

ATTACHMENT F

ELIGIBILITY DOCUMENTATION

ELIGIBILITY CRITERIA	SOURCES OF DOCUMENTATION (Only one of the following is required for each criterion. See also alternate forms.)
GENERAL ELIGIBILITY – Required for adults and dislocated workers	
Birth Date/Age	<ol style="list-style-type: none"> 1. Baptismal Record 2. Birth Certificate 3. DD-214, Report of Transfer or Discharge Paper 4. Driver's License (with Photo and Date of Birth) 5. Federal, State or Local Government Identification Card that includes a birth date 6. Selective Service Card 7. Hospital Record of Birth 8. Passport (as long as the passport includes the date of birth) 9. Public Assistance\Social Service Records 10. School Records\Identification Card 11. Letter from Commonwealth of Massachusetts EOHHS Agency (for Foster Child and State Custody Youth, only) 12. Unexpired Alien Registration Card/Documents indicating authorization to work in the United States I-179, I-197, I-551, I-688, I-688A, I-688B, I-766, Certificate of Naturalization (Form N-565 or N-570) I-94 Arrival/Departure Form
U.S. Citizenship or Authorization to Work in the United States if a non-U.S. Citizen**	<ol style="list-style-type: none"> 1. U.S. Baptismal Certificate (if place of birth is shown) 2. U.S. Birth Certificate 3. U.S. Hospital Record of Birth 4. U.S. Passport (either current or expired) 5. Certificate of Naturalization (Form N-565 or N-570) 6. Unexpired Alien Registration Card/Documents indicating authorization to work in the United States (INS Forms I-179, I-197, I-327, I-551, I-571, I-688, I-688A, I-688B, I-766, an unexpired I-94 Arrival/Departure form that includes an endorsement (stamped) of the individual's status as authorized to work in the United States when accompanied with an unexpired temporary foreign passport that has the same name as the I-94, an unexpired temporary foreign passport stamped with an I-155 Work Authorization stamp 7. Letter from Commonwealth of Massachusetts EOHHS Agency (for Foster Child and State Custody Youth, only) 8. Native American Tribal document
Selective Service Registrant*	<ol style="list-style-type: none"> 1. DD-214, Report of Transfer or Discharge 2. Selective Service Advisory Opinion Letter (not used after Jan., 1995) 3. Selective Service Online Verification at http://www.sss.gov (printout) 4. Selective Service Registration Acknowledgement Card 5. Selective Service Status Information Letter 6. Selective Service Registration Record (Form 3A) 7. Stamped Post Office Receipt of Registration 8. Certificate of Naturalization (indicates compliance with all Selective Service requirements) (Cannot be copied must verify using the Document Inspection Form – see Attachment G) 9. U.S. Passport (for non-U.S. born customers, only)

**Online verification is available for men born on or after 12\31\59. Men between the ages of 18-26 who have not registered should be referred to SSS for registration prior to enrollment in WIOA Title I. Registration may be completed online at the web site.*

***An individual's legal right to work in the United States may be documented using the Social Security Card (unless the card says that it is not valid for employment) AND Driver's License or other government issued picture ID containing a photograph or information such as name, date of birth, gender, height, eye color and address. The SS Card establishes work authorization and the identification establishes identity (and that the SS Card belongs to the person).*

Pursuant to the USDOL policy that final decisions for disbursing federally financed domestic benefits, services, rights, or training, rests solely with the provider agencies that disburse them, the local Title I operator is responsible for determining if an individual seeking services under Title I meets Selective Service requirements. As such, the Title I operator must determine for any Title I applicant who was required to register with Selective Service and failed to do so, whether that failure was knowing or willful. It is the responsibility of the individual to demonstrate that such failure to register was not knowing or willful. All such determinations must be documented in the participant's case file. DOL TEGL 8-98 issued 11/4/98.

ECONOMIC ELIGIBILITY – Required for adults (if low-income/public assistance priority is in effect, locally)	
Cash Public Assistance NOTE: The listed items of documentation are acceptable for any individual listed on grant.	<ol style="list-style-type: none"> 1. Copy of Authorization to Receive Cash Public Assistance 2. Copy of Public Assistance Check 3. Medical Card showing Cash Grant Status 4. Public Assistance Identification Card showing Cash Grant Status 5. Public Assistance Records/Printout/Master File
Individual/Family Income	<ol style="list-style-type: none"> 1. Alimony Agreement 2. Award letter from Veterans Administration 3. Bank Statements (Direct Deposits) 4. Compensation Award Letter 5. Court Award Letter 6. Employer Statement/Contact 7. Business Financial Records 8. Housing Authority Verification 9. Pay Stubs 10. Pension Statement 11. Quarterly Estimated Tax for Self-Employed Persons 12. Social Security Benefits 13. Unemployment Insurance Documents 14. Written statement from other Federal, State or Local agency 15. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness (see Attachment G instruction) 16. Telephone verification if other forms of documentation are not readily available (see Attachment G instruction) 17. Document Inspection if provided document cannot be legally photocopied (see Attachment G instruction)
Individual Status/Family Size	<ol style="list-style-type: none"> 1. Birth Certificate 2. Decree of Court 3. Disabled (See "Individuals with Disabilities" below) 4. Divorce Decree 5. Lease or Landlord Statement 6. Marriage Certificate 8. Medical Card 9. Public Assistance/Social Service/Public Housing Agency Records 10. Letter from Commonwealth of Massachusetts EOHHS Agency (for Foster Child and State Custody Youth, only) 11. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness (see Attachment G instruction) 12. Telephone verification if other forms of documentation are not readily available (see Attachment G instruction) 13. Document Inspection if provided document cannot be legally photocopied (see Attachment G instruction)
SNAP	<ol style="list-style-type: none"> 1. Current Authorization to obtain SNAP 2. Current SNAP receipt

	3. SNAP Card with Current Date 4. Postmarked SNAP Mailer with Applicable Name and Address 5. Public Assistance Records\Printout
Homeless (Income verification not required)	1. Written Statement from an Individual Providing Temporary Residence 2. Written Statement from Shelter/Social Service Agency 3. Letter from Commonwealth of Massachusetts EOHHS Agency (for Foster Individual and State Custody Individual, only) 4. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness (see Attachment G instruction) 5. Telephone verification if other forms of documentation are not readily available (see Attachment G instruction) 6. Document Inspection if provided document cannot be legally photocopied (see Attachment G instruction)
Supported Foster Individual – up to age 21 (Income verification not required)	1. Court Contact 2. Court Documentation 3. Medical Card 4. Verification of Payments made on Behalf of the Child 5. Written Statement from State\Local Agency 6. Letter from Commonwealth of Massachusetts EOHHS Agency 7. Telephone verification if other forms of documentation are not readily available (see Attachment G instruction) 8. Document Inspection if provided document cannot be legally photocopied (see Attachment G instruction)
Individual with Disabilities (Customer's own income must be considered)	1. Letter from Drug or Alcohol Rehabilitation Agency 2. Letter from Child Study Team Stating Specific Eligibility 3. Medical Records 4. Observable Condition 5. Physician Statement 6. Psychiatrist's/Psychologist's Diagnosis 7. Rehabilitation Evaluation 8. School Records 9. Sheltered Workshop Certification 10. Social Service Records\Referral 11. Social Security Administration Disability or Veterans Admin. Records 12. Vocational Rehabilitation Letter 13. Workers Compensation Record 14. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness (see Attachment G instruction) 15. Telephone verification if other forms of documentation are not readily available (see Attachment G instruction) 16. Document Inspection if provided document cannot be legally photocopied (see Attachment G instruction)
State Custody Individual – up to age 21 (Customer's own income must be considered)	1. Court Contact 2. Court Documentation 3. Medical Card 4. Verification of Payments made on Behalf of the Child 5. Written Statement from State\Local Agency 6. Letter from Commonwealth of Massachusetts EOHHS 7. Agency Telephone verification if other forms of documentation are not readily available (see Attachment G instruction) 8. Document Inspection if provided document cannot be legally photocopied (see Attachment G instruction)

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
DISLOCATED WORKERS	
(A)	
(i) terminated, laid-off or received notice and	1. Unemployment Insurance (UI) records 2. Referral from Rapid Response 3. Notice of Ineligibility for Unemployment Insurance

<p>(ii) (I) is eligible for, or has exhausted entitlement to, UI benefits; or</p> <p>(II) has been employed but is not eligible for UI due to insufficient earnings or were not covered under UI, and</p> <p>(iii) is unlikely to return to a previous industry or occupation</p>	<ol style="list-style-type: none"> 4. Profiled Customer/Referral Form 5. Documentation from former employer, including telephone verification of employment and layoff status 6. Pay stubs (accept only with 1, 2, 3, 4 or 5, above) 7. W2 records (accept only with 1, 2, 3, 4 or 5, above) 8. Tax return (accept only with 1, 2, 3, 4 or 5, above)
<p>(B)</p> <p>(i) is terminated, laid-off or received notice as a result of permanent closure or substantial layoff</p> <p>(ii) is employed at a facility that has announced plans to close within in 180 days; or</p> <p>(iii) for purposes of receiving core services, is employed at a facility that has announced plans to close</p>	<ol style="list-style-type: none"> 1. Letter from company (must list customer name and date of layoff if only form of documentation presented) 2. WARN Notice with recent pay stub 3. Newspaper article with recent pay stub 4. Documentation from employer, including telephone verification or employment and layoff status. 5. Unemployment Insurance (UI) records 6. Profiled Customer/Referral Form 7. Referral from Rapid Response 8. Telephone verification if other forms of documentation are not readily available (see Attachment G instruction)
<p>(C) was self-employed but is unemployed due to general economic conditions or because of natural disaster</p>	<ol style="list-style-type: none"> 1. Document indicating business closure 2. Business Tax documents or returns 3. News article or other written announcement of business closure (use only with 2 or 4) 4. Business license (use only with 1, 2, or 3, above) 5. Telephone verification if other forms of documentation are not readily available (see Attachment G instruction)
<p>(D) is a displaced homemaker who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income, and is unemployed or under employed and is experiencing difficulty in obtaining or upgrading employment.</p>	<ol style="list-style-type: none"> 1. Tax returns 2. Social Security documents 3. Death notice and/or certificate (with applicant statement and/or other proof of income status such as 1, 2, 4, 5 or 6) 4. Divorce decree (with applicant statement and/or other proof of income status such as 1, 2, or 5) 5. Public assistance records/UI records 6. documenting of divorce filing (with applicant statement and/or other proof of income status such as 1, 2, or 5)