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| WIOA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM |
|  |
| IDENTIFYING INFORMATION |
|  |
| **Applicant’s Name** |  |
|  |  **Last** | **First** |  **MI** |
|  |  |  |  |
| **Social Security Number** |  |  **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 ELIGIBILITY ITEM:** |  |
|  |  |
| **DATE AND TIME OF VERIFICATION:** |  |
|  |  |
| **TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION:** |  |
|  |  |
|  |
| WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION |
|  |
| **NAME AND/OR NUMBER OF DOCUMENT** |  |
|  |  |
|  |  |
| **ELIGIBILITY ITEM TO BE VERIFIED:** |  |
|  |  |
| **INFORMATION VERIFIED:** |  |
| **DOCUMENT TO BE INSPECTED:** |  |
| **ORIGINAL SOURCE OF DOCUMENT:** |  |
| **REASON FOR DOCUMENT INSPECTION:** | **🞎 REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE** |
|  | **🞎 ON SITE ELIGIBILITY, NO COPIER AVAILABLE.** |
|  | **🞎 Document cannot be copied** |
|  |  |
| **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 FORM VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO BE DETERMINE ELIGIBILITY FOR THE WIOA PROGRAM.** |
|  |  |  |
| ELIGIBILITY SPECIALIST’S SIGNATURE |  | DATE |