

Attachment A

WIOA Priority of Service Status Form

Purpose: This form is to be used to document the Priority of Service category of a Title I Adult participant.

Participant's Name: \_\_\_\_\_

State ID: \_\_\_\_\_

Participation Date: \_\_\_\_\_

PRIORITY OF SERVICE CATEGORY: (CHECK 1 OF THE FOLLOWING):

A. Veteran or Eligible Spouse:

- a. Veteran: Yes \_\_\_ No \_\_\_
- b. Eligible Spouse: Yes \_\_\_ No \_\_\_
- c. Meets Adult Priority Criteria:
  - i. Is currently receiving public assistance: Yes \_\_\_ No \_\_\_ or
  - ii. Is low income: Yes \_\_\_ No \_\_\_ or
  - iii. Is basic skills deficient: Yes \_\_\_ No \_\_\_

B. A non-veteran who:

- a. Meets Adult Priority Criteria:
  - i. Is currently receiving public assistance: Yes \_\_\_ No \_\_\_ or
  - ii. Is low income: Yes \_\_\_ No \_\_\_ or
  - iii. Is basic skills deficient: Yes \_\_\_ No \_\_\_

C. A veteran or eligible spouse of a veteran who is **not included** in WIOA priority groups:

- a. Yes \_\_\_
- b. No \_\_\_

D. A non-veteran who is not included in WIOA priority groups:

- a. Yes \_\_\_
- b. No \_\_\_

E. Other priority groups identified by the Governor or the Local Workforce Development Board. Any priority group identified must have been included in the Combined State Plan or the Local Workforce Development Area Plan.

- a. Yes \_\_\_
- b. No \_\_\_

Case Manager: \_\_\_\_\_

Date Completed: \_\_\_\_\_