ATTACHMENT F

ELIGIBILITY DOCUMENTATION

ELIGIBILITY CRITERIA	SOURCES OF DOCUMENTATION
	(Only one of the following is required for each criterion. See also alternate forms.)
GENERAL ELIGIBILIT	Y – Required for youth, adults and dislocated workers
Birth Date/Age	Baptismal Record
	2. Birth Certificate
	3. DD-214, Report of Transfer or Discharge Paper
	Driver's License (with Photo and Date of Birth) 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)
	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 Unites 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	U.S. Baptismal Certificate (if place of birth is shown)
Authorization to Work in the United States if a non-U.S.	2. U.S. Birth Certificate
Citizen	U.S. Hospital Record of Birth U.S. Passport (either current or expired)
Onizon	5. Certificate of Naturalization (Form N-565 or N-570) (Cannot be
	copied must verify using the Document Inspection Form – see
	Attachment G)
	6. Unexpired Alien Registration Card/Documents indicating
	authorization to work in the Unites 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
Selective Service Registrant*	Foster Child and State Custody Youth, only) 1. DD-214, Report of Transfer or Discharge
delective dervice registratit	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
	Selective Service Status Information Letter Selective Service Registration Record (Form 3A)
	7. Stamped Post Office Receipt of Registration
	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 WIA Title I. Registration may be completed online at the web site.

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 – Requi priority is in effect, locally)	red for youth, and required for adults (if low-income/public assistance
Cash Public Assistance	Copy of Authorization to Receive Cash Public Assistance
	Copy of Public Assistance Check
NOTE: The listed items of	Medical Card showing Cash Grant Status
documentation are	4. Public Assistance Identification Card showing Cash Grant Status
acceptable for any individual	Public Assistance Records/Printout/Master File
listed on grant.	
Individual/Family Income	Alimony Agreement
	Award letter from Veterans Administration
	3. Bank Statements (Direct Deposits)
	4. Compensation Award Letter
	5. Court Award Letter
	6. Employer Statement/Contact7. Business Financial Records
	Business Financial Records 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	1. Birth Certificate
	Decree of Court Disabled (Co. "Individuals with Disabilities" below)
	 Disabled (See "Individuals with Disabilities" below) Divorce Decree
	Lease or Landlord Statement
	Marriage Certificate
	8. Medical Card
	Most Recent Tax Return supported by IRS Documents (e.g. Letter
	1722)
	10. Public Assistance/Social Service/Public Housing Agency Records
	11. Letter from Commonwealth of Massachusetts EOHHS Agency (for
	Foster Child and State Custody Youth, only)
	12. Applicant Statement if no other forms of documentation are available
	 must be supported with a corroborative contact or reliable witness
	(see Attachment G instruction)
	13. Telephone verification if other forms of documentation are not
	readily available (see Attachment G instruction)
	14. Document Inspection if provided document cannot be legally
Food Stompo	photocopied (see Attachment G instruction)
Food Stamps	Current Authorization to obtain Food Stamps Current Food Stamp Receipt
	Current Food Stamp Receipt Food Stamp Card with Current Date
	3. Food Stamp Card with Current Date 4. Postmarked Food Stamp Mailer with Applicable Name and Address
	4. Postmarked Food Stamp Mailer with Applicable Name and Address

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

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION (Only one of the following is required for each criterion)
	RIERS - for youth who meet the minimum income criteria.1. Assessed by a Generally Accepted Standardized Test2. School Records

Ochool Doors	A Augustan Lauretan and a de
School Dropout	Attendance Letter from school
	Dropout Letter from school
	3. Eligibility Verification Letter from a recognized community or youth
	organization (if other documents are not available)
	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)
	Document Inspection if provided document cannot be legally
	photocopied (see Attachment G instruction)
Homeless or Run-away	See "Homeless" in Economic Eligibility above
,	
Supported Foster Child	See "Supported Foster Child" in Economic Eligibility above
Pregnant or Parenting	Birth Certificate
	2. Hospital Record of Birth
	3. Medical Card
	4. Physician's Note
	5. Referrals from Official Agencies
	6. School Program for Pregnant Teens
	School Records
	8. Statement from Social Services Agency
	9. Applicant Statement if no other forms of documentation are
	available – must be supported with a corroborative contact or
	reliable witness (see Attachment G instruction)
	10. Telephone verification if other forms of documentation are not
	readily available (see Attachment G instruction)
	11. Document Inspection if provided document cannot be legally
	photocopied (see Attachment G instruction)
Offender	Court Documents
Official	Halfway House Resident
	3. Letter of Parole
	4. Letter from Probation Officer
	5. Police Records
	6. Applicant Statement if no other forms of documentation are
	available – must be supported with a corroborative contact or
	reliable witness (see Attachment G instruction)
	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
Disability Loarning Disability	photocopied (see Attachment G instruction)
Disability, Learning Disability	See "Individuals with Disabilities" in Economic Eligibility above –
	Economic eligibility must also be determined

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION (Only one of the following is required)
YOUTH 5% WINDOW – for yo	uth who do not meet the minimum income criteria.
School Dropout	See "School Dropout" in Youth Eligibility Barriers above
Basic Skills Deficient	See "Basic Skills Deficient" in Youth Eligibility Barriers above
Below Grade Level	See "Basic Skills Deficient" in Youth Eligibility Barriers above
Pregnant or Parenting	See "Pregnant or Parenting" in Youth Eligibility Barriers above
Disability, including Learning Disability	See "Individuals with Disabilities" in Economic Eligibility above
Homeless or Runaway	See "Homeless" in Economic Eligibility above
Offenders	See "Offenders" in Youth Eligibility Barriers above

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
ELIGIBIEIT CITTERIA	DISLOCATED WORKERS
 (A) (i)terminated, laid-off or received notice and (ii) (I)is eligible for, or has exhausted entitlement to, UI benefits; or (II)has been employed but is not eligible for UI due to insufficient earnings or were not covered under UI, and (iii) is unlikely to return to a previous industry or occupation 	 Unemployment Insurance (UI) records Referral from Rapid Response Notice of Ineligibility for Unemployment Insurance Profiled Customer/Referral Form Documentation from former employer, including telephone verification of employment and layoff status Pay stubs (accept only with 1, 2, 3, 4 or 5, above) W2 records (accept only with 1, 2, 3, 4 or 5, above) Tax return (accept only with 1, 2, 3, 4 or 5, above)
(B) (i) is terminated, laid-off or received notice as a result of permanent closure or substantial layoff (ii) is employed at a facility that has announced plans to close within in 180 days; or (iii) for purposes of receiving core services, is employed at a facility that has announced plans to close	 Letter from company (must list customer name and date of layoff if only form of documentation presented) WARN Notice with recent pay stub Newspaper article with recent pay stub Documentation from employer, including telephone verification or employment and layoff status. Unemployment Insurance (UI) records Profiled Customer/Referral Form Referral from Rapid Response Telephone verification if other forms of documentation are not readily available (see Attachment G instruction)
(C) was self-employed but is unemployed due to general economic conditions or because of natural disaster	 Document indicating business closure Business Tax documents or returns News article or other written announcement of business closure (use only with 2 or 4) Business license (use only with 1, 2, or 3, above) Telephone verification if other forms of documentation are not readily available (see Attachment G instruction)
(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.	 Tax returns Social Security documents Death notice and/or certificate (with applicant statement and/or other proof of income status such as 1, 2, 4, 5 or 6) Divorce decree (with applicant statement and/or other proof of income status such as 1, 2, or 5) Public assistance records/UI records documenting of divorce filing (with applicant statement and/or other proof of income status such as 1, 2, or 5)