VIRGINIA CAREER WORKS
PIEDMONT REGION

# Workforce Innovation and Opportunity Act (WIOA)
# Adult Eligibility Application

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| ELIGIBILITY INFORMATION | | | |
|---|---|---|---|
| **Application Date** | | ☐ **Adult Basic Career Services Eligibility** | |
| **Local Area/Region** | Virginia Career Works – Piedmont Region | ☐ **Adult Eligibility** | |
| **Office Location** | ☐VCW - Culpeper Center<br>☐ VCW – Charlottesville Center<br>☐VCW – Albemarle Center<br>☐ VCW – Orange Mobile Center | ☐ **Dislocated Worker Eligibility** | |
| | | ☐ **Youth Eligibility** | |
| | | **Eligibility Date** | |

| CONTACT INFORMATION | | |
|---|---|---|
| **First Name** | | |
| **Middle Initial** | | |
| **Last Name** | | |
| **S.S. Number** | Social Security Numbers (SSNs) are not required for eligibility determination. However, AJC staff must request an individual's SSN for performance reporting purposes. AJC Staff may contact Virginia Works for an alternate unique identifier if an individual fails to provide an SSN.<br><br>A copy of source documentation or Attachment C WIOA Title I Telephone Verification and document inspection form must be uploaded into VAWC. | ☐ DD-214 Report of Transfer or Discharge Employment Records<br>☐ Letter from Social Service agency Pay Stub<br>☐ Social Security Benefits<br>☐ Social Security Card<br>☐ W-2 Form<br>☐ Letter/Printout from Social Security Office<br>☐ Self Attestation<br>☐ Other Applicable Documentation |
| **Address** | | ☐ Voter Registration Card<br>☐ Computer Printout from Government Agency<br>☐ Driver's License<br>☐ Food Stamp Award Letter<br>☐ Homeless – Primary Nighttime Residence Housing Authority Verification<br>☐ Insurance Policy (Residence and Auto<br>☐ Landlord Statements<br>☐ Lease<br>☐ Letter from Social Service Agency or School<br>☐ Library Card<br>☐ Medicaid/Medicare Card<br>☐ Phone Directory<br>☐ Property Tax Record<br>☐ Public Assistance Records<br>☐ Rent Receipt<br>☐ School Identification Card<br>☐ Selective Service Registration Card<br>☐ Utility Bill<br>☐ Applicant Statement w/ Witness<br>☐ Postmarked Mail Addressed to Applicant<br>☐ Other Applicable Documentation (specify) |
| **City** | | |
| **State** | Virginia | |
| **Zip Code** | | |
| **Country** | United States | |
| **Phone Number** | | ☐ Home<br>☐ Mobile |
| **Email Address** | | |

| ALTERNATIVE CONTACTS | | | | |
|---|---|---|---|---|
| **Alternate Contacts:** | Contact Name | | Contact Name | |
| | Address | | Address | |
| | City | | City | |
| | State | | State | |
| | Zip | | Zip | |
| | Phone # | | Phone # | |
| | Email Address | | Email Address | |
| | Relationship | | Relationship | |

| DEMOGRAPHIC INFORMATION | | |
|---|---|---|
| **Date of Birth** | | ☐ Baptismal Record with Date of Birth<br>☐ Birth Certificate<br>☐ DD-214<br>☐ Driver's License<br>☐ Federal, State, Local Gov't, or Tribal ID Card Hospital Birth Record<br>☐ Passport<br>☐ Public Assistance/Social Service Record<br>☐ School Records/ID Card<br>☐ Work Permit Decree of Court<br>☐ Report of Transfer or Discharge Paper<br>☐ Cross-Match w/ State Agency Records<br>☐ Justice System Records<br>☐ Selective Service Registration<br>☐ Signed Letter from parent/guardian<br>☐ Medical Records<br>☐ Self-Attestation<br>☐ Family Bible<br>☐ A copy of source documentation or Attachment C WIOA Title I Telephone Verification and Document Inspection Form must be uploaded into VAWC. |
| **Gender** | ☐ Male<br>☐ Female | |
| **Registered for the Selective Service?** | ☐ Not Applicable<br>☐ Yes<br>☐ No | ☐ Not Applicable<br>☐ Selective Service Acknowledgement Letter<br>☐ Selective Service Telephone Verfification (847) 688-6888<br>☐ DD-214, Report of Separation<br>☐ Selective Service Status Information Letter<br>☐ Selective Service Registration Record (Form 3A)<br>☐ Selective Service Verification Form<br>☐ Stamped Post Office Receipt of Registration<br>☐ Selective Service Request for Registration<br>☐ Acknowledgement Letter<br>☐ Internet www.sss.gov – Screen printout<br>☐ Selective Service Registration Card<br>☐ For individuals who did not register with the Selective Service System by their 26th birthday or who believe they were exempt from registering both source documents from the following list:<br>• Status Information Letter https://www.sss.gov/verify/sil/<br>AND<br>• Self-attestation-signed statement that explains why theindividual's failure to register was not knowing and willful.<br>A copy of source documentation or Attachment |

| | | |
|---|---|---|
| | | C WIOA Title I Telephone Verification and document Inspection Form must be uploaded into VaWC. |
| **Selective Service Registration #** | | |
| **Selective Service Registration Date** | | |

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|---|---|---|
| **Authorization to Work in US** | ☐ Citizen of U.S. or U.S. Territory<br>☐ U.S. Permanent Resident<br>☐ Alien/Refugee Lawfully Admitted to the U.S.<br>☐ None of the Above | ☐ Alien Registration Card (USCIS Forms I-151, I- 551, I- 94, I-668A, I-197, I-179)<br>☐ Baptismal Certificate with Place of Birth<br>☐ Birth Certificate<br>☐ DD-214<br>☐ Food Stamps Records<br>☐ Foreign Passport Stamped Eligible to Work<br>☐ Hospital Birth Record<br>☐ Naturalization Certification<br>☐ Public Assistance Records<br>☐ United States Passport<br>☐ Native American Tribal Document<br>☐ Alien Registration Card Indication Right to Work<br>☐ Voter Registration Card<br>☐ Other Applicable Documentation (specify)<br>☐ E-Verify is an internet-based system that compares information on an I-9 form to records available to the US Department of Homeland Security and the Social Security Administration to confirm employment eligibility. E-Verify may be used as a data validation tool. https://www.e-verify.gov/ |
| **Considered to be of Hispanic Heritage?** | ☐ Yes<br>☐ No | |
| **Race/Ethnicity** | ☐ African American/Black<br>☐ American Indian/Alaskan Native<br>☐ Asian<br>☐ Hawaiian/Other Pacific Islander<br>☐ White<br>☐ I do not wish to answer. | |
| **Considered to have a disability?** | ☐ Yes<br>☐ No | ☐ Letter from drug/alcohol rehabilitation agency<br>☐ Letter from child study team stating specific disability<br>☐ Medical Records<br>☐ Social Service Records/Referral<br>☐ Physician's Statement<br>☐ Psychiatrist's Statement<br>☐ Psychologist's Diagnosis<br>☐ Rehabilitation Evaluation<br>☐ School Records<br>☐ Sheltered Workshop Certification<br>☐ Workers' Compensation Record<br>☐ Social Security Admin. Disability Records<br>☐ Veterans Administration Letter/Records<br>☐ Vocational Rehabilitation Letter<br>☐ Self-Certification<br>☐ Telephone Certification<br>☐ Observable and/or obvious conditions (Applicant Statement with the interviewer serving as the corroboration witness)<br>☐ Other Applicable Documentation (specify) |

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| **Type of Disability** | ☐ Physical Impairment<br>☐ Mental Impairment<br>☐ Individual did not disclose | |
| **Transitioning Service Member?** | ☐ Yes<br>☐ No | |
| **Type of Transitioning Service Member** | ☐ Not Applicable<br>☐ Within 24 months of retirement<br>☐ Within 12 months of discharge | |
| **Estimated Discharge Date** | | |

| VETERAN INFORMATION | | |
|---|---|---|
| **Eligible Veteran Status** | ☐ Yes - <= 180 days<br>☐ Yes – Eligible Veteran<br>☐ Yes – Other Eligible Person<br>☐ No | ☐ Self Attestation<br>☐ DD-214<br>☐ Military Document (ID, other DD form) indicating dependent spouse<br>☐ VA records/printout<br>☐ Other Applicable Documentation (specify) |
| **Served more than 1 tour of duty** | ☐ Yes<br>☐ No | |
| **Military Service Entry Date** | | |
| **Military Service Discharge Date** | | |
| **Campaign Veteran** | ☐ Yes<br>☐ No | |
| **Disabled Veteran** | ☐ Yes – Disabled<br>☐ Yes – Special Disabled (greater than 30%)<br>☐ No | |
| **Recently Separated Veteran (within the last 48 months)** | ☐ Yes<br>☐ No | |
| **Attended a Transition Assistance Program (TAP) workshop within the last 3 years** | ☐ Yes<br>☐ No | |

| EMPLOYMENT INFORMATION | | |
|---|---|---|
| **Employment Status** | ☐ Employed<br>☐ Employed – but received notice of termination of employment or military separation<br>☐ Not Employed | ☐ Self Attestation<br>☐ UI Records<br>☐ Employer Contact<br>☐ Other Applicable Documentation (specify) |
| **If Employed, Individual is Under-Employed** | ☐ Yes<br>☐ No | |

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| **Receiving Unemployment Compensation** | ☐ No – Neither Claimant nor Exhaustee<br>☐ Yes – Claimant Referred by RSO<br>☐ Yes – Claimant Not Referred by RSO<br>☐ Yes – Exhaustee<br>☐ Unknown | ☐ UI Records (Benefit History, Wage Record)<br>☐ Other Applicable Documentation (specify) |
| **Meets Long Term Unemployment Definition** | ☐ Yes<br>☐ No | |
| **Current or Most Recent Hourly Rate of Pay** | | |

| | | |
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| **Occupation of Most Recent Employment Prior to WIOA Participation** | | |
| **Farmworker Status** | ☐ Farmworker<br>☐ Migrant<br>☐ Migrant Farmworker<br>☐ No | |
| **Type of Qualifying Farmwork** | ☐ Agricultural Production and Services<br>☐ Food Processing Establishments | |

| **EDUCATION INFORMATION** | | |
|---|---|---|
| **Current Highest School Grade Completed (from Registration)** | ☐ No School Grade Completed<br>☐ 1st Grade Completed<br>☐ 2nd Grade Completed<br>☐ 3rd Grade Completed<br>☐ 4th Grade Completed<br>☐ 5th Grade Completed<br>☐ 6th Grade Completed<br>☐ 7th Grade Completed<br>☐ 8th Grade Completed<br>☐ 9th Grade Completed<br>☐ 10th Grade Completed<br>☐ 11th Grade Completed<br>☐ 12th Grade Completed & Did not Receive Diploma<br>☐ High School Equivalency Diploma<br>☐ High School Diploma<br>☐ 1 year at College/Technical/Vocational School<br>☐ 2 years at College/Technical/Vocational School<br>☐ 3 years at College/Technical/Vocational School<br>☐ Vocational School Certificate<br>☐ Associate's Degree<br>☐ Bachelor's Degree<br>☐ Master's Degree<br>☐ Doctorate Degree<br>☐ Specialized Degree (e.g. MD, DDS) | ☐ Self Attestation<br>☐ Copy of Diploma or GED<br>☐ School Records |

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|---|---|---|
| **Federally Reported Highest School Grade Completed** | ☐ 1 Elem./Sec. School Grades Completed<br>☐ 2 Elem./Sec. School Grades Completed<br>☐ 3 Elem./Sec. School Grades Completed<br>☐ 4 Elem./Sec. School Grades Completed<br>☐ 5 Elem./Sec. School Grades Completed<br>☐ 6 Elem./Sec. School Grades Completed<br>☐ 7 Elem./Sec. School Grades Completed<br>☐ 8 Elem./Sec. School Grades Completed<br>☐ 9 Elem./Sec. School Grades Completed<br>☐ 10 Elem./Sec. School Grades Completed<br>☐ 11 Elem./Sec. School Grades Completed<br>☐ 12 Elem./Sec. School Grades Completed<br>☐ Attained High School Diploma<br>☐ Attained GED or Equivalent<br>☐ Attained Certificate of Attendance/Completion<br>☐ Associate's Diploma or Degree<br>☐ 1 year of College/Vocational School Completed<br>☐ 2 years of College/Vocational School Completed<br>☐ 3 years of College/Vocational School Completed<br>☐ Bachelor's Degree or Equivalent<br>☐ Education Beyond a Bachelor's Degree | ☐ Self Attestation<br>☐ Copy of Diploma or GED<br>☐ School Records |
| **School Status** | ☐ In School – High School or Less<br>☐ In School – Alternative School<br>☐ In School – Post High School<br>☐ Not Attending School or HS Dropout<br>☐ Not Attending School<br>☐ High School Graduate | ☐ School Records<br>☐ Attendance<br>☐ Drop-out Letter<br>☐ Applicant Statement or Attestation<br>☐ Other Applicable Documentation (specify) |
| **Attending any School (per state definition)** | ☐ Yes<br>☐ No | ☐ School Records<br>☐ Self Attestation<br>☐ Other Applicable Documentation (specify) |

| **PUBLIC ASSISTANCE** | | |
|---|---|---|
| ***Individual or member of a family that is receiving, or in the past 6 months has received, the following:*** | | |
| **TANF** | ☐ Yes<br>☐ No | ☐ Public assistance records/printout<br>☐ Copy of authorization to receive cash public assistance<br>☐ Copy of public assistance check<br>☐ Medical card showing cash grant status<br>☐ Public assistance information card showing cash grant status<br>☐ Statement from Social Service Agency<br>☐ Refugee Assistance Records<br>☐ Self-Certification Form<br>☐ Telephone Verification<br>☐ Other Applicable Documentation (specify) |
| **Supplemental Security Income (SSI)** | ☐ Yes<br>☐ No | ☐ Public assistance records/printout (SSI)<br>☐ Copy of authorization to receive cash public assistance (SSI)<br>☐ Copy of public assistance check (SSI)<br>☐ Medical card showing cash grant status (SSI)<br>☐ Public assistance information card showing cash grant status (SSI)<br>☐ Statement from Social Service Agency (SSI)<br>☐ Other Applicable Documentation (specify) |

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|---|---|---|
| **State or Local Income-Based Public Assistance (General Assistance)** | ☐ Yes<br>☐ No | ☐ Public assistance records/printout<br>☐ Copy of authorization to receive cash public assistance<br>☐ Copy of public assistance check<br>☐ Medical card showing cash grant status<br>☐ Public assistance information card showing cash grant status<br>☐ Statement from Social Service Agency<br>☐ Other Applicable Documentation (specify) |
| **Supplemental Nutrition Assistance Program (SNAP)** | ☐ Yes<br>☐ No | ☐ Current authorization to obtain food stamps<br>☐ Current food stamp receipt<br>☐ Food stamp card with current date<br>☐ Letter from food stamp disbursing agency<br>☐ Postmarked food stamp mailer with applicable name and address<br>☐ Public assistance records/printout<br>☐ Self-certification<br>☐ Telephone Verification<br>☐ Other Applicable Documentation (specify) |
| **Refugee Cash Assistance (RCA)** | ☐ Yes<br>☐ No | ☐ Public assistance records/printout<br>☐ Copy of authorization to receive cash public assistance<br>☐ Copy of public assistance check<br>☐ Medical card showing cash grant status<br>☐ Public assistance identification card showing cash grant status<br>☐ Statement from Social Service agency<br>☐ Refugee assistance<br>☐ Cross-match with public assistance database<br>☐ Other Applicable Documentation (specify) |
| ***Individual receives, or in the last 6 months received:*** | | |
| **Receiving Social Security Disability Insurance (SSDI)** | ☐ Yes<br>☐ No | ☐ Public assistance records/printout<br>☐ Copy of authorization to receive cash public assistance<br>☐ Copy of public assistance check<br>☐ Medical card showing cash grant status<br>☐ Public assistance information card showing cash grant status<br>☐ Statement from Social Service Agency<br>☐ Refugee Assistance<br>☐ Cross-match with public assistance database<br>☐ Other Applicable Documentation (specify) |
| ***Individual currently meets the following:*** | | |
| **Receiving, or has been notified will receive, Pell Grant** | ☐ Yes<br>☐ No | |

| **INDIVIDUAL BARRIERS** | | |
|---|---|---|
| **English Language Learner** | ☐ Yes<br>☐ No | ☐ Test Scores<br>☐ Staff Observation<br>☐ Other Applicable Documentation (specify) |
| **Basic Skills Deficient** | ☐ Yes<br>☐ No | ☐ Copy of any generally accepted standardized test<br>☐ School record of reading and/or math skills determined within the previous 12 months of application<br>☐ Other indication that the applicant cannot read sufficiently to complete forms and/or indicating applicant has math skills below the ninth grade level<br>☐ Other Applicable Documentation (specify) |

| | | |
|---|---|---|
| **Homeless** | ☐ Yes<br>☐ No | ☐ Written statement from shelter<br>☐ Written statement from an individual providing temporary assistance<br>☐ Written statement from Social Service agency<br>☐ Applicant Statement/Self Attestation, in limited cases<br>☐ Self-Certification<br>☐ Telephone Verification<br>☐ Other Applicable Documentation (specify) |
| **Offender – individual has been arrested/convicted of a crime** | ☐ Yes<br>☐ No | ☐ Police records<br>☐ Court documents<br>☐ Halfway house resident<br>☐ Letter of parole<br>☐ Letter from probation officer<br>☐ Applicant Statement/Self Attestation, in limited cases<br>☐ Self-Certification<br>☐ Telephone Verification<br>☐ Other Applicable Documentation (specify) |

| **BARRIERS TO EMPLOYMENT** | | |
|---|---|---|
| **Displaced Homemaker** | ☐ Yes<br>☐ No | ☐ Divorce decree or legal separation<br>☐ Employer Statement<br>☐ Statement from family member or ex-spouse of non-support (Notarized)<br>☐ Applicant Statement and Unemployment Wage Record<br>☐ Applicant Statement<br>☐ Public Assistance Records<br>☐ Applicant Statement of the continuous effort to seek employment and a recent job search that shows a minimum of ten (10) employer contacts documenting that a reasonable effort has been made to obtain employment<br>☐ In depth assessment with Case Manager<br>☐ Other Applicable Documentation (specify) |
| **Within 2 years of exhausting TANF lifetime eligibility** | ☐ Yes<br>☐ No | |
| **Hawaiian Native** | ☐ Yes<br>☐ No | |
| **American Indian/Alaskan Native** | ☐ Yes<br>☐ No | |
| **Single Parent (including single pregnant women)** | ☐ Yes<br>☐ No | |
| **Individual facing substantial cultural barriers** | ☐ Yes<br>☐ No | |
| **Eligible Migrant Season Farmworker as defined in WIOA Sec 167 (i)** | ☐ Yes<br>☐ No | |
| **Meets Governor's special barriers to employment** | ☐ Yes<br>☐ No | |

| INCOME INFORMATION | | |
|---|---|---|
| **Due to the individual's disability, they qualify as a Family of 1** | ☐ Yes<br>☐ No | |
| **Family Size** | ☐ 1<br>☐ 2<br>☐ 3<br>☐ 4<br>☐ 5<br>☐ 6<br>☐ 7<br>☐ 8<br>☐ 9<br>☐ 10<br>☐ 11<br>☐ 12<br>☐ 13<br>☐ 14<br>☐ 15 | ☐ Public Assistance/S.S. Agency Records<br>☐ Birth Certificate<br>☐ Decree of court<br>☐ Disabled<br>☐ Divorce Decree<br>☐ Landlord Statement<br>☐ Lease<br>☐ Marriage Certificate<br>☐ Medical Card<br>☐ Most recent tax return supported by IRS documents (e.g. form letter 1722)<br>☐ Public housing letter (if resident or waiting list)<br>☐ Written statement from a publicly supported 24-hour care facility or institution (e.g. mental, prison)<br>☐ Applicant Statement/Self Attestation, in limited cases<br>☐ Telephone Verification<br>☐Other Applicable Documentation (specify) |
| **Annualized Family Income** | | ☐ Alimony Agreement<br>☐ Unemployment Insurance documents and/or printout<br>☐ Award letter from Veterans Administration<br>☐ Bank statements (direct deposit)<br>☐ Compensation award letter<br>☐ Court award letter<br>☐ Employer statement/contact<br>☐ Farm or business financial records<br>☐ Housing authority verification<br>☐ Pay stubs<br>☐ Pension/Annuity statement<br>☐ Public Assistance Records<br>☐ Quarterly estimated tax for self-employed persons (Schedule C)<br>☐ Social Security Benefits<br>☐ Telephone Verification<br>☐ Applicant Statement/Self Attestation, in limited cases<br>☐ Business Financial Records<br>☐ Workers' Compensation Records<br>☐ Other Applicable Documentation (specify) |

## APPLICANT CERTIFICATION

I certify that the information provided in the attached application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information) and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

_____

***Signature of WIOA Applicant*** ***Date***

I have reviewed all of the attached information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of the interview.

_____

***Signature of WIOA Case Manager*** ***Date***

I certify that I have reviewed the source document(s) indicated or have made contact with the individual listed to verify eligibility of this customer.

_____

***Signature of Eligibility Reviewer*** ***Date***

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## Supplemental Income Verification

List all members of the family who have had income in the past 6 months.

| Family Member | Source/Type of Income | Excluded Income | Included Income |
|---|---|---|---|
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Total Income 6 Months: _____

Annualized Income: _____

**Comments:**

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