

Attachment B: WIOA Title I Self-Attestation Form Medical Information

This document must be stored in a separate location.

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. I attest that I have disability as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. I attest I am pregnant. A pregnant individual can only be the expectant mother. (Youth Program Eligibility Only).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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	