WIA Eligibility Policy #W401 - Attachment B

Adult Program Eligibility Criteria Form

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SKIES ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Eligibility Requirements** (Check applicable Criteria and Source Documentation)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Criteria** | | **Source Documentation**  *(Only 1 option listed is needed to document the criteria selected*.) |
| **1.**  **Citizenship or Eligible Non-Citizen & Age** | ❑ | A citizen or eligible non-citizen legally entitled to work in the United States.  **AND**  Is 18 years of age or older. | ❑ 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.**  **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); or Stamped Post Office Receipt of Registration  ❑ SAWDC Selective Service exception letter  ❑ Not applicable. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3.**  **Social Security Number** | ❑ | Visual Inspection of Social Security Number from official document is necessary for MIS & Performance. | ❑ Visual inspection of an official document, such as Social Security Card, Public Assistance Record, etc.  Document Inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Income Eligibility (choose only one category)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Criteria** | | **Source Documentation**  *(Check all documents used to verify income status for the criterion selected)* |
| **Low-income** | ❑ | * + 1. An individual who receives, or is a member of a family that receives, cash payments under Federal, State, or local income-based public assistance program;   **OR**   * + 1. Is a member of a household that receives (or has been determined within the 6-month period prior to application for the program to be eligible to receive) food stamps.   **OR**   * + 1. Is a foster child on behalf of whom State or local government payments are made. | ❑ Housing authority verification  ❑ Supplemental Security Income (SSI)  ❑ Authorization to receive cash public assistance  ❑ Public assistance check  ❑ Medical card showing cash grant status  ❑ Public assistance records  ❑ Refugee assistance records  ❑ Cross-match with public assistance database  ❑ Self-attestation |
| ❑ | * + 1. 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 higher of: * the poverty line * 70% of the lower living standard income level (LLSIL)   **OR**   * + 1. An individual with a disability whose own income, for the 6-month period prior to application for the program, does not exceed the higher of: * the poverty line * 70% of the lower living standard income level (LLSIL) | ❑ Alimony Agreement  ❑ Award letter from veteran’s administration  ❑ Bank statements  ❑ Court award letter  ❑ Compensation 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  ❑ Veterans Adm. Letter or Records  ❑ Self-attestation |
| ❑ | * + 1. Qualifies as a homeless individual, as defined in the McKinney Homeless Assistance Act; | ❑ Written statement from an individual providing residence  ❑ Verification from shelter or social service agency  ❑ WIA intake or registration form  ❑ Self-attestation |

|  |  |  |  |
| --- | --- | --- | --- |
| **175% of Poverty** | ❑ | * 1. 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 175% of Poverty (defined by SAWDC policy);   **AND** | ❑ Alimony Agreement  ❑ Award letter from veteran’s administration  ❑ Bank statements  ❑ Court award letter  ❑ Compensation 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  ❑ Veterans Adm. Letter or Records  ❑ Self-attestation |
| ❑ | * 1. For whom a WIA Adult program operator determines is in need of and can benefit from services and has a barrier to employment. | ❑ WIA intake or registration form  ❑ Self-attestation  List Barrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Priority for Services under the Adult Program (choose only one category)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Criteria** | | **Source Documentation**  *(Check all documents used to verify priority status for the criterion selected)* |
| **1st Priority** | ❑ | A covered person (veteran or eligible spouse) who is low-income (may include unemployed individuals) or a recipient of public assistance. | ❑ 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. |
| **2nd Priority** | ❑ | An individual (non-covered person) who is low-income (may include unemployed individuals) or a recipient of public assistance. | ❑ Low-income (see Section B above) |
| **3rd Priority** | ❑ | A covered person (veteran or eligible spouse) who IS NOT low-income and IS NOT a recipient of public assistance. | ❑ 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. |
| **4th Priority** | ❑ | An individual (non-covered person) who IS NOT low-income and IS NOT a recipient of public assistance. | ❑ 175% of Poverty (see Section B above) |

NOTE: Documenting the above eligibility criteria is mandatory. Acceptable documentation of various eligibility criteria aligns with WIA data element validation requirements. Reference Washington State WorkSource Systems Policies and Procedures: <http://www.wa.gov/esd/policies/systems.htm>

1. **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 |
| 1. 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 OF ELIGIBILITY: Applicant is:** ❑ ELIGIBLE or ❑ NOT ELIGIBLE

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

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

*Participants must be eligible on the day the first WIA Intensive Service is entered into SKIES.*