

Workforce Innovation and Opportunity Act (WIOA) Telephone Verification/Document Inspection Form

IDENTIFYING INFORMATION		
Applicant's Name	_____	_____
	<i>Last</i>	<i>First</i>
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 VERIFICATION	_____
DATE & TIME OF VERIFICATION	_____
TELEPHONE NUMBER OF AGENCY	_____

WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION
NAME AND/OR NUMBER OF DOCUMENT _____

ELIGIBILITY ITEM(S) TO BE VERIFIED	_____
INFORMATION VERIFIED	_____
DOCUMENT TO BE INSPECTED	_____
ORIGINAL SOURCE OF DOCUMENT	_____
REASON FOR DOCUMENTATION	<input type="checkbox"/> REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE <input type="checkbox"/> ON SITE ELIGIBILITY, NO COPIER AVAILABLE <input type="checkbox"/> DOCUMENT CANNOT BE COPIED

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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.

CASE MANAGER'S SIGNATURE _____

DATE _____