

A. General Eligibility Requirements

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 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 on or after 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"/> Selective Service Verification site <input type="checkbox"/> Selective Service Registration Card <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.	<input type="checkbox"/> Eligibility verification <input type="checkbox"/> Referral transmittal <input type="checkbox"/> Other: _____
	<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 R3, Attachment B – WIOA Income Guidelines.	Use the following list for Criteria 1.2 and 1.3 <input type="checkbox"/> Self-attestation <input type="checkbox"/> Bank statements <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Pay stubs <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Social Security Disability benefits <input type="checkbox"/> UI claim documents <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
	<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 does not exceed the corresponding income standard established in SWC Policy WS816 R3, Attachment B – WIOA Income Guidelines.	
	<input type="checkbox"/> 1.4 Is a homeless individual as defined in SWC Policy WS816 R3, Attachment A – Services and Program Eligibility Handbook.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Written statement or referral from shelter or social service agency <input type="checkbox"/> Case notes <input type="checkbox"/> WIOA intake or registration form
2. Basic Skills	<input type="checkbox"/> Is basic skills deficient (BSD) as defined in SWC Policy WS816 R3, Attachment A – Services and Program Eligibility Handbook.	<input type="checkbox"/> Case notes <input type="checkbox"/> Standardized assessment test(s) <input type="checkbox"/> School records
3. Barrier to Employment	<input type="checkbox"/> Is an individual from a Black; Asian; Native Hawaiian, Compact of Free Association (COFA) nations, and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) community; or is an expectant person.	<input type="checkbox"/> Case notes
4. Service Need	<input type="checkbox"/> 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.	<input type="checkbox"/> DD-214 <input type="checkbox"/> Crossmatch with Department of Defense records <input type="checkbox"/> Cross match with Veteran's service database <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;	<input type="checkbox"/> DD-214 for veteran of eligible spouse <input type="checkbox"/> Crossmatch with Department of Defense records <input type="checkbox"/> Cross match with Veteran's service database <input type="checkbox"/> A letter from the Veteran's Administration

		<p>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:</p> <ul style="list-style-type: none"> 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; <p>3. Any veteran who has a total disability resulting from a service connected disability, as evaluated by the Department of Veterans Affairs; or</p> <p>4. Any veteran who died while a disability, as indicated in paragraph (3) of this section, was in existence.</p>	
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
1st 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)
2nd 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)
3rd 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)
4th 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 has a barrier to employment, defined as being from a Black; Asian; Native Hawaiian, Compact of Free Association (COFA) nations, and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) community; or is an expectant person.	<input type="checkbox"/> Barrier to employment (see Section B above)
5th 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. Dislocated Worker Eligibility (choose only one category)

Category		Criteria	Source Documentation
1. General Dislocation	<input type="checkbox"/>	<p>1.1 An individual who has been terminated or laid off, who has received a notice of termination or layoff, or who is the spouse of a member of the Armed Forces and who has lost employment as a result of the spouse's discharge from the military;</p> <p>AND</p>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Verification from employer <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Notice of layoff UI good cause voluntary quits only <input type="checkbox"/> Separation determination letter <input type="checkbox"/> UI correspondence from ESD
	<input type="checkbox"/>	<p>1.2 Is determined unlikely to return to previous industry or occupation as defined in SWC Policy WS816 R3, Attachment A – WorkSource Services & Program Eligibility Handbook;</p> <p>AND</p>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Labor market information <input type="checkbox"/> Wage analysis <input type="checkbox"/> Job postings
	<input type="checkbox"/>	<p>1.3.1 Is eligible for or has exhausted entitlement to unemployment compensation;</p> <p>OR</p> <p>1.3.2 Has performed labor in any occupation working two full pay periods or one month but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law.</p>	<p>Use the following list for Criteria 1.3.1 and 1.3.2</p> <input type="checkbox"/> Self-attestation <input type="checkbox"/> State MIS <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Official report from a state UI system <input type="checkbox"/> UI stub <input type="checkbox"/> Print out of UI direct deposit

2. Dislocation from Facility Closure / Substantial Layoff	<input type="checkbox"/>	2.1 An individual who has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise as defined in SWC Policy WS816 R3, Attachment A – WorkSource Services & Program Eligibility Handbook; <u>OR</u>	Use the following list for Criteria 2.1 and 2.2 <input type="checkbox"/> Self-attestation <input type="checkbox"/> Verification from employer <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Notice of layoff Note: documentation of substantial layoff must include percentage or number of employees laid off within 30 days of dislocation.
	<input type="checkbox"/>	2.2 An individual who is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days.	
3. Self-employed Dislocation	<input type="checkbox"/>	An individual who was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters as defined in SWC Policy WS816 R3, Attachment A – WorkSource Services & Program Eligibility Handbook.	<input type="checkbox"/> Self-attestation
4. Displaced Homemaker	<input type="checkbox"/>	4.1 An individual who has been dependent on the income of another family member and is no longer supported by the income of that family member and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment; <u>OR</u>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Divorce or applicable court records <input type="checkbox"/> Spouse's layoff or termination notice <input type="checkbox"/> Spouse's death record <input type="checkbox"/> Bank records showing financial dependence of spouse
	<input type="checkbox"/>	4.2 Is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty, or a service-connected death or disability of the member and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	<input type="checkbox"/> Self-attestation
5. Dislocated Military Service Member	<input type="checkbox"/>	A non-retiree military service member who was discharged or released from service under other than dishonorable or has received a notice of military separation as defined in SWC Policy WS816 R3, Attachment A – WorkSource Services & Program Eligibility Handbook.	<input type="checkbox"/> Self-attestation <input type="checkbox"/> Notice of separation (notice of layoff) <input type="checkbox"/> Rapid Response list <input type="checkbox"/> DD-214 (notice of layoff)
6. Spouse of Military Service Member	<input type="checkbox"/>	6.1 The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; <u>OR</u>	<input type="checkbox"/> Self-attestation <input type="checkbox"/> WIOA intake or registration form <input type="checkbox"/> Verification from employer <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Spouse's permanent change of station orders
	<input type="checkbox"/>	6.2 The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	<input type="checkbox"/> Self-attestation

F. Required Registration Documents

Requirement	Source Documentation
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