

# Adult Eligibility Criteria for Individualized Career Services and Training Services

NAME: \_\_\_\_\_

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

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

Criteria	Explanation	Source Documentation <i>(Only 1 option listed is needed to document the criteria selected.)</i>
1. Eligible to Work & Age	<input type="checkbox"/> An individual legally entitled to work in the United States. <b>AND</b> Is 18 years of age or older.	<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.
2. Selective Service Registration	<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"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> SAWDC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

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

Criteria	Explanation	Source Documentation
1. Low-income Priority (select and document only one criteria)	<input type="checkbox"/> 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;	<b>If priority is based on receipt of TANF:</b> <input type="checkbox"/> Cross-match with public assistance records  <b>If priority is based on receipt of cash support from General Assistance (GA), Refugee Cash Assistance (RCA), or assistance through the supplemental nutrition assistance program (Food Stamps):</b> <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance records <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Cross-match with public assistance database  <b>If individual receives, or is a member of a family that receives, cash support from any other type of income-based public assistance:</b> <input type="checkbox"/> Award letter from veteran's administration <input type="checkbox"/> Bank statements <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Housing authority verification <input type="checkbox"/> Public assistance records <input type="checkbox"/> Social Security benefits (Supplemental Security Income only) <input type="checkbox"/> Self-attestation
	<input type="checkbox"/> 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 higher of: <ul style="list-style-type: none"> <li>• the poverty line</li> <li>• 70% of the lower living standard income level (LLSIL)</li> </ul>	<b>Use the following list for Criteria 1.2 and 1.3</b> <input type="checkbox"/> Alimony agreement <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"/> Court award letter <input type="checkbox"/> Pension statement <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Pay stubs <input type="checkbox"/> Quarterly estimated tax for self-employed persons <input type="checkbox"/> Self-attestation <input type="checkbox"/> Social Security benefits <input type="checkbox"/> UI documents (including WIA001 Report)
	<input type="checkbox"/> 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 higher of: <ul style="list-style-type: none"> <li>• the poverty line</li> <li>• 70% of the lower living standard income level (LLSIL)</li> </ul>	
	<input type="checkbox"/> 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;	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Written statement from an individual providing residence, shelter, or social service agency <input type="checkbox"/> WIOA intake or registration form

2. 175% of Poverty	<input type="checkbox"/>	<p>2.1 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);</p> <p><b>AND</b></p>	<input type="checkbox"/> Alimony agreement <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"/> Court award letter <input type="checkbox"/> Pension statement <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Pay stubs <input type="checkbox"/> Quarterly estimated tax for self-employed persons <input type="checkbox"/> Self-attestation <input type="checkbox"/> Social Security benefits <input type="checkbox"/> UI documents (including WIA001 Report)
	<input type="checkbox"/>	<p>2.2 For whom a WIOA Adult program operator determines is in need of and can benefit from services and has a barrier to employment.</p>	<input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Self-attestation List Barrier: _____

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

Priority	Priority Group	Source Documentation <i>(Check all documents used to verify priority status for the criterion selected)</i>
1 <sup>st</sup> Priority	<input type="checkbox"/> A covered person (veteran or eligible spouse) who is low-income (may include unemployed individuals) or a recipient of public assistance.	<input type="checkbox"/> Low-income (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"/> Veterans' Administration Letter or Records <input type="checkbox"/> 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.
2 <sup>nd</sup> Priority	<input type="checkbox"/> An individual (non-covered person) who is low-income (may include unemployed individuals) or a recipient of public assistance.	<input type="checkbox"/> Low-income (see Section B above)
3 <sup>rd</sup> Priority	<input type="checkbox"/> A covered person (veteran or eligible spouse) who <u>IS NOT</u> low-income and <u>IS NOT</u> a recipient of public assistance.	<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"/> Veterans' Administration Letter or Records <input type="checkbox"/> 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.
4 <sup>th</sup> Priority	<input type="checkbox"/> An individual (non-covered person) who <u>IS NOT</u> low-income and <u>IS NOT</u> a recipient of public assistance.	<input type="checkbox"/> 175% of Poverty (see Section B above)

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

**D. Registration Documents**

1. 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
2. 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.)

Initial Eligibility:  ELIGIBLE or  NOT ELIGIBLE

Signature of Person Determining Eligibility: \_\_\_\_\_ Date: \_\_\_\_\_

<b>VALIDATION OF ELIGIBILITY: Applicant is:</b> <input type="checkbox"/> ELIGIBLE or <input type="checkbox"/> NOT ELIGIBLE
Signed by: _____ Date: _____ <small>Validation must be by staff other than the one who initially determined eligibility and completed the application.</small>