

ATTACHMENT E

TELEPHONE VERIFICATION FORM

WIOA Title I Eligibility Verification by Telephone

Applicant's name and other identifying information

Organization providing verification _____

Organization area code & telephone number _____

Organization representative verifying eligibility item _____

Date of verification _____

Primary eligibility items verified _____

Additional eligibility items verified _____

Additional eligibility items verified _____

Additional eligibility items verified _____

Additional eligibility items verified _____

Additional eligibility items verified _____

Verification

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

Eligibility\intake worker name (print) _____

Eligibility\intake worker signature _____

Date _____