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| WIOA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM | | | | | | | | | | | |
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| IDENTIFYING INFORMATION | | | | | | | | | | | |
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| **Applicant’s Name** |  | | | | | | | | | | |
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| **Social Security Number** | |  | | | | | | | | **Date:** |  |
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| WiOa eligibility verification by telephone | | | | | | | | | | | |
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| NAME AND/OR NUMBER OF DOCUMENT | | | | |  | | | | | | |
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| **Eligibility ITEM (S) to be verified:** | | | | |  | | | | | | |
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| **INFORMATION VERIFIED:** | | | | |  | | | | | | |
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| **AGENCY PROVIDING VERIFICATION:** | | | | |  | | | | | | |
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| **AGENT VERIFYING ELIGIBILITY ITEM:** | | | | |  | | | | | | |
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| **DATE AND TIME OF VERIFICATION:** | | | | |  | | | | | | |
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| **TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION:** | | | | |  | | | | | | |
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| WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION | | | | | | | | | | | |
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| **NAME AND/OR NUMBER OF DOCUMENT** | | | |  | | | | | | | |
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| **ELIGIBILITY ITEM TO BE VERIFIED:** | | | |  | | | | | | | |
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| **INFORMATION VERIFIED:** | | | |  | | | | | | | |
| **DOCUMENT TO BE INSPECTED:** | | | |  | | | | | | | |
| **ORIGINAL SOURCE OF DOCUMENT:** | | | |  | | | | | | | |
| **REASON FOR DOCUMENT INSPECTION:** | | | | **🞎 REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE** | | | | | | | |
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|  | | | | **🞎 Document cannot be copied** | | | | | | | |
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| **OR** | | | | | | | | | | | |
| **I ATTEST THAT THE DOCUMENT INSPECTION FORM VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO BE DETERMINE ELIGIBILITY FOR THE WIOA PROGRAM.** | | | | | | | | | | | |
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| ELIGIBILITY SPECIALIST’S SIGNATURE | | | | | | |  | DATE | | | |