

**WIA Eligibility  
Guidelines  
Documentation Log  
*Desk Reference***

## Overview

The Texas Workforce Commission (TWC) has developed sample forms to assist Local Workforce Development Boards (Boards) in collecting the information necessary to verify the multiple Workforce Investment Act (WIA) eligibility criteria. Boards may use the sample forms as presented, modify the sample forms to better fit specific local workforce development area needs, or design their own forms.

The following sample forms are included:

- Adult/Dislocated Worker Documentation Log
- Youth Documentation Log

## General Instructions

Boards must be aware that The Workforce Information System of Texas (TWIST) is the primary repository for WIA eligibility determination data. Documentation logs are used in support of data entry into TWIST and when data entry into TWIST is delayed. Each log provides a comprehensive list of WIA eligibility criteria aligned with the acceptable associated source documentation, as outlined in the Data Validation Resource Document at <http://www.twc.state.tx.us/boards/wia/txwia.html#data>.

Boards may adopt TWC policy and use the sample documentation logs or they may develop more restrictive policies and create their own logs or adjust the sample forms as needed to reflect local policy.

At a minimum, documentation logs must contain the following:

### *Identifying Information*

- Name
- TWIST identification (ID), WorkInTexas.com ID or Social Security number (SSN)
- Date

### *Eligibility Criteria*

- Basic eligibility criteria – Authorized to work in the United States, Age, and Selective Service
- Fund specific eligibility criteria – Dislocated Worker, Youth, and Adult

### *Supporting Documentation*

- A list of acceptable documentation for each criterion

Completed documentation logs and copies of all collected source documentation must be maintained.

Note: Other documentation sources can appear in the TWIST *Documentation Source* dropdown tab; however, the only allowable sources are those listed in the sample forms.

# WIA ELIGIBILITY DOCUMENTATION LOG FOR ADULT/DISLOCATED WORKER

## IDENTIFYING INFORMATION

Name: \_\_\_\_\_

Last First MI

TWIST ID, WorkInTexas.com ID, or SSN:  Date:

### ADULT ELIGIBILITY

To receive services beyond informational or self-assisted services, all individuals must meet the following criteria. Supporting documentation for each criterion must be maintained at the Board level. One source document from each list is sufficient to meet documentation requirements.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Authorized to Work in the United States	<input type="checkbox"/> Completed <i>Authorized to Work in the US</i> form
<input type="checkbox"/> Age	<input type="checkbox"/> Birth certificate (preferred) <input type="checkbox"/> Official record showing date of birth <input type="checkbox"/> Baptismal record <input type="checkbox"/> DD-214, DD-215 Transfer/Discharge/Disability <input type="checkbox"/> Driver's license <input type="checkbox"/> Federal, state, or local government identification card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School records <input type="checkbox"/> School identification card <input type="checkbox"/> Work permit <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Other official document issued by a federal, state, or local government agency, such as discharge documents from the Texas Department of Criminal Justice with date of birth included.
<input type="checkbox"/> Selective Service Registration	<input type="checkbox"/> Selective Service System letter/registration letter <input type="checkbox"/> Internet verification/registration ( <a href="http://www.sss.gov">http://www.sss.gov</a> ) <input type="checkbox"/> Telephone verification (847) 688-6888 or toll free (888) 665-1825 <input type="checkbox"/> DD-214, DD-215 Transfer/Discharge/Disability <input type="checkbox"/> Self-attestation, including any required documentation

**DISLOCATED WORKER**

Dislocated workers must be eligible adults who meet one of the criteria in one of the following categories.

ELIGIBILITY CRITERIA		ACCEPTABLE DOCUMENTATION
<b>CATEGORY 1</b>		
<input type="checkbox"/> Terminated/Laid-Off/Received Notice of Termination or Layoff.		<input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Customer's self-reported date of dislocation in WorkInTexas.com <input type="checkbox"/> TWIST Rapid Response list <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Public announcement <input type="checkbox"/> WARN notice <input type="checkbox"/> Telephone or written verification from employer <input type="checkbox"/> Employer verification
Unemployment Insurance	<input type="checkbox"/> Eligible for, or has exhausted, UI Benefits. <b>OR</b>	<input type="checkbox"/> UI screen – <i>Current Claimant Status (CTCS)</i> <input type="checkbox"/> UI award letter
	<input type="checkbox"/> Can show attachment to workforce but ineligible for UI due to insufficient earnings or worked for an employer not covered under state UI law.	<input type="checkbox"/> Board determination  <hr/> <hr/>
<input type="checkbox"/> Unlikely to return to previous industry/occupation due to no growth or decline in job openings or employment search.		<input type="checkbox"/> TWC-approved labor market analysis <input type="checkbox"/> TWC Labor Market Information <input type="checkbox"/> Job search
<b>MILITARY MEMBERS AND THEIR SPOUSES</b>		
Separating military service members may qualify under dislocated worker category 1 if they are:  <input type="checkbox"/> Discharged under conditions other than dishonorable, whether voluntarily or involuntarily; <input type="checkbox"/> Nonretirees; and <input type="checkbox"/> Satisfy other WIA criteria for dislocated worker eligibility, including the requirement that the individual is unlikely to return to his or her previous industry or occupation.		<input type="checkbox"/> DD-214, DD-215 Transfer/Discharge/Disability
Military spouses may qualify under dislocated worker category 1 if they:  <input type="checkbox"/> Meet the definition of the <i>terminated, laid-off, or have received a notice of termination or layoff</i> criterion because they: <ul style="list-style-type: none"> <li>○ Left job to follow spouse who is a military service member; or</li> <li>○ Are unable to continue employment because of spouse's change of military station; or</li> <li>○ Lose employment as a result of spouse's discharge from the military.</li> </ul> <input type="checkbox"/> Satisfy other WIA criteria for dislocated worker eligibility, including the requirement that the individual is unlikely to return to his or her previous industry or occupation.		<input type="checkbox"/> Self-attestation <input type="checkbox"/> DD-214, DD-215 Transfer/Discharge/Disability <input type="checkbox"/> Verbal declaration <input type="checkbox"/> Board defined:  <hr/> <hr/>

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<b>CATEGORY 2</b>	
<input type="checkbox"/> Permanent closure of plant/facility/enterprise; <b>or</b> <input type="checkbox"/> Substantial layoff.	<input type="checkbox"/> Notice of layoff <input type="checkbox"/> WARN notice <input type="checkbox"/> Telephone or written verification from employer
<b>CATEGORY 3</b>	
<input type="checkbox"/> Previously self-employed; <b>and</b>	<input type="checkbox"/> Business license/permit <input type="checkbox"/> IRS documentation <input type="checkbox"/> TWC verification <input type="checkbox"/> Telephone verification from official source
<input type="checkbox"/> presently unemployed because of general economic conditions in residing community; <b>or</b>	<input type="checkbox"/> TWC Labor Market Information <input type="checkbox"/> Unemployment rate <input type="checkbox"/> Other TWC-approved labor market analysis <input type="checkbox"/> Failure of business supplier <input type="checkbox"/> Failure of business customer <input type="checkbox"/> Depressed prices or market <input type="checkbox"/> Telephone verification from official source
<input type="checkbox"/> permanently dislocated because of natural disaster.	<input type="checkbox"/> Federal/State declaration of disaster <input type="checkbox"/> TWC-confirmed disaster <b>and</b> <input type="checkbox"/> Permanent dislocation <input type="checkbox"/> Telephone verification from official source
<b>CATEGORY 4</b>	
<input type="checkbox"/> Notified of a planned closure (within 180 days of notice) either through the employer or through the media; <b>or</b>	<input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Customer's self-reported date of dislocation in WorkInTexas.com <input type="checkbox"/> TWIST rapid response list <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Documentation from media source <input type="checkbox"/> Documentation from State Dislocated Worker Service <input type="checkbox"/> Employer verification <input type="checkbox"/> Telephone verification from official source
<input type="checkbox"/> General announcement made by employer that the facility will close with no date given or date beyond 180 days of notice.  <i>Note: Establishes eligibility for services other than intensive, training, or supportive.</i>	<input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Customer's self-reported date of dislocation in WorkInTexas.com <input type="checkbox"/> TWIST rapid response list <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Documentation from media source <input type="checkbox"/> Employer verification <input type="checkbox"/> Telephone verification from official source

**CATEGORY 5**

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p><i>Displaced Homemaker</i></p> <p>An individual who has been providing unpaid services to family members in the home and who:</p> <p><input type="checkbox"/> has been dependent on the income of another family member but is no longer supported by that income;</p> <p><b>and</b></p> <p><input type="checkbox"/> is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p>	<p><input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i></p> <p><input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i></p>
<b>EXPEDITED ELIGIBILITY</b>	
<p>UI claimants, RRES, and RES/REA participants may be considered eligible under Dislocated Worker Category 1</p>	
<ul style="list-style-type: none"> <li>• Authorized to work in the United States</li> <li>• Category 1 dislocated worker</li> </ul> <p><i>Note:</i> Age and Selective Service registration must be verified</p>	<p>Expedited eligibility criteria are satisfied by any one of the following:</p> <p><input type="checkbox"/> Screenprint of WorkInTexas.com RRES outreach list</p> <p><input type="checkbox"/> Copy of RRES outreach letter</p> <p><input type="checkbox"/> Copy of WorkInTexas.com screen showing individual’s RRES indicator (dollar sign on red background)</p> <p><input type="checkbox"/> Screenprint of WorkInTexas.com <i>REA Orientation Scheduling</i> page</p> <p><input type="checkbox"/> Copy of reemployment services/reemployment and eligibility assessments (REAs) outreach letter</p> <p><input type="checkbox"/> Copy of WorkInTexas.com screen showing participant’s REAs indicator</p> <p><input type="checkbox"/> Screenprint of UI screen <i>Current Claim Status</i></p> <p><input type="checkbox"/> UI award letter</p>
<b>ADULT PRIORITY OF SERVICE CRITERION</b>	
<p>In local workforce development areas where funds are determined to be limited, Boards must have an established priority of service policy.</p>	
<p>Individual/Family Income</p> <p><i>Note:</i> Documentation should be provided for each applicable income source.</p> <p><input type="checkbox"/> N/A If using TANF, Supplemental Nutritional Assistance Program (SNAP), SSI, Homeless, OR Foster Care Youth documentation to determine low-income individual.</p>	<p>Core services only:</p> <p><input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i></p> <p><input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i></p> <p>Intensive or training services:</p> <p><input type="checkbox"/> Alimony agreement</p> <p><input type="checkbox"/> Award letter from Veterans Affairs</p> <p><input type="checkbox"/> Bank statement</p> <p><input type="checkbox"/> Compensation award letter</p> <p><input type="checkbox"/> Employer statement/contact</p> <p><input type="checkbox"/> Family or business financial records</p> <p><input type="checkbox"/> Pay stubs</p> <p><input type="checkbox"/> Pension statement</p> <p><input type="checkbox"/> Public assistance records/printout</p> <p><input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C)</p> <p><input type="checkbox"/> UI documents and/or printout</p> <p><input type="checkbox"/> Court award letter</p> <p><input type="checkbox"/> Self-employment verification form</p> <p><input type="checkbox"/> Other official document issued by a federal, state, or local government agency such as the Texas Department of Housing and Community Affairs, indicating monetary amount of assistance</p>

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p>Individual Status/Family Size</p> <p><input type="checkbox"/> N/A If using TANF, Supplemental Nutritional Assistance Program (SNAP), SSI, Homeless, OR Foster Care Youth documentation to determine low-income individual family size, it does not need to be documented separately; however, the family of the individual needs to be established.</p>	<p><input type="checkbox"/> <i>Self-attestation of Family Status</i> form</p> <p><input type="checkbox"/> Birth certificate</p> <p><input type="checkbox"/> Decree of court</p> <p><input type="checkbox"/> Divorce decree</p> <p><input type="checkbox"/> Marriage certificate</p> <p><input type="checkbox"/> Disabled—If a disabled individual proves to be ineligible due to family income criteria, that individual must, for purposes of income eligibility determination, be considered an unrelated individual who is a family unit of one, consistent with the definition of <i>low-income individual</i> at WIA §101(25).</p>
<p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p>	<p>Core services only:</p> <p><input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i></p> <p><input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i></p> <p>Intensive or training services:</p> <p><input type="checkbox"/> Crossmatch with TWIST TANF screens</p> <p><input type="checkbox"/> Copy of HHSC records maintained in a hard case file</p> <p><input type="checkbox"/> Copy of out-of-state HHSC/public assistance documentation maintained in a hard case file and referenced in TWIST <i>Counselor Notes</i></p>
<p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)</p>	<p><input type="checkbox"/> Telephone verification</p> <p><input type="checkbox"/> Public assistance record</p> <p><input type="checkbox"/> TWIST legacy search</p> <p><input type="checkbox"/> Letter from SNAP disbursing agency</p>
<p><input type="checkbox"/> Supplemental Security Income (SSI)</p>	<p><input type="checkbox"/> Copy of authorization to receive cash public assistance</p> <p><input type="checkbox"/> Public assistance record</p> <p><input type="checkbox"/> Social Security benefits</p> <p><input type="checkbox"/> Telephone verification</p>
<p><input type="checkbox"/> Other Public Assistance</p>	<p>Core services only:</p> <p><input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i></p> <p><input type="checkbox"/> Self-attestation referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file</p> <p>Intensive or training services:</p> <p><input type="checkbox"/> Authorization to receive cash public assistance</p> <p><input type="checkbox"/> Public assistance check</p> <p><input type="checkbox"/> Medical card showing cash grant status</p> <p><input type="checkbox"/> Refugee assistance records</p> <p><input type="checkbox"/> Local cash assistance program</p>
<p><input type="checkbox"/> Homeless</p>	<p><input type="checkbox"/> Self-attestation appearing in TWIST through entry into WorkInTexas.com</p> <p><input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i></p> <p><input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file</p> <p><input type="checkbox"/> Written statement from an individual or social services agency providing residence shelter maintained in hard case file and entered into TWIST <i>Counselor Notes</i></p>



## WIA ELIGIBILITY DOCUMENTATION LOG FOR YOUTH

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_

Last First MI

TWIST ID, WorkInTexas.com ID, or SSN:  Date:

#### YOUTH

All youth must be ages 14–21 and eligible to work in the United States. Males 18–21 must meet the Selective Service registration requirement. Additionally, youth must meet one of the economic criteria and one or more of the barrier criteria. If the youth does not meet the economic criteria, then the youth must meet one or more of the 5% youth exemptions.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
Age (14–21)	<input type="checkbox"/> Birth certificate (preferred) <input type="checkbox"/> Official record showing date of birth <input type="checkbox"/> Baptismal record <input type="checkbox"/> DD-214, DD-215 Transfer/Discharge/Disability <input type="checkbox"/> Driver’s license <input type="checkbox"/> Federal, state, or local government identification card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School records <input type="checkbox"/> School identification card <input type="checkbox"/> Work permit <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Other official document issued by a federal, state, or local government agency, such as discharge documents from the Texas Department of Criminal Justice with date of birth included
Selective Service Registration	<input type="checkbox"/> Selective Service System letter/registration letter <input type="checkbox"/> Internet verification/registration ( <a href="http://www.sss.gov">http://www.sss.gov</a> ) <input type="checkbox"/> Telephone verification (847) 688-6888 or toll free 1-888-665-1825 <input type="checkbox"/> DD-214, DD-215 Transfer/Discharge/Disability <input type="checkbox"/> Self-attestation, including any required documentation
Authorized to Work in the United States	<input type="checkbox"/> Completed <i>Authorized to Work in the US</i> form (included in WIA Eligibility Guide)

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<p>Individual/Family Income</p> <p><i>Note:</i> Documentation should be provided for each applicable income source.</p> <p>N/A <input type="checkbox"/> If using TANF, SNAP, SSI, Homeless, OR Foster Care Youth documentation to determine low-income individual.</p>	<p>Core services only:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i></li> <li><input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i></li> </ul> <p>Intensive or training services:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alimony agreement</li> <li><input type="checkbox"/> Award letter from Veterans Affairs</li> <li><input type="checkbox"/> Bank statement</li> <li><input type="checkbox"/> Compensation award letter</li> <li><input type="checkbox"/> Employer statement/contact</li> <li><input type="checkbox"/> Family or business financial records</li> <li><input type="checkbox"/> Pay stubs</li> <li><input type="checkbox"/> Pension statement</li> <li><input type="checkbox"/> Public assistance records/printout</li> <li><input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C)</li> <li><input type="checkbox"/> UI documents and/or printout</li> <li><input type="checkbox"/> Court award letter</li> <li><input type="checkbox"/> Self-employment verification form</li> <li><input type="checkbox"/> Other official document issued by a federal, state, or local government agency such as the Texas Department of Housing and Community Affairs, indicating monetary amount of assistance</li> </ul>
<p>Individual Status/Family Size</p> <p><input type="checkbox"/> N/A If using TANF, SNAP, SSI, Homeless, OR Foster Care Youth documentation to determine low-income individual family size, it does not need to be documented separately; however, the family of the individual needs to be established.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Self-attestation of Family Status</i> form</li> <li><input type="checkbox"/> Birth certificate</li> <li><input type="checkbox"/> Decree of court</li> <li><input type="checkbox"/> Divorce decree</li> <li><input type="checkbox"/> Marriage certificate</li> <li><input type="checkbox"/> Disabled—If a disabled individual proves to be ineligible due to family income criteria, that individual must, for purposes of income eligibility determination, be considered an unrelated individual who is a family unit of one, consistent with the definition of <i>low-income individual</i> at WIA §101(25).</li> </ul>

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
Temporary Assistance for Needy Families (TANF)	Core services only: <input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i>  Intensive or training services <input type="checkbox"/> Crossmatch with TWIST TANF screens <input type="checkbox"/> Copy of HHSC records maintained in a hard case file <input type="checkbox"/> Copy of out-of-state HHSC/public assistance documentation maintained in a hard case file and referenced in TWIST <i>Counselor Notes</i>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Telephone verification <input type="checkbox"/> Public assistance record <input type="checkbox"/> TWIST legacy search <input type="checkbox"/> Letter from SNAP disbursing agency
Supplemental Security Income (SSI)	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Public assistance record <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Telephone verification
Other Public Assistance	Core services only: <input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file  Intensive or training services: <input type="checkbox"/> Authorization to receive cash public assistance <input type="checkbox"/> Public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Local cash assistance program
Homeless	<input type="checkbox"/> Self-attestation appearing in TWIST through entry into WorkInTexas.com <input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file <input type="checkbox"/> Written statement from an individual or social services agency providing residence shelter maintained in hard case file and entered into TWIST <i>Counselor Notes</i>
Foster Care Youth (including former Foster Care Youth)	<input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file
Individuals With Disabilities  <i>Note:</i> Detailed information about the disability is not necessary.	<input type="checkbox"/> Self-attestation form

<b>YOUTH BARRIERS</b>	
<b>ELIGIBILITY CRITERIA</b>	<b>ACCEPTABLE DOCUMENTATION</b>
Deficient in Basic Literacy Skills	<input type="checkbox"/> Assessed by a generally accepted standardized test <input type="checkbox"/> School records
School Dropout	<input type="checkbox"/> Self-attestation referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file <input type="checkbox"/> School attendance record <input type="checkbox"/> School dropout letter <input type="checkbox"/> Telephone verification from official source
Homeless, Runaway, or Foster Care Youth	<input type="checkbox"/> Self-attestation appearing in TWIST through entry into WorkInTexas.com <input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file <input type="checkbox"/> Written statement from an individual or social services agency providing residence shelter maintained in hard case file and entered into TWIST <i>Counselor Notes</i>
Pregnant or Parenting Youth	<p><b>Pregnant:</b></p> <input type="checkbox"/> Verbal declaration, entered on the TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab and noted in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Staff observation recorded on the TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab and noted in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, recorded on the TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab, and referenced in TWIST <i>Counselor Notes</i> with the original maintained in the hard case file
	<p><b>Parenting:</b></p> <input type="checkbox"/> Birth certificate (preferred) <input type="checkbox"/> Baptismal record <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School identification card <input type="checkbox"/> HHSC TANF or SNAP screenprint showing the individual and child <input type="checkbox"/> Other official document issued by a state or local government agency or court which demonstrates the individual is the child's parent or legal guardian, such as a copy of a signed <i>Acknowledgement of Paternity</i> form that has been filed with the Bureau of Vital Statistics or a copy of legal documents indicating guardianship or adoption <input type="checkbox"/> Step-parent—Copy of an official document issued by a state or local government agency or court that names the child and the child's parent such as a birth certificate or adoption record <b>and</b> proof of marriage to the child's parent such as their marriage certificate or common law marriage certificate
Offender	<input type="checkbox"/> Verbal declaration entered into TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab and noted in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file <input type="checkbox"/> Documentation from juvenile or adult criminal justice system <input type="checkbox"/> Telephone verification with court representatives
Additional Assistance Needed	<input type="checkbox"/> Board-defined category: _____ <input type="checkbox"/> Self-attestation form <input type="checkbox"/> Board-defined documentation _____
<p><i>Note:</i> Assistance needed to complete an educational program, or to secure and hold employment</p>	

<b>5% YOUTH EXEMPTION</b>	
<b>ELIGIBILITY CRITERIA</b>	<b>ACCEPTABLE DOCUMENTATION</b>
Basic Skills Deficient	<input type="checkbox"/> Assessed by a generally accepted standardized test
Behind Grade Level	<input type="checkbox"/> Report card <input type="checkbox"/> School records <input type="checkbox"/> Telephone verification from official source
School Dropout	<input type="checkbox"/> School attendance record <input type="checkbox"/> School dropout letter <input type="checkbox"/> Self-attestation form <input type="checkbox"/> Telephone verification from official source
Offender	<input type="checkbox"/> Verbal declaration entered into TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab and noted in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file <input type="checkbox"/> Documentation from juvenile or adult criminal justice system <input type="checkbox"/> Telephone verification with court representatives
Individuals with Disabilities	<input type="checkbox"/> Self-attestation form
Pregnant or Parenting Youth	<p><b>Pregnant:</b></p> <input type="checkbox"/> Verbal declaration, entered on the TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab and noted in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Staff observation recorded on the TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab and noted in TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, recorded on the TWIST <i>Program Detail</i> screen under the <i>Characteristics</i> tab, and referenced in TWIST <i>Counselor Notes</i> with the original maintained in the hard case file
	<p><b>Parenting:</b></p> <input type="checkbox"/> Birth certificate (preferred) <input type="checkbox"/> Baptismal record <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School identification card <input type="checkbox"/> HHSC TANF or SNAP screenprint showing the individual and child <input type="checkbox"/> Other official document issued by a state or local government agency or court which demonstrates the individual is the child's parent or legal guardian, such as a copy of a signed <i>Acknowledgement of Paternity</i> form that has been filed with the Bureau of Vital Statistics or a copy of legal documents indicating guardianship or adoption <input type="checkbox"/> Step-parent—Copy of an official document issued by a state or local government agency or court that names the child and the child's parent such as a birth certificate or adoption record <b>and</b> proof of marriage to the child's parent such as their marriage certificate or common law marriage certificate

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION	
Homeless or Runaway Youth	<input type="checkbox"/> Self-attestation appearing in TWIST through entry into WorkInTexas.com <input type="checkbox"/> Verbal declaration, entered into TWIST <i>Counselor Notes</i> <input type="checkbox"/> Self-attestation, referenced in TWIST <i>Counselor Notes</i> and maintained in a hard case file <input type="checkbox"/> Written statement from an individual or social services agency providing residence shelter maintained in hard case file and entered into TWIST <i>Counselor Notes</i>	
Board-Designated Category	Identify workforce area category: _____  <input type="checkbox"/> Board-defined documentation: _____ _____ _____  <input type="checkbox"/> Self-attestation form	
Case Manager /Intake Notes:		
_____	_____	_____/_____/_____ Date
Texas Workforce Solutions Staff Signature	Print Name	
_____	_____	_____/_____/_____ Date
Manager/Reviewer Signature	Print Name	

## **ELIGIBILITY DOCUMENTATION FORMS**

The Texas Workforce Commission has developed standardized forms to assist Local Workforce Development Boards in collecting the information necessary to verify the multiple Workforce Investment Act (WIA) eligibility criteria. Boards may modify these forms to meet specific needs; however, all required data elements must remain the same.

The following instructions and WIA forms are included:

- Instructions for Completing Telephone Verification/Document Inspection Form
- Telephone Verification/Document Inspection Form
- Instructions for Completing Self-Attestation Form
- Self-Attestation Form
- Telephone Verification of Public Announcement Form
- Verification of Termination or Layoff Dislocated Worker Form
- Employment/Income Verification Form
- Self-Employment Verification Form
- Out-of-State Unemployment Insurance Verification Form
- Self-Attestation of Family Status Form
- Instructions for Completing Citizenship/Eligible Noncitizen Status Authorization to Work Form
- Citizenship/Eligible Noncitizen Status Authorization to Work Form

## INSTRUCTIONS FOR COMPLETING TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM

If no other forms of documentation are available, WIA eligibility criteria may be verified by telephone contacts with governmental or social service agencies, or by document inspection. The information obtained must be documented by recording it on a standardized form such as the sample included with this desk reference. Information recorded must be adequate to enable a monitor or auditor to trace the information back to the agency providing the information or the document used. Telephone verification must include the name of the agency representative providing the verification information.

In some cases, the information provided by an agency through telephone contact may be sufficient to satisfy multiple WIA eligibility criteria.

Agencies that may assist in verifying information by telephone are:

- Local schools
- U.S. Department of Veterans Affairs
- Vocational rehabilitation facilities
- Housing authorities
- Judicial agencies and institutions
- Social Security Administration
- Medical and health facilities
- Drug and alcohol rehabilitation facilities
- Homeless shelters
- Other state or local government agencies

Documentation of eligibility verification through document inspection is appropriate when documents cannot be photocopied. In such cases, or when documents are not readily obtainable, a telephone verification/document inspection form may be used. The form serves dual purposes:

1. *Telephone Verification*—used to verify eligibility information through governmental, private, or social service agencies. Information recorded on the form must include all applicable information to enable a monitor or auditor to adequately verify eligibility, i.e., document name, contact name, telephone numbers, addresses, etc.; and
2. *Document Inspection*—used when documents cannot be copied, or if program recruitment is being conducted in the field.



## **INSTRUCTIONS FOR COMPLETING SELF-ATTESTATION FORM**

Much of the documentation necessary to meet the multiple WIA eligibility requirements is readily available through various agencies and other sources. In some cases, definitive documentation is required, e.g., eligibility to work and Selective Service registration for males.

U.S. Department of Labor Training and Employment Notice 9-06 allows for self-attestation to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. Self-attestation can be used only after all practical attempts to secure other documentation have failed. Self-attestation is allowable only as described in this desk reference.

To use self-attestation as documentation, the self-attestation form must be completed as follows:

If a job seeker states that he or she cannot provide evidence that no income was received during the past six months, and that he or she was unemployed for that period, complete the blank spaces following the words “I hereby certify, under penalty of perjury, that the following information is true.”

*Example:*

“I have received no income from any source during the past six months, I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends.”



**WORKFORCE INVESTMENT ACT  
TELEPHONE VERIFICATION OF PUBLIC ANNOUNCEMENT**

Date of Telephone Verification: \_\_\_\_\_

Workforce Solutions Office  
Staff Member Contacted: \_\_\_\_\_

Job Title: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Date of Closure: \_\_\_\_\_

Media Form of Announcement: \_\_\_\_\_

Specific Site(s) to be Affected: \_\_\_\_\_

Documentation Information Specific to Closing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*NOTE:* The following are required for meeting dislocated worker eligibility criteria under Category 4 - Public Announcement:

- 1. Declared through media.
- 2. Specific sites due to close by specific date.

<b>CERTIFICATION</b>		
I certify that the information provided above meets the requirements for WIA dislocated worker eligibility under "Public Announcement."		
_____	_____	____/____/____
Workforce Solutions Office Staff Signature	Print Name	Date
_____	_____	____/____/____
Manager/Reviewer Signature	Print Name	Date

**WORKFORCE INVESTMENT ACT  
VERIFICATION OF TERMINATION OR LAYOFF  
DISLOCATED WORKER**

Job Seeker's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

TO EMPLOYER:

Please provide the information requested below to assist in establishing my eligibility for WIA dislocated worker services.

Thank you for your help.

\_\_\_\_\_  
Signature Job Seeker's Social Security Number (if applicable)

**(TO BE COMPLETED BY EMPLOYER)**

Employer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Has the individual been terminated or received a notice of termination (i.e., separated from employment due to reasons other than discharge for cause, voluntary departure, or retirement)?  Yes  No

Is the termination a result of the permanent closure of your plant/facility/enterprise?  Yes  No

Is the termination a result of a substantial layoff\* at your plant/facility/enterprise?  Yes  No

Was the individual's position covered by unemployment insurance?  Yes  No

\_\_\_\_\_  
Signature/Title of Representative Date

PLEASE RETURN TO: Workforce Solutions Office Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

*\* At least 33 percent of full-time employees with at least 50 full-time employees; or at least 500 full-time employees.*

**CERTIFICATION**

I certify that I have contacted the above-named employer/representative and the information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Workforce Solutions Office Staff Signature Print Name Date

\_\_\_\_\_  
Manager/Reviewer Signature Print Name Date

**WORKFORCE INVESTMENT ACT  
EMPLOYMENT/INCOME VERIFICATION**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for training and employment under the Workforce Investment Act, verification of income actually received for the period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ is needed. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

\_\_\_\_\_  
Signature of Employee Social Security Number

**TO BE COMPLETED BY THE EMPLOYER\***

Employer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Income Determination Period for Program Eligibility: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Month Day Year Month Day Year

\*(Dates to be filled out by Workforce Solutions Office staff)

Total Gross Wages/Salary: \$ \_\_\_\_\_

[Includes all pay received (before deductions) Signature of Employer Representative/Title/Date  
inclusive of income determination period listed above]

**TO BE COMPLETED BY WORKFORCE SOLUTIONS OFFICE STAFF**

**PLEASE RETURN TO:** Workforce Solutions Office Name: \_\_\_\_\_

Attn: (Staff name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This information may be completed by Workforce Solutions Office staff if verified by telephone contact indicating who supplied the information and the date the telephone contact was made.

\_\_\_\_\_  
Workforce Solutions Office Staff Signature Print Name Date

\_\_\_\_\_  
Manager/Reviewer Signature Print Name Date

**WORKFORCE INVESTMENT ACT  
SELF-EMPLOYMENT VERIFICATION FORM**

Customer Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Business Office \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Type of Business \_\_\_\_\_

Gross income or receipts during the 26-week determination period

Week #	Week ending date	Gross wages for week	Week #	Week ending date	Gross wages for week	Week #	Week ending date	Gross wages for week
1			10			19		
2			11			20		
3			12			21		
4			13			22		
5			14			23		
6			15			24		
7			16			25		
8			17			26		
9			18					

Gross Income (A) \$ \_\_\_\_\_

Business Expenses for period

Rent	\$		Other (specify)	
Telephone	\$			\$
Utilities	\$			\$
Supplies	\$			\$

Total Expenses (B) \$ \_\_\_\_\_

Subtract expenses (B) from gross income (A) for net profit (includable income) \$ \_\_\_\_\_

If customer has completed his/her tax return, attach copy of Schedule C, schedule D, Schedule F, partnership return, or corporate return—whichever applies.

I, \_\_\_\_\_, certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.

\_\_\_\_\_  
Job Seeker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Workforce Solutions Office Staff Signature

\_\_\_\_\_  
Date



## INSTRUCTIONS FOR COMPLETING SELF-ATTESTATION OF FAMILY STATUS FORM

In cases where the recommended sources of family status documentation are unavailable, or the attainment of such documentation would place undue hardship on the job seeker, this form may be used.

The purpose of this form is to verify a WIA job seeker's family status at time of application. This entails documenting the size and makeup of the job seeker's family. This form is only necessary when eligibility is based on family income for the past 26 weeks.

The Self-Attestation of Family Status form should be completed by the job seeker, with the assistance of Workforce Solutions Office staff to ensure the form is completed correctly. The job seeker then takes the form to be signed by a witness who can corroborate the information provided.

The definition of *family* for WIA purposes is contained in the *Glossary Desk Reference* and on the Self-Attestation of Family Status form.

### *FAMILY MEMBER NAMES/RELATIONSHIP TO JOB SEEKER*

- List the names of all family members living in the job seeker's residence.
- Indicate the relationship of each family member to the job seeker.

### *NAME/LOCATION/REASON*

- List the names of any family members not currently residing in the job seeker's residence.
- Include any family member who, in accordance with the *WIA Eligibility Guidelines* definition of *family*, is not currently living in the residence but would be considered a part of the job seeker's family. These absences may be due to temporary and voluntary residence elsewhere (e.g., attending school or college, visiting relatives). Such absences would not include involuntary temporary residence elsewhere (e.g., incarceration or placement as a result of a court order). Members of the armed forces on extended temporary assignment elsewhere are considered to be assigned involuntarily, and would not be considered as part of the job seeker's family.
- Indicate the location of the absent family member.
- Indicate the reason for the absence. Include whether the absence is voluntary or involuntary, and if it is temporary or permanent.

The job seeker must sign the form.

A corroborating witness must sign the form attesting to the accuracy of the given information. The corroborating witness may live in or out of the residence, and may or may not be related to the job seeker. The witness must have verifiable knowledge of the job seeker's family size.



**INSTRUCTIONS FOR COMPLETING CITIZENSHIP/ELIGIBLE NONCITIZEN STATUS  
AUTHORIZATION TO WORK FORM**

By completing this form with the appropriate accompanying documentation, job seekers can prove that they have the right to work in the United States and are eligible to receive WIA-funded services. Job seekers complete the form by providing the appropriate documents for the box(s) that they have checked, choosing either **one item from *List A*, or one item each from *List B* and *List C*.**

Job seekers will be asked to complete the personal identification information at the top of the form. They will then be asked to review the form to determine if they have the appropriate documentation to check an item from *List A*, or if they have the appropriate documentation to check an item from both *List B* and *List C*.

Copies of the appropriate documents must be duplicated and maintained in the job seeker's case file along with the Citizenship/Eligible Noncitizen Status Authorization to Work form for proof of eligibility to work in the United States and receive WIA-funded services.

**WORKFORCE INVESTMENT ACT  
CITIZENSHIP/ELIGIBLE NONCITIZEN STATUS  
AUTHORIZATION TO WORK**

For individuals to participate in Workforce Investment Act programs, they must be authorized to work in the United States. Please complete the following form, choosing one item from **List A**, or one item from **List B** and one item from **List C**.

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Print Name: Last                                      First                                      MI                                      Maiden Name

Date of Birth (month/day/year)                                      Social Security Number

*All documents must be unexpired*

<b>LIST A</b>	<b>LIST B</b>	<b>LIST C</b>
Documents That Establish Both Identity and Employment Eligibility	Documents That Establish Identity	Documents That Establish Employment Eligibility
<b>OR</b>		
<input type="checkbox"/> U.S. Passport or U.S. Passport Card  <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  <input type="checkbox"/> Foreign Passport, that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigration visa  <input type="checkbox"/> Employment Authorization Document that contains a Photograph (Form I-766)  <input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form  <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI  <input type="checkbox"/> Expedited Eligibility through UI, RRES, or RES/REA	<b>AND</b>	
<input type="checkbox"/> Driver's License or ID Card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  <input type="checkbox"/> ID Card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address  <input type="checkbox"/> School ID Card with a photograph  <input type="checkbox"/> Voter's Registration Card  <input type="checkbox"/> U.S. Military Card or Draft Record  <input type="checkbox"/> Military Dependent's ID Card  <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card  <input type="checkbox"/> Native American Tribal Document  <input type="checkbox"/> Driver's License issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:  <input type="checkbox"/> School record or report card  <input type="checkbox"/> Clinic, doctor, or hospital record  <input type="checkbox"/> Day care or nursery school record	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States  <input type="checkbox"/> Certificate of Birth Abroad issued by the Department of State (Form FS-545)  <input type="checkbox"/> Certification of Report of Birth issued by the Department of State (Form DS-1350)  <input type="checkbox"/> Original or certified copy of a birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal  <input type="checkbox"/> Native American Tribal Document  <input type="checkbox"/> U.S. Citizen ID Card (INS Form I-197)  <input type="checkbox"/> Identification Card for use of Resident Citizen in the United States (Form I-179)  <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security	

CERTIFICATION		
I certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.		
Job Seeker Signature	Date	
Workforce Solutions Office Staff Signature	Print Name	Date
Manager/Reviewer Signature	Print Name	Date