

**ATTACHMENT H**

**TELEPHONE VERIFICATION FORM**

WIA Title I Eligibility Verification by Telephone or Document Inspection

\_\_\_\_\_  
Applicant's name and other identifying information

Company/agency providing verification\_\_\_\_\_

Company/agency area code & telephone number\_\_\_\_\_

Person verifying eligibility item\_\_\_\_\_

Date of verification\_\_\_\_\_

\_\_\_\_\_  
Primary eligibility items verified\_\_\_\_\_

Additional eligibility items verified\_\_\_\_\_

***Verification***

I attest that the information recorded by me on this document was obtained through telephone contact or document inspection on the above date from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

Signature of eligibility\intake worker\_\_\_\_\_ Date\_\_\_\_\_