



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD
Local Area (Bladen, Hoke, Richmond, Robeson and Scotland Counties)

WIOA Program Eligibility Verification

(Compile copies of verified information and scan into NCWorks Online)

NAME: _____

Last four of SSN: _____

VERIFIED: YES _____ NO _____

WIOA : <input type="checkbox"/> ISY <input type="checkbox"/> OSY <input type="checkbox"/> AD <input type="checkbox"/> DW
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Eligibility Item	Verification Sources	Date Verified
Social Security Number	<ul style="list-style-type: none"> ▪ Social Security Card ▪ DD-214, Report of Transfer or Discharge Paper 	
Date of Birth and Age	<ul style="list-style-type: none"> ▪ Birth Certificate ▪ Passport ▪ Public Assistance Records ▪ School Records ▪ DD-214, Report of Transfer or Discharge Paper ▪ Tribal Record with Date of Birth ▪ Driver's License ▪ Work Permit ▪ Hospital Record of Birth ▪ Federal, State, or Local Government ID Card ▪ Prison Record ▪ DMV ID Card 	
Residency	<ul style="list-style-type: none"> ▪ Driver's License ▪ Food Stamp Letter ▪ Insurance Policy ▪ Lease ▪ Property Tax Records ▪ Public Assistance Records ▪ Utility Bill ▪ Housing Auth. Verif. ▪ Landlord Statement ▪ Medicaid Card ▪ Medicare Card ▪ Rent Receipt ▪ School Records Verif. ▪ Collateral Contact Form 	
Selective Service Registration	<ul style="list-style-type: none"> ▪ Acknowledgement Letter from Selective Service ▪ Selective Service Status Information Letter ▪ Web Site Verification ▪ Registration Card 	
Citizenship/Alien Status	<ul style="list-style-type: none"> ▪ INS Forms ▪ Hospital Record of Birth ▪ SSA Record ▪ US Birth Certificate ▪ Social Security Card Stamped Work Eligible ▪ US Passport ▪ Driver's License ▪ Naturalization Certific. ▪ Foreign Passport (stamped to work) ▪ DD-214 ▪ Native American Tribal Document ▪ Alien Registration Card Indicating Right to Work 	
Family Size	<ul style="list-style-type: none"> ▪ Marriage Certificate ▪ Court Records/Legal Documents ▪ Housing Authority Records ▪ Public Assistance Record ▪ Self-Certification ▪ Birth Certificate ▪ Decree of Court 	
Family Income Youth- (Determines Eligibility & Barriers)	<ul style="list-style-type: none"> ▪ Award Letter from VA ▪ Bank Statement (Direct Deposit, Social Security Benefits Only) ▪ Farm/Family/Business Financial Records ▪ Pension/Annuity Statement ▪ Social Security Benefits ▪ FICA Records ▪ Employer Statement ▪ Pay Stubs ▪ Public Assistance Records ▪ UI Documents ▪ Written Statement by the Applicant and Adult members of Household of No Income 	
Receives Public Assistance/TANF	<ul style="list-style-type: none"> ▪ Signed Verification Form ▪ SSI Award Letter ▪ Public Assistance Record 	
Receives Food Stamps	<ul style="list-style-type: none"> ▪ Signed Verification Form ▪ Food Stamp Printout ▪ Letter from DSS 	

WIOA YOUTH

LRLA-5 (9/2017)

CHARACTERISITICS VERIFICATION

NOTE: a verification source may be used more than once

Eligibility Item	Verification Source(s)	Date Verified
No School Attendance (has not attended school in the last school quarter and is within age of compulsory school attendance)	<ul style="list-style-type: none"> Statement from school official 	
Offender	<ul style="list-style-type: none"> NC Dept. of Correction Printout: www.doc.state.nc.us Documentation from Juvenile Justice/Criminal Justice Court documents Letter of Parole Prison records Letter from Probation Officer Police records Signed WDB Verification Form from Court, Public Safety, Criminal Justice system representative, or Prison agencies only Self-Attestation – client statement attesting to offender status including dates and a summary of charges 	
Homeless/Runaway/Foster Care/Aged out of Foster Care/Out-of-Home Placement	<ul style="list-style-type: none"> Written statement from a Shelter Court documentation of Foster Care Status Written statement from Social Service agency, Mental Health agency, Health Department or Substance Abuse agency Written statement from an individual providing a residence Written Law Enforcement verification Signed WDB Verification Form – from Social Services, Mental Health, Health Department or Substance Abuse agencies only Self-Attestation – client statement attesting to homeless status with beginning date and a summary of circumstances 	
Pregnant/Parenting Youth	<ul style="list-style-type: none"> Birth certificate (for child listing participant’s name as a parent) Statement from Social Services agency or Health Department Baptismal record Doctor’s note confirming Pregnancy Statement from program for Pregnant or Parenting Youth Hospital record of Live Birth (for child listing Participant’s name as a parent) Most recent tax return supported by IRS documents Self-Attestation – client statement attesting to pregnancy status 	
Basic Skills/Literacy Skills Deficient (Reading/Math Level 8.0 or less)	<ul style="list-style-type: none"> Standardized assessment test results Testing records School records with standardized test results 	
Requires Additional Assistance (must be low income for OSY)	<ul style="list-style-type: none"> Attendance record from school official (ISY) Foster Care verification (ISY/OSY) Work history statement (OSY) Parent/Guardian incarceration record (ISY/OSY) Post-Secondary drop-out record (OSY) 	
School Dropout	<ul style="list-style-type: none"> Letter from the school system Applicable records from educational institution Copy of Transcript Self-Attestation – client statement attesting to last school attended and date of withdrawal 	

****For the purpose of calculating family income, a Youth with a documented Disability may be considered a Family of One****

VERIFICATION RESULTS

NAME: _____

APPLICANT ELIGIBLE _____

TITLE: _____

DATE: _____

APPLICANT INELIGIBLE _____