VIRGINIA CAREER WORKS
PIEDMONT REGION

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Attachment A: WIOA Title I Self-Attestation Form

Applicant Information:

Last Name:	**First Name:**	**VaWC#** *(or last 4 of SSN)*	**Date:**

Address:	**City:**	**State:**	**Zip:**

Individuals entering WIOA services may self-attest to the information below:

1. School Status

I attest that my current education status is (Select only one):

- ☐ Not attending school; secondary school graduate or has a recognized equivalent
- ☐ Not attending school or secondary school dropout
- ☐ In-school, secondary school or less
- ☐ In-school, alternative school
- ☐ In-school, post-secondary school

2.	Are you an English Language Learner?	Yes ☐	No ☐
3.	Are you homeless or did you run away from home?	Yes ☐	No ☐
4.	Are you a former offender? A former offender is an adult or juvenile who is or has been subject to the juvenile or adult justice system	Yes ☐	No ☐
5.	Are you in foster care or aged out of the foster care?	Yes ☐	No ☐
6.	Are you a single parent?	Yes ☐	No ☐
7.	Are you a non-custodial parent?	Yes ☐	No ☐

8. Other Self-Attestation Statement as allowed by TEGL 23-19

Explanation:

Self-Attestation Statement:

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

SIGNATURE OF PARTICIPANT (or legal guardian if under the age of 18) **DATE**
X

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form. I certify that I attempted to obtain other source documentation to verify eligibility. Self-attestation is being used so as not to delay or prevent enrollment and receipt of services in a program.

SIGNATURE OF STAFF **DATE**
X

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