

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
1. Eligible to Work	<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, See I-9 handbook for guidance.
2. Age	<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: _____
3. 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"/> SWC Selective Service exception letter <input type="checkbox"/> Not applicable. Reason: _____

B. Adult Priority Criteria (choose only one category)

Category		Criteria	Source Documentation
1. Low-income (select and document only one criteria)	<input type="checkbox"/>	1.1 An individual who is 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.	If eligibility is based on receipt of TANF: <input type="checkbox"/> Cross-match with public assistance records If eligibility is based on receipt of cash support from GA, RCA, or SNAP: <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 If eligibility is based on any other type of income-based public assistance: <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"/>	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 R1, Attachment B – WIOA Income Guidelines.	Use the following list for Criteria 1.2 and 1.3 <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"/>	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 R1, Attachment B – WIOA Income Guidelines.	<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
	<input type="checkbox"/>	1.4 Is a homeless individual 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
2. Basic Skills	<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
3. Service Need	<input type="checkbox"/>	Is not a covered person, 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. Veteran Priority Criteria (choose only one category)

Category	Criteria	Source Documentation
1. Veteran	<input type="checkbox"/> A person who served at least one day in the active military, naval or air service, and who was discharged or released under conditions other than dishonorable, as defined in SWC Policy WS816 R1, Attachment A – Services and Program Eligibility Handbook. Active service also includes full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes.	<input type="checkbox"/> DD-214 <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. Eligible Spouse of a Veteran	<input type="checkbox"/> The spouse of any of the following: 1. Any veteran who died of a service-connected disability; 2. Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: i. missing in action; ii. captured in line of duty by a hostile force; or iii. forcibly detained or interned in the line of duty by a foreign government or power; 3. Any veteran who has a total disability resulting from a service connected disability, as evaluated by the Department of Veterans Affairs; or 4. Any veteran who died while a disability, as indicated in paragraph (3) of this section, was in existence.	<input type="checkbox"/> DD-214 of 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
3. Non-covered person	<input type="checkbox"/> A person who is not a veteran or eligible spouse of a veteran.	N/A

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

Priority	Priority Group	Source Documentation
1 st 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) AND <input type="checkbox"/> Veteran or Eligible Spouse of a Veteran (see Section C above)
2 nd 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 rd 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"/> Veteran or Eligible Spouse of a Veteran (see Section C above)
4 th 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)

E. 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 D, and E 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: _____

Validation of Eligibility: Eligible or Not Eligible

Signed by: _____ Date: _____

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