



**Workforce Innovation and Opportunity Act (WIOA)  
Social Services Verification**

**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.

\_\_\_\_\_  
*WIOA Applicant Signature* *Date:*

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

.....  
**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*

**PLEASE RETURN THIS FORM TO:**

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

