

# Adult Eligibility Criteria for Individualized Career, Training, and Supportive Services

Name: \_\_\_\_\_

Seeker ID# \_\_\_\_\_

## A. General Eligibility Requirements (Check applicable Criteria and Source Documentation)

Requirement		Criteria	Source Documentation
<b>1. Eligible to Work</b>	<input type="checkbox"/>	An individual legally entitled to work in the United States.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> 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.
<b>2. Age</b>	<input type="checkbox"/>	Is 18 years of age or older.	<input type="checkbox"/> Driver's License or State ID card <input type="checkbox"/> Passport <input type="checkbox"/> DD-214 <input type="checkbox"/> Other DEV document: _____
<b>3. Selective Service Registration</b>	<input type="checkbox"/>	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 <u>on or after</u> January 1, 1960 are required to register.  Not applicable to females or males born prior to 1960.	<input type="checkbox"/> Selective Service acknowledgement letter <input type="checkbox"/> Form DD-214 "Report of Separation" <input type="checkbox"/> Screen printout of the Selective Service Verification site <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Verification (Form 3A) <input type="checkbox"/> SWC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

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

Category		Criteria	Source Documentation
<b>1. Low-income Priority</b> (select and document only one criteria)	<input type="checkbox"/>	<b>1.1</b> An individual who a member of a family that is receiving or in the past 6 months has received, assistance through SNAP, TANF, supplemental security income, or State or local income-based public assistance.	<b>If eligibility is based on receipt of TANF:</b> <input type="checkbox"/> Cross-match with public assistance records <b>If eligibility is based on receipt of cash support from GA, RCA, or SNAP:</b> <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Public assistance records <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Cross-match with public assistance database <b>If eligibility is based on any other type of income-based public assistance:</b> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Award letter from veteran's administration <input type="checkbox"/> Bank statements <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Public assistance records <input type="checkbox"/> Social Security benefits (Supplemental Security Income only)
	<input type="checkbox"/>	<b>1.2</b> 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 R1, Attachment B – WIOA Income Guidelines.	<b>Use the following list for Criteria 1.2 and 1.3</b> <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Award letter from veteran's administration <input type="checkbox"/> Bank statements <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Pay stubs <input type="checkbox"/> Social Security benefits <input type="checkbox"/> UI documents
	<input type="checkbox"/>	<b>1.3</b> An individual with a disability whose own income, for the 6-month period prior to application for the program, does not exceed the does not exceed the corresponding income standard established in SWC Policy WS816 R1, Attachment B – WIOA Income Guidelines.	
	<input type="checkbox"/>	<b>1.4</b> Is a homeless individual as defined in SWC Policy WS816 R1, Attachment A – Services and Program Eligibility Handbook.	
<b>2. Basic Skills Priority</b>	<input type="checkbox"/>	Is basic skills deficient (BSD) as defined in SWC Policy WS816 R1, Attachment A – Services and Program Eligibility Handbook.	<input type="checkbox"/> Case notes <input type="checkbox"/> School records <input type="checkbox"/> Standardized assessment test
<b>3. Service Need Priority</b>	<input type="checkbox"/>	Is not low-income and is not BSD, but has been determined to need individualized career, supportive, and/or training services to obtain or retain employment.	<input type="checkbox"/> Case notes

**C. Priority for Services under the Adult Program (choose only one priority)**

Priority		Priority Group	Source Documentation
1 <sup>st</sup> Priority	<input type="checkbox"/>	Is a covered person (veteran and eligible spouse) who is a recipient of public assistance, is an other low-income individual, or is basic skills deficient.	<input type="checkbox"/> Low-income or BSD (see Section B above) <b>AND</b> <input type="checkbox"/> DD-214 for Veteran or Veteran of Eligible Spouse <input type="checkbox"/> DD-214 has been requested and will be received within 60 days <input type="checkbox"/> Cross match with veteran's data <input type="checkbox"/> A letter from the Veteran's Administration
2 <sup>nd</sup> Priority	<input type="checkbox"/>	Is a non-covered person who is a recipient of public assistance, is an other low-income individual, or is basic skills deficient.	<input type="checkbox"/> Low-income or BSD (see Section B above)
3 <sup>rd</sup> Priority	<input type="checkbox"/>	Is a covered person who is not a recipient of public assistance, not an other low-income individual, and is not basic skills deficient.	<input type="checkbox"/> DD-214 for Veteran or Veteran of Eligible Spouse <input type="checkbox"/> DD-214 has been requested and will be received within 60 days <input type="checkbox"/> Cross match with veteran's data <input type="checkbox"/> A letter from the Veteran's Administration
4 <sup>th</sup> Priority	<input type="checkbox"/>	Is a non-covered person who is not a recipient of public assistance, not an other low-income individual, and is not basic skills deficient, but who is determined to need individualized career, supportive, and/or training services to obtain or retain employment.	<input type="checkbox"/> Service need (see Section B above)

**D. Required Registration Documents**

Requirement	Source Documentation
1. Employment status	<input type="checkbox"/> Pay stub <input type="checkbox"/> Case notes showing information collected from applicant
2. Nondiscrimination – Notice of Rights & Complaint Process - Equal Opportunity is the law Form	<input type="checkbox"/> Documented that participant has been notified of rights and process
3. Summary of Rights and Complaint and Grievance Procedures Form	<input type="checkbox"/> Documented that participant has been notified of rights and process

Complete Section A, B, C and D above. Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIOA data element validation requirements.

Initial Eligibility:  Eligible or  Not Eligible

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Validation of Eligibility:</b> <input type="checkbox"/> Eligible or <input type="checkbox"/> Not Eligible  Signed by: _____ Date: _____ <i>Validation must be by staff other than the one who initially determined eligibility and completed the application.</i>
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