VIRGINIA CAREER WORKS
PIEDMONT REGION

Workforce Innovation and Opportunity Act (WIOA)
Social Services Verification

A proud partner of the americanjobcenter network

WIOA Applicant Name: ______________________________

I authorize the Department of Social Services to release the information noted below, including my entitlements and the amounts I receive, for the purpose of determining eligibility for the Workforce Innovation and Opportunity Act program.

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WIOA Applicant Signature *Date:*

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Parent/Guardian Signature (if needed) *Date:*

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TO BE FILLED OUT BY SOCIAL SERVICES REPRESENTATIVE ONLY

DSS Office Name: ______________________________
Address: ______________________________
City/State/Zip: ______________________________
Contact Person: ______________________________
Phone: ______________________________

Has the WIOA Applicant received SNAP benefits or TANF benefits in the last 6 months? ☐ Yes ☐ No

Clients Name: ______________________________
Address: ______________________________
City/State/Zip: ______________________________
Date Benefits Started: ______________________________
Family Size: ______________________________
Income Verified Per Month: ______________________________
Termination Date: ______________________________

Please check all applicable items:

☐ **TANF Benefits:** $ ____________
☐ **SNAP Benefits:** $ ____________

____
Social Services Representative Signature *Printed Name*

____
Title *Date*

<u>PLEASE RETURN THIS FORM TO:</u>

Name: ______________________________
Phone: ______________________________
Fax: ______________________________
Email: ______________________________

Updated 1/15/2019