WIA Eligibility Policy #W401 - Attachment B

Dislocated Worker Program Eligibility Criteria Form

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

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

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| **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. **Dislocated Worker Eligibility (choose only one category)**

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| **Category** | **Criteria** | | | **Source Documentation**  *(Only 1 option listed is needed to document each criterion in the category selected, except Category 3 which requires self-attestation and one other option.*) |
| **General Dislocation** | ❑ | * 1. An individual who was terminated, laid off, or received a notice of termination or layoff.   **AND** | | ❑ Notice of layoff or termination  ❑ Verification from employer - verbal or e-mail, including: name, title, phone, & date of dislocation; documented in case notes  ❑ Rapid Response list  ❑ Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation)  ❑ Self-attestation |
| ❑ | * 1. Is determined unlikely to return to previous industry or occupation (defined by SAWDC policy);   **AND** | | ❑ LMI showing occupation in decline or lack of required education  ❑ Job postings showing lack of education / experience (minimum of 3 postings required)  ❑ Long-term unemployed – 20+ weeks dislocation (see criteria 1.1 for acceptable documentation)  ❑ Physical/mental restriction – medical records or physician’s statement  ❑ Legal restriction – WIA application indicating criminal history  ❑ Self-attestation |
|  | ❑ | * + 1. Is eligible for or has exhausted entitlement to unemployment compensation;   **OR** | ❑ WIA001 Report displaying UI paid to date  ❑ UI Stub  ❑ UI Bye Week Letter  ❑ Print out of UI direct deposit  ❑ Self-attestation  **OR** |
| ❑ | * + 1. Is not eligible for unemployment compensation but can show attachment to the workforce (defined by SAWDC policy). | ❑ UI Determination Letter showing lack of hours worked to be eligible  ❑ Verification from employer that business is exempt from UI  ❑ Self-attestation |
| **Dislocation from Facility Closure / Substantial Layoff** | ❑  ❑ | * 1. An individual who was terminated, laid off, or received a notice of layoff from employment at a plant, facility, or enterprise as a result of: Permanent closure; or Substantial layoff (defined by SAWDC policy);   **OR**   * 1. An individual employed at a facility at which the employer has made a general announcement that such facility will close within 180 days. | | ❑ Notice of layoff or termination  ❑ Verification from employer - verbal or e-mail, including: name, title, phone, & date of dislocation; documented in case notes  ❑ Rapid Response list  ❑ Public Announcement with cross-match with UI (see criteria 1.3.1 for acceptable UI documentation)  ❑ Self-attestation  **Note:** documentation of substantial layoff must include percentage or number of employees laid off within 30 days of dislocation. |
| **Self-employed Dislocation** | ❑ | * 1. An individual who was self-employed but is unemployed as a result of: general economic conditions in the WDA where the individual resides; or a natural disaster. | | ❑ Self-attestation  **AND**  ❑ Most recent tax documents showing a loss or lack of profit  ❑ Inactive or expired business license  ❑ Newspaper article documenting business closure, economic downturn, and/or natural disaster  ❑ Business foreclosure notice or articles of dissolution  ❑ Food Stamp/TANF/SSI Award Letter |
| **Displaced Homemaker** | ❑ | * 1. An individual who was dependent on the income of another family member and is no longer supported by the income of another family member;   **AND** | | ❑ Food Stamp/TANF/SSI Award Letter  ❑ Court records showing separation or divorce proceedings  ❑ Divorce or separation papers  ❑ Bank records showing separation of joint-accounts  ❑ Spouse’s layoff or termination notice  ❑ Spouse’s death certificate or public record of spouse’s death  ❑ Self-attestation |
| ❑ | * 1. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. | |
| **Dislocated Military Service Member** | ❑ | * 1. A military service member who was discharged or released from service under conditions other than dishonorable, or has received a notice of military separation (defined by SAWDC policy) ;   **AND** | | ❑ Verification from employer – DD-214 showing discharge other than dishonorable or Report/Notice of Separation  ❑ Self-attestation |
| ❑ | * 1. Is determined unlikely to return to previous industry or occupation (defined by SAWDC policy);   **AND** | | ❑ LMI showing occupation in decline or lack of required education  ❑ Job postings showing lack of education / experience (minimum of 3 postings required)  ❑ Long-term unemployed – 20+ weeks dislocation (see criteria 1.1 for acceptable documentation)  ❑ Physical/mental restriction – medical records or physician’s statement  ❑ Legal restriction – WIA application indicating criminal history  ❑ Self-attestation |
|  | ❑ | * + 1. Is eligible for or has exhausted entitlement to unemployment compensation;   **OR** | ❑ WIA001 Report displaying UI paid to date  ❑ UI Stub  ❑ UI Bye Week Letter  ❑ Print out of UI direct deposit  ❑ Self-attestation  **OR** |
| ❑ | * + 1. Is not eligible for unemployment compensation but can show attachment to the workforce (defined by SAWDC policy). | ❑ DD-214 indicating retirement from the military  ❑ Self-attestation |
| **Spouse of Military Service Member** | ❑  ❑ | * 1. A military spouse who is unable to continue an employment relationship due to the service member’s permanent change of military station;   **OR**   * 1. A military spouse who lost employment as a result of the service member’s discharge from the military. | | ❑ Verification from employer – written, verbal ,or e-mail, including: name, title, phone, & date of dislocation; documented in case notes  ❑ Self-attestation |

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**

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| 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 |
| 1. Veteran status (if applicable) **-** Dislocated military service members, veterans and other covered persons are eligible for Priority of Service (POS) as described in POS Policy 1009 Rev 1. | ❑ 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. |

(Complete Section A, B, and C 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.*