td>
<td>☐ Low-income (see Section B above) AND ☐ DD-214 for Veteran or Veteran of Eligible Spouse ☐ DD-214 has been requested and will be received within 60 days ☐ Veterans’ Administration Letter or Records ☐ Any other documentation of veteran status from an official source, such as from any branch of the armed forces, veterans agency or DOL veterans rep.</td>
</tr>
<tr>
<td>2nd Priority</td>
<td>An individual (non-covered person) who is low-income (may include unemployed individuals) or a recipient of public assistance.</td>
<td>☐ Low-income (see Section B above)</td>
</tr>
<tr>
<td>3rd Priority</td>
<td>A covered person (veteran or eligible spouse) who IS NOT low-income and IS NOT a recipient of public assistance.</td>
<td>☐ DD-214 for Veteran or Veteran of Eligible Spouse ☐ DD-214 has been requested and will be received within 60 days ☐ Veterans’ Administration Letter or Records ☐ Any other documentation of veteran status from an official source, such as from any branch of the armed forces, veterans agency or DOL veterans rep.</td>
</tr>
<tr>
<td>4th Priority</td>
<td>An individual (non-covered person) who IS NOT low-income and IS NOT a recipient of public assistance.</td>
<td>☐ 175% of Poverty (see Section B above)</td>
</tr>
</tbody>
</table>

NOTE: Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIOA data element validation requirements.

D. Registration Documents

1. Nondiscrimination – Notice of Rights & Complaint Process - Equal Opportunity is the law Form | ☐ Documented that participant has been notified of rights and process |
2. Summary of Rights and Complaint and Grievance Procedures Form | ☐ Documented that participant has been notified of rights and process |

(Complete Section A, B, C, and D above.)

Initial Eligibility: ☐ ELIGIBLE or ☐ NOT ELIGIBLE

Signature of Person Determining Eligibility: ___________________________ Date: ____________________

Validation must be by staff other than the one who initially determined eligibility and completed the application.