DET MASSACHUSETTS DIVISION OF EMPLOYMENT AND TRAINING

W.O.T.C. REQUEST FOR VERIFICATION

SECTION 1

Employee's Name:	Start Date:
Address:	Hire Date:

Social Security Number:	Employer Name:
Case #:	Case Worker:

Primary Recipient Name and Social Security Number **(if not employee)**:	Employer Federal ID #:

I hereby authorize that the information below be released to (name of employer) _____
for the purpose of applying for WOTC certification as required by the U. S. Department of Labor.

Employee's Signature: _____ Date: _____

Parent/Guardian signature required if employee is **under 18 years** old.

Return Form to:	Return Address (No., Street, City, State, Zip Code):

SECTION 2 Please place (X) in boxes of categories below to be verified.

DEPARTMENT OF TRANSITIONAL ASSISTANCE:

☐ Employee is a member of a family that received TAFDC benefits for any 9 months during the 18 month period ending on the hiring date. **TAFDC** Yes ☐ No ☐

☐ Employee is aged 18 - 24, and is a member of a family that received food stamps for the 6 month period ending on the hiring date. **FOOD STAMPS** Yes ☐ No ☐

OR

☐ Employee is aged 18 - 24, and received food stamps for at least 3 months of the 5 month period ending on the hiring date, but is no longer eligible to receive them. **FOOD STAMPS** Yes ☐ No ☐

☐ Is a qualified (Veteran) and received food stamps for at least a 3 month period ending during the 15 month period ending on the hiring date. **FOOD STAMPS** Yes ☐ No ☐

☐ Is a member of a family that received TAFDC or successor program payments for at least the last 18 months, **OR** received TAFDC or successor program payments for any 18 months beginning after August 5, 1997 **OR** stopped being eligible for TAFDC or successor program payments after August 5, 1997, because Federal or State law limited the maximum time those payments could be made. **WELFARE TO WORK (TAFDC)** Yes ☐ No ☐

SOCIAL SECURITY ADMINISTRATION:

☐ Received SSI benefits for any month ending within the 60 day period ending on the hiring date. **SSI** Yes ☐ No ☐

VOCATIONAL OR VETERANS REHABILITATION AGENCY:

☐ Employee has completed or is still receiving services under an Individualized Written Rehabilitation Plan. Yes ☐ No ☐

DEPARTMENT OF CORRECTIONS:

☐ Employee was convicted of a felony under Federal or State law and hired within 1 year after the last date on which such individual was convicted, or was released from prison, or is in a Pre-release program. Yes ☐ No ☐

Date of Release: _____ Conviction Date: _____

SECTION 3

Name of Agency:	Telephone:
Signature:	Date:

INSTRUCTIONS

Section 1: To be completed by new employee. Must be signed and dated in order to release WOTC category information in Section 2.

Section 2: Employer or employer's representative checks off an X in the box ☐ on the left-most column to be verified by the appropriate State Agency (only), based on information provided on Form 9061, Individual Characteristics Form.

Section 3: State Agency Verification.

PROCESS

This Form was developed by the Massachusetts WOTC Central Office as one method of providing required documentation for some of the categories for WOTC certification. Additional categories and types of documentation required are listed on Form ETA-9061, Individual Characteristics Form, and on Form 8850, Work Opportunity Pre-Screening Notice and Certification Request.

For TAFDC and Food Stamp verification, this form along witht the IRS Form 8850 and ETA-9061 should be mailed to:

Division of Employment and Training
WOTC Unit, 1st Floor
19 Staniford Street
Boston, MA 02114
Telephone: (617) 626-5353

Verifications for the Vocational Rehabilitation, Qualified Ex-Felon, and Supplemental Security Income categories should be discussed with the new employee to determine the correct address (vocational counselor/parole or probation officer/or SSI claims clerk) to mail the form.

Verified forms will be returned to the employer or employer's representative. Original copies of completed verification forms must then be mailed to the same address as above.

FORM EFFECTIVE FOR THOSE STARTING EMPLOYMENT ON OR AFTER OCTOBER 1, 1996.