

# Required Verification Documentation

## WIOA Adult “Statewide”

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number (last 4): XXX - XX - \_\_\_\_\_ Age: \_\_\_\_\_

**Each category below requires one (1) of the listed documents to be “checked” and provided for verification purposes.**

Date of Birth – WIOA Eligibility Item	
<input type="checkbox"/> Baptismal Record with Date of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Completed and Signed I-9 Form (From Employer) <input type="checkbox"/> DD-214 (If FULL DOB is shown) <input type="checkbox"/> Driver's License, <input type="checkbox"/> Federal, State or Local Government ID Card	<input type="checkbox"/> Hospital Birth Record <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance / Social Service Record <input type="checkbox"/> School Record / Identification <input type="checkbox"/> Work Permit if Date of Birth is shown <input type="checkbox"/> Cross Match with Dept. of Vital Statistics
Selective Service (Male Only) – WIOA Eligibility Item	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> DD-214 <input type="checkbox"/> Selective Service Status Information Letter <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Selective Service Verification Form	<input type="checkbox"/> Stamped P.O. Receipt of Registration <input type="checkbox"/> Internet www.sss.gov <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Additional Doc if it validates S.S. Registration
U.S. Veteran or Eligible Spouse of a Veteran - EF WIOA Application Item if answered “Yes”	
<input type="checkbox"/> DD 214 <input type="checkbox"/> Crossmatch with Veterans database	<input type="checkbox"/> Military document (ID, other DD form) indicating Dependent spouse
Authorization to Work / U.S. Citizenship – WIOA Eligibility Item	
<input type="checkbox"/> Completed and Signed I-9 Form (From Employer) <input type="checkbox"/> Baptismal Certificate with Place of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Food Stamp Record <input type="checkbox"/> Foreign Passport Stamped Eligible to Work <input type="checkbox"/> Hospital Birth Record <input type="checkbox"/> Naturalization Certification <input type="checkbox"/> Public Assistance Records	<input type="checkbox"/> United States Passport <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Alien Registration Card Indication right to work <input type="checkbox"/> Telephone Verification <input type="checkbox"/> School / State or Federal ID Card <input type="checkbox"/> Documentation specified on the I-9 form (See I-9 list of acceptable documents) <input type="checkbox"/> Social Security Card (Work Eligible)

**Please Note:**

- The WIOA Adult Applicant must provide the above identified original documents for staff to copy/scan.
- This completed form and ALL copies/scans of the above identified documents must be clear, clean, readable, and stored in the individual’s case record along with an eligibility related case note.

\_\_\_\_\_  
Staff Printed Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date