

Attachment G

Self-Certification and Telephone/Document Inspection Verification Requirements

After review of the eligibility criteria, along with possible ways to verify the criteria, it was determined that much of the verification was readily available through a number of agencies or sources. In some cases, definitive verification is required, for example eligibility to work (I-9 requirements under IRCA) and Selective Service Registration or exemption for males.

WIOA allows for self-certification to verify those eligibility items that in rare cases are not verifiable or may cause undue hardship for applicants to obtain.

Because most eligibility requirements can be verified by other sources, the use of self-certification, also known as “self-attestation”, is highly restricted. Self-certification is **not** allowed as a verifiable source of documentation for the following:

All Categories:

- Individual/Family Income
- Individual Status/Family Size
- Cash Public Assistance
- SNAP (Food Stamps)
- Homeless
- Supported Foster Child
- Person with Disability

Youth

- Pregnant or Parenting
- School Dropout
- Offender
- Homeless or Runaway
- Serious Barriers to Employment as Identified by Local Board (5% Exception)

Dislocated Worker

- Terminated/Laid Off/Received Notice of Termination or Layoff
- Unlikely to Return
- Permanent Closure of Plant/Facility/Enterprise or Substantial Layoff
- General Announcement of Closure

The only circumstance in which self-certification is allowed:

- Dislocated Workers, Formerly Self-Employed/Currently Unemployed.

- The self-certification **must** be accompanied by documentation that supports the applicant's claim.

An example of the use of the Self-Certification Form for a Dislocated Worker, Self-Employed:

If an applicant states that he/she that he or she was self-employed but is no longer self-employed, the blank spaces following the words "I certify, under penalty of law, that the following information is true" must be completed. For example:

"I was in business for myself as (description or name of business) until (Month) (Year), at which point I closed my business due to lack of profitability. I have had no income from my business since that time. This business was my primary source of income"

The Self-Certification form must be accompanied by some documentation proving that the applicant was self-employed, such as bank statements, tax returns or statements from former customers, **and** some proof that his or her business no longer exists, such as a bankruptcy statement, notification of close of business to federal, state or local revenue (tax) agency, bill of sale for the business, or statements from former clients or customers.

In other words, the client must produce some documentation that he or she had a business, was the **primary** owner of the business, received his or her **primary** income from that business and that the business no longer exists or that the applicant is no longer its primary owner.

Note that part-time jobs or businesses that were not the applicant's primary source of income are not counted as "self-employment." For example, if the applicant ran a small landscaping business in addition to his or her primary employment, and then discontinued landscaping because of lack of customers, the applicant was not "self-employed." If the applicant subsequently lost his or her primary employment, the applicant could be served as an "Adult" or "Dislocated Worker" depending upon his or her circumstances.

NOTE: When using the "Self-Certification" form, the "Staff Signature/Date" found in the "Certification" block must be completed. It is a local decision as to the completion of the "Reviewer's Signature/Date".

SELF-CERTIFICATION FORM

IDENTIFYING INFORMATION			
Applicant's Name	_____	_____	_____
	Last	First	MI
Address	_____		
Social Security Number	_____	Application Date:	_____

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE FOLLOWING INFORMATION IS TRUE.

I ATTEST 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 AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANT'S SIGNATURE and DATE

APPLICANT'S PHONE NUMBER

APPLICANT'S ADDRESS

SIGNATURE OF PARENT OR GUARDIAN (as needed)

The above Self-Certification is being utilized for verification of the following eligibility criteria:

CERTIFICATION	
I certify that the individual whose signature appears above provided the information recorded on this form.	
Staff Signature/Date:	_____

Telephone/Document Inspection Verification Requirements

WIOA eligibility criteria may be verified by telephone contacts with recognized governmental or social service agencies, or by document inspection. The information obtained must be verified and recorded on the Telephone/Document Inspection Verification form. Information recorded must be adequate to enable a monitor or auditor to trace back to the cognizant agency 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 WIOA eligibility criteria. For example, verification that an applicant has been determined eligible to receive TANF can satisfy the requirement for Youth program eligibility.

Verification of eligibility through document inspection is appropriate when documents cannot or may not be machine-copied.

Agencies that may assist in verifying via telephone are as follows:

- Local Schools
- Social Security Administration
- Veterans Administration
- Social Services agencies
- Medical and health facilities
- Vocational rehabilitation facilities
- Drug and alcohol rehabilitation facilities
- Housing authorities
- Homeless shelters
- Judicial agencies and institutions
- Other State and local government agencies

When WIOA eligibility verification is accomplished via telephone or document inspection, Local Workforce Development Areas are required to use a standardized form, such as the example on page two for monitoring and audit purposes.

WIOA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM

IDENTIFYING INFORMATION

Applicant's Name _____
Last First MI

Social Security Number _____ Date: _____

WIOA ELIGIBILITY VERIFICATION BY TELEPHONE

NAME AND/OR NUMBER OF DOCUMENT _____

ELIGIBILITY ITEM(S) TO BE VERIFIED: _____

INFORMATION VERIFIED: _____

AGENCY PROVIDING VERIFICATION: _____

AGENT VERIFYING ELIGIBILITY ITEM: _____

DATE AND TIME OF VERIFICATION: _____

TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION: _____

WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION

NAME AND/OR NUMBER OF DOCUMENT _____

ELIGIBILITY ITEM TO BE VERIFIED: _____

INFORMATION VERIFIED: _____

DOCUMENT TO BE INSPECTED: _____

ORIGINAL SOURCE OF DOCUMENT: _____

- REASON FOR DOCUMENT INSPECTION: REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE.
 ON SITE ELIGIBILITY, NO COPIER AVAILABLE.
 DOCUMENT CANNOT BE COPIED.

I ATTEST THAT THE INFORMATION RECORDED BY ME ON THIS DOCUMENT WAS OBTAINED THROUGH TELEPHONE CONTACT OR DOCUMENT INSPECTION ON THE ABOVE DATE. AS INDICATED BY THE AGENT, ALL INFORMATION WAS OBTAINED FROM DATA PREVIOUSLY DETERMINED AND RECORDED IN THE APPLICANT'S RECORDS AT THE AGENCY PROVIDING THE ELIGIBILITY VERIFICATION.

OR

I ATTEST THAT THE DOCUMENT INSPECTION VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO DETERMINE ELIGIBILITY FOR THE WIOA PROGRAM.

ELIGIBILITY SPECIALIST'S SIGNATURE _____

DATE _____

