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January 9, 2018

To: WIOA Subrecipients of the Orange County Development Area
for the Adult and Dislocated Worker Programs

From: Brian Rayburn 
Interim Director

**Subject: WIOA Adult & Dislocated Worker Programs
- Participant Eligibility Requirements
Information Notice No. 17-OCDB-08**

PURPOSE:

This policy provides guidance to the subrecipients of the Orange County Development Board (OCDB) regarding the participant eligibility requirements of the Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker Programs.

REFERENCES:

- Workforce Innovation and Opportunity Act (WIOA) of 2014 (Public Law 113-128)
- Workforce Investment Act (WIA) (Public Law 105-220)
- Title 20 CFR Part 680
- Training and Employment Guidance Letter (TEGL) 03-15, *Guidance on Services Provided through the Adult and Dislocated under the Workforce Innovation and Opportunity Act and Wagner Peyser, as Amended by WIOA, and Guidance for the Transition to WIOA Services* (July 1, 2015)
- TEGL 19-14, *Vision for the Workforce System and Initial Implementation of the WIOA* (February 19, 2015)
- TEGL 19-16, *Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules* (March 1, 2017)
- Workforce Services Directive WSD14-4, *WIA Title I Eligibility*
- Workforce Services Directive WSD15-14, *WIOA Adult Program Priority of Service* (November 29, 2016)
- Workforce Services Draft Directive WSDD-161, *Authorization to Work Verification Procedures* (January 17, 2017)
- OCDB Information Notice No. 15-OCWDB-07, *WIOA Adult Program Priority of Service* (January 22, 2016)
- Workforce Services Directive WSD16-18, *Selective Service Registration* (April 10, 2017)



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EFFECTIVE DATE:

This policy is effective upon issuance.

BACKGROUND:

WIOA Final Rule 20 CFR Part 680.110 provides that individuals are considered participants when they have received a Workforce Innovation and Opportunity Act (WIOA) service other than self-service or information-only activities and have satisfied all applicable programmatic requirements for the provision of services, such as eligibility determination.

POLICY AND PROCEDURE:

At a minimum, all basic career services described in WIOA sections 134(c)(2)(A)(i)–(xi) and WIOA Final Rule 20 CFR Part §678.430(a) shall be provided to customers of the Orange County America’s Job Center of California (AJCC)/One-Stop delivery system.

If determined appropriate in order for an individual to obtain or retain employment, individualized career services or training services described in WIOA sec. 134(c)(2)(A)(xii) and WIOA Final Rule 20 CF Part §678.430(b) must be made available. Provision of these services will require prior determination of eligibility.

This is in line with WIOA Final Rule 20 CF Part §680.110(b) which states that adults and dislocated workers who receive services funded under WIOA Title I other than basic services (self-service or information-only activities) must be registered and must be a participant.

Registration is the process for collecting information to support a determination of eligibility. It is also the point at which performance accountability information begins to be collected. For an individual to be registered into a WIOA program, the following must occur:

1. The individual must complete the application/eligibility determination process;
2. The individual must provide the documentation required to substantiate his/her eligibility; and
3. Appropriate activity code for the individual is entered into the CalJOBSSM system.

For adults and dislocated workers, registration occurs the first day on which the individual actually begins receiving staff-assisted basic, career, or training services, or subsidized employment.

[Refer to OCDB Information Notice No. 15-OCWDB-07, WIOA Adult Program Priority of Service (and/or recent updates), for local guidance on career services and training services.]

Eligibility requirements to receive career services in the adult and dislocated worker programs are summarized in Table I below.

TABLE I

A. ADULT PROGRAM ELIGIBILITY

1. 18 years or older
2. U.S. work authorization
3. Selective Service Registration, if male applicant
[Refer to active OCDB Information Notice on Selective Service Registration for guidance.]
4. Adults who are:
 - a) Unemployed
 - b) Determined to need individualized career services or training services to obtain employment
5. Adults who are:
 - a) Employed
 - b) Determined to need individualized career services or training services to obtain or retain employment that leads to self-sufficiency
6. Priority of Service Status
 - This is established at the time of eligibility determination for WIOA Title I Adult registrants and does not change during the period of participation.
 - *Refer to OCDB Information Notice No. 15-OCWDB-07, WIOA Adult Program Priority of Service (and/or any recent updates) for local guidance on **priority of service status determination and list of career services and training services***
 - *Refer to the active OCDB Information Notice regarding Annual Revision to Income Guidelines, 70 Percent LLSIL and 2016 Poverty Guidelines, for **low income determination***

B. DISLOCATED WORKER PROGRAM ELIGIBILITY

1. U.S work authorization
2. Selective Service Registration, if male applicant
3. Priority of Service Status determination is not required for DW eligibility or service
4. Income test is not required for DW eligibility or service
5. Client meets the definition of "dislocated worker" at WIOA sec. 3(15).

The following are methods for determining eligibility for the Dislocated Worker program. An individual only needs to be determined eligible using one of the following methods.

Method 1:

Method 1 requires that three criteria be met: (A), (B) and (C).
For (B), condition (a) or (b) needs to be met.

The individual:

- (A) has been terminated or laid off, or has received a notice of termination or layoff, from employment; **AND**
- (B) (a) is eligible for or has exhausted entitlement to unemployment compensation; **OR**
(b) has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a State unemployment compensation law; **AND**
- (C) is unlikely to return to a previous industry or occupation

'Unlikely to return' may be documented through invitation to or participation in an Initial Assistance Workshop (IAW), Personalized Job Search Assistance (PJSA) or Self Employment Assistance (SEA) orientation. For individuals who cannot be documented through IAW, PJSA or SEA, Section II, Attachment I, lists sources which can be used to document 'unlikely to return'.

'Sufficient attachment to the workforce' is defined as unsubsidized employment with the same employer for 13 consecutive weeks within the last 52 weeks

Method 2:

The individual has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility or enterprise.

A 'substantial layoff' is defined as (a) one conducted by a company which has or is in the process of laying off at least one third of its local workforce or at least 50 employees, OR (b) one for which a Worker Adjustment and Retraining Notification (WARN) has been issued within the 12 months preceding the layoff.

Method 3:

The individual is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or for purposes of eligibility to receive services other than training services described in section 134(c)(3), intensive services described in 134(c)(2)(A)(xii) or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.

A 'general announcement' is defined as any announcement that can be documented. Specific documentation, which can be used to provide evidence of a 'general announcement,' is listed in Section II, Attachment I.

Method 4:

The individual was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.

'General economic conditions' are defined as any economic conditions that can be documented and may include, among other conditions, self-employment which has little local demand or has been declining, or the local economy is declining.

Specific documentation, which can be used to provide evidence of 'general economic conditions,' is listed in Section II, Attachment I.

Method 5:

The individual is a displaced homemaker. The term "displaced homemaker" means an individual who has been providing unpaid services to family members in the home and who—

- (A)(i) has been dependent on the income of another family member but is no longer supported by that income; OR
- (ii) is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a

- permanent change of station, or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member; AND
- (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Specific documentation, which can be used to provide evidence of 'displaced homemaker,' is listed in Section II, Attachment I.

Method 6:

The individual:

- (A) is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; OR
- (B) is the spouse of a member of the Armed Forces on active duty and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment

Method 7:

The individual is an eligible dislocated worker (meets the general WIOA eligibility criteria and one of the six criteria listed above) who, since dislocation and prior to application, has not been employed in a job that paid a wage defined by the local board as:

- a) a self-sufficient dislocated worker wage; or,
- b) leading to self-sufficiency; or
- c) providing more than stopgap employment

Documentation

Subrecipients shall ensure proper documentation of participant eligibility determination which shall be kept in the participant files and available anytime for inspection and review by local, State and Federal monitors.

Documenting Eligibility with Self-Attestation

Self-attestation cannot be used to document eligibility data elements of right-to-work, selective service, and age. Documenting eligibility with self-attestation is a method of last resort when no other source of documentation can be found or accessed. Self-attestation can also be used to clarify documentation that is considered insufficient by itself. Please review the most current or relevant Data Validation Training Employment Guidance Letter to assist in determining when it is appropriate to use self-attestation.

Data Management

Subrecipients shall ensure that accurate participant eligibility information is reflected in the CalJOBS system in a timely manner. Appropriate local policies on data management and reporting shall be adhered to.

ACTION:

Bring this policy to the attention of all affected staff and all relevant parties.

INQUIRIES:

If you have any questions regarding this policy, please contact your Contract Administrator at (714) 480-6500.

ATTACHMENT:

Attachment I: Eligibility Criteria and Documentation

Attachment II: Income Worksheet

Attachment III: Self-Attestation

ATTACHMENT I
ELIGIBILITY CRITERIA AND DOCUMENTATION

Section I GENERAL ELIGIBILITY DOCUMENTATION	
Eligibility Criteria (Verify each eligibility criterion)	Acceptable Documentation (One document per eligibility criterion is required. Only the documentation sources listed below may be used.)
1. Birth Date/Age	<ul style="list-style-type: none"> • Baptismal record • Birth certificate • Form DD-214 "Report of Separation" • Driver's license • Federal, state or local government issued identification card • Hospital record of birth • Passport • Public assistance/social service records • School records or identification card • Work permit • Cross match with Department of Public Health vital records • Tribal records
2. U.S. Work Authorization Note: For the list of acceptable verification documents included in the Form I-9, go to www.uscis.gov	<ul style="list-style-type: none"> • Verification document(s) that satisfy List A of the Form I-9 • Verification document(s) that satisfy List B <u>and</u> C of the Form I-9
3. Selective Service Registration	<ul style="list-style-type: none"> • Selective Service acknowledgement letter • Form DD-214 "Report of Separation" • Screen printout of the Selective Service verification internet site: https://www.sss.gov/RegVer/wfVerification.aspx • Selective Service registration card • Selective Service verification form (Form 3A) • Stamped post office receipt of registration • Selective Service status information letter • Evidence presented by an individual that his failure to register with the Selective Service was not knowing and willful (e.g., a written explanation accompanied by supporting documentation such as a third party affidavit or self-attestation)

Section II DISLOCATED WORKER ELIGIBILITY DOCUMENTATION	
Eligibility Criteria (Verify one of the seven eligibility criteria)	Acceptable Documentation (One document per eligibility criterion is required)
<p>1. (A) Has been terminated or laid off, or who has received a notice of termination or layoff, from employment;</p> <p>AND</p>	<ul style="list-style-type: none"> • Worker Adjustment and Retraining Notification Act (WARN) notice • Photocopy of a printed media article or announcement describing the layoff. The photocopy must include the name of the medium in which published and the date of publication • Employer or union representative letter or statement • DE 8406 Personalized Job Search Assistance (PJSA) appointment notice form • DE 8530 Reemployment Eligibility Assistance (REA) letter • DE 1106/Z Appointment notice of referral to an Initial Assistance Workshop (IAW) • Screen print of IAW schedule • Reemployment plan generated from IAW • Invitation letter to Self-Employment Assistance (SEA) orientation • Screen print of SEA schedule. • Self-attestation
<p>(B) (a) Is eligible for or has exhausted entitlement to unemployment compensation;</p> <p>or</p> <p>(b) Has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient</p>	<ul style="list-style-type: none"> • Statement by an Unemployment Insurance (UI) representative • UI records, including the DE 1180PH Claim Status and History form, DE 4581 Continued Claim Paper form, DE 8406 PJSA appointment notice form, DE 8530 REA letter, and Employment Development Department (EDD) Web-CertSM printout • DE 1106/Z Appointment notice of referral to an IAW • Screen print of IAW schedule • Reemployment plan generated from IAW • Invitation letter to SEA orientation • Screen print of SEA schedule. <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Pay check stubs • W-2 and/or tax returns • UI records, including DE 429Z Notice of UI Award and DE 4581 Continued Claim paper form • Statement by the employer or union representative

<p>earnings or having performed services for an employer that were not covered under a state unemployment compensation law;</p>	<ul style="list-style-type: none"> • Statement by a UI representative • Self-attestation
<p>AND</p> <p>(C) Is unlikely to return to a previous industry or occupation.</p>	<ul style="list-style-type: none"> • DE 1106/Z Appointment notice of referral to an IAW • Screen print of IAW schedule • Reemployment plan generated from IAW • Invitation letter to SEA orientation • Screen print of SEA schedule • DE 8406 PJSA appointment notice form <p>Note: If one of the above is not available, documented telephone verification from the EDD field office will suffice.</p> <ul style="list-style-type: none"> • Internet site, such as CalJOBSSM that indicates lack of industry/occupation availability • Screen print of Labor Market Information Division screens that indicates lack of industry/occupation availability • Doctor statement indicating applicant's inability to return to previous industry/occupation due to physical limitations • Vocational rehabilitation counselor's statement indicating applicant's inability to return to previous industry/occupation due to physical limitations • Employment Specialist's determination • Self-attestation
<p>2. Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of an permanent closure of, or any substantial layoff at, a plant, facility, or enterprise.</p> <p>Note: In the case of downsizing or workforce reduction when it is unclear which employees will be affected, a layoff notice is appropriate.</p>	<p><u>Closure or substantial layoff:</u></p> <ul style="list-style-type: none"> • Bankruptcy documents, if declared under <i>Chapter 7</i>, Title 11 U.S.C. Notice of foreclosure or a similar document provided by a financial institution when such document clearly shows that a closure or mass layoff will occur as a result of its issuance • Copy of a printed media article/announcement describing the closure/mass layoff; the copy must include the name of the medium in which published and the date of publication • Statement from the employer or union representative • Statement from the employer's bank official, attorney, supplier, accountant, or another knowledgeable individual • WARN notice • Telephone verification • Self-attestation

	<p><u>Notice of Layoff or Laid off:</u></p> <ul style="list-style-type: none"> • WARN notice • Copy of other specific notice to employee of intent to layoff • UI Form 501 (Separation Statement), when completed on both sides and signed by an employer representative • Employer or union representative letter or statement • Telephone verification • Self-attestation
<p>3. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days;</p> <p>or,</p> <p>For purposes of eligibility to receive services other than training services described in section 134(c)(3), intensive services described in 134(c)(2)(A)(xii) or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.</p>	<ul style="list-style-type: none"> • Bankruptcy documents, if declared under Chapter 7, Title 11, U.S.C. • Notice of foreclosure or a similar document provided by a financial institution when such document clearly shows that a closure or mass layoff will occur as a result of its issuance • Copy of a printed media article/announcement describing the closure/mass layoff; the copy must include the name of the medium in which published and the date of publication • Statement from the employer or union representative • Statement from the employer's bank official, attorney, supplier, accountant, or another knowledgeable individual
<p>4. Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.</p>	<ul style="list-style-type: none"> • Bankruptcy documents listing both the name of the business and the applicant's name • Business license • Copy of a completed federal income tax return (Schedule SE) for the most recent tax year • Copy of a printed media article/announcement describing the closure/mass layoff; the copy must include the name of the medium in which published and the date of publication • Copy of articles of incorporation for the business listing the applicant as a principal • Self-attestation
<p>5. Is a displaced homemaker.</p>	<ul style="list-style-type: none"> • Public assistance records • Court records • Divorce papers • Bank records • Spouse's member's layoff notice • Spouse's death record • Notice of deployment, call or order to active duty or change of station

	<ul style="list-style-type: none"> • Pay stubs, tax returns, other documents to verify decrease in income • Self-attestation
<p>6. Is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; OR</p> <p>Is the spouse of a member of the Armed Forces on active duty and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment</p>	<ul style="list-style-type: none"> • Marriage License or Income Tax Return; and • Notice of deployment, call or order to active duty or change of station; or • Self-attestation to substantiate loss of employment as a direct result of relocation of member of the Armed Forces; or • Self-attestation to substantiate unemployment or underemployment
<p>7. Is an eligible dislocated worker (meets the WIOA Title I general eligibility criteria and one of the methods listed above) who, since dislocation and prior to application, has not been employed in a job that paid a wage that is:</p> <p>(a) a self-sufficient dislocated worker wage;</p> <p>(b) leading to self-sufficiency; or</p> <p>(c) providing more than stopgap employment.</p>	<ul style="list-style-type: none"> • Acceptable documentation from one of the five dislocated worker eligibility criteria above <p>and</p> <ul style="list-style-type: none"> • Pay Stubs • Bank statements (direct deposit) • Employer statement/contact • Family or business financial records • Tax documents • Self-attestation

<p style="text-align: center;">Section III LOW-INCOME (A low-income individual must meet one of the criteria below.)</p>	
<p style="text-align: center;">Eligibility Criteria</p> <p style="text-align: center;">(Verify one of the seven eligibility criteria)</p>	<p style="text-align: center;">Acceptable Documentation</p> <p style="text-align: center;">(One document per eligibility criterion is required)</p>
<p>1. Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received assistance through :</p> <p>a) the supplemental nutrition assistance program (SNAP) established under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.);</p> <p>b) the program of block grants to States for temporary assistance for needy families program</p>	<ul style="list-style-type: none"> • Authorization to receive cash public assistance • Public assistance check • Medical card showing cash grant status • Refugee assistance records • Cross-match with public assistance database • Current authorization to obtain food stamps • Food stamp card with current date • Current food stamp receipt • Postmarked food stamp mailer with applicable name

<p>(TANF) under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.);</p> <p>c) the supplemental security income program established under title XVI of the Social Security Act (42 U.S.C. 1381 et seq.); or,</p> <p>d) State or local income-based public assistance;</p>	<p>and address</p> <ul style="list-style-type: none"> • Statement from County Welfare Office • Public assistance records
<p>2. Received an income, or is a member of a family that received a total family income, for the six- month period prior to application for the program that, in relation to family size, does not exceed the higher of:</p> <p>a) The poverty line for an equivalent period; or</p> <p>b) 70 percent of the Lower Living Standard Income Level for an equivalent period.</p> <p>Note: Documentation should be provided for each applicable inclusive income source received by the applicant and each family member for the six-month income period immediately preceding the determination date.</p> <p>It is necessary to verify family size when utilizing family income eligibility.</p> <p>An applicant who claims little or no income must submit a statement that little or no income was received during the past six months, and that he/she was not employed for that period.</p>	<ul style="list-style-type: none"> • Alimony agreement • Award letter from Veterans Administration • Bank statements (direct deposit) • Compensation award letter • Court award letter • Employer statement/contact • Family or business financial records • Housing authority verification • Pay stubs • Pension statement • Public assistance records • Quarterly estimated tax for self-employed persons (Schedule C) • Social Security benefits records • UI documents and/or printout • Self-attestation
<p>3. Is a homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))), or a homeless child or youth (as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))).</p>	<ul style="list-style-type: none"> • Written statement from an individual providing temporary residence • Written statement from social service agency • Written statement from a shelter • WIOA application • Self-attestation
<p>4. Receives or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.);</p>	<ul style="list-style-type: none"> • The most recent school year reduced price or free lunch eligibility status document for the individual or school • School Verification Letter • WIOA Application • Self-attestation
<p>5. Foster child for which state or local government payments are made on his/her behalf.</p>	<ul style="list-style-type: none"> • Written confirmation from social services agency • Case notes

6. An individual with a disability whose own income meets the low-income requirements of #1 and #2 listed above, but is a member of a family whose income does not meet such requirements.

Note: Disability status as well as income must be verified. An individual with a disability shall be considered a family of one for eligibility purposes.

- Medical records
- Physician's statement
- Psychiatrist or psychologist diagnosis/statement
- Social Security Administration disability records
- Letter from drug or alcohol rehabilitation agency
- School record/official statement
- Observable condition (self-attestation with the interviewer serving as the corroborating witness)
- Rehabilitation evaluation
- Sheltered workshop certification
- Social Service records/referral
- Veterans Administration letter/records
- Vocational rehabilitation letter/statement
- Workers compensation records/statement
- Telephone verification
- Other applicable, verifiable, documentation
- Self-attestation

An Income Worksheet (Attachment II) must be completed and placed in the participant's file, if applicable.

Section IV EMPLOYMENT STATUS AT PARTICIPATION	
Eligibility Criteria	Acceptable Documentation
Employed	<ul style="list-style-type: none"> • Pay stub • Case notes showing information collected from participant
Not employed	<ul style="list-style-type: none"> • Case notes showing information collected from participant
Underemployed	<ul style="list-style-type: none"> • Career Planner's determination • Telephone verification • Self-attestation

WIOA Income Calculation Worksheet

Eligibility Date:

Need Income From:

Name:

Calculation Method:

Straight Pay or Salary

Average Pay

Homeless

Individual with a Disability (must verify income)

Year -To- Date Method

Intermittent

Foster Child



Month	#####	#####	#####	#####	#####	#####	Total
-------	-------	-------	-------	-------	-------	-------	-------

Participant

<i>Participant Name</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Family Members

Name							
<i>Relationship (age)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Title I Inclusions (see tab B for full list)

Soc Sec Retirement							\$0.00
Pensions							\$0.00
Worker Comp							\$0.00
Alimony							\$0.00
Interest and dividends							\$0.00
Veterans Payment							\$0.00
Soc Sec Disability Ins							\$0.00
Net Rental Income							\$0.00
Other:							\$0.00
WIOA Eligibility Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

WIOA Title I Eligibility

Family size*:	<input type="text" value="1"/>	Annualized total gross income (x2):	\$0.00
<i>*See tab A for full definition</i>		Max. family income for family size:	\$12,060.00
Low income:	Yes <input checked="" type="checkbox"/>	No	<input type="checkbox"/>

CERTIFICATION: I attest that all information provided above is true to the best of my knowledge and that there is no intent to commit fraud.

Staff Interviewer Signature & Date

Staff Reviewer Signature & Date



Orange County Development Board
Workforce Innovation and Opportunity Act



SELF-ATTESTATION

APPLICANT INFORMATION		
APPLICANT'S NAME		DATE OF BIRTH
PURPOSE		
<input type="checkbox"/> Income <input type="checkbox"/> Family Size <input type="checkbox"/> Dislocation <input type="checkbox"/> Young Adult Barrier <input type="checkbox"/> Education Status <input type="checkbox"/> Employment Status <input type="checkbox"/> Other:		
INCOME		
TOTAL FAMILY INCOME FOR THE SIX-MONTH PERIOD PRIOR TO APPLICATION		
HOW HAS THE APPLICANT BEEN SUPPORTING HIMSELF/HERSELF		
FAMILY SIZE		
NUMBER IN FAMILY	FAMILY MEMBER NAME	RELATIONSHIP
DISLOCATION		
<input type="checkbox"/> Terminated or Laid-Off <input type="checkbox"/> Was Self-Employed <input type="checkbox"/> Plant closure or Substantial layoff <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Spouse of a member of the Armed Forces <input type="checkbox"/> Employed sufficient to demonstrate attachment to the workforce but not eligible for unemployment <input type="checkbox"/> Unlikely to return to a previous industry or occupation		
EMPLOYER NAME		DATE OF DISLOCATION
REASON FOR LAYOFF		
YOUNG ADULT BARRIER		
<input type="checkbox"/> School Dropout <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Offender <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Has never held a job <input type="checkbox"/> Gang-involved <input type="checkbox"/> Fired from a job in the last 12 months <input type="checkbox"/> Never held a full-time job <input type="checkbox"/> Immigrant/refugee <input type="checkbox"/> Incarcerated parent/guardian		
EDUCATION STATUS		
<input type="checkbox"/> In-School, HS or less <input type="checkbox"/> In-School, Alternative School <input type="checkbox"/> In-School, Post HS <input type="checkbox"/> Not Attending School, HS Dropout <input type="checkbox"/> Not Attending School, HS Graduate		



Orange County Development Board
Workforce Innovation and Opportunity Act



SELF-ATTESTATION

EMPLOYMENT STATUS		
<input type="checkbox"/> Underemployed	CURRENT HOURLY WAGE	CURRENT EMPLOYER NAME
OTHER		
PERSONAL STATEMENT BY APPLICANT (OPTIONAL)		
<p>I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.</p>		
APPLICANT'S SIGNATURE	DATE	
CORROBORATING WITNESS SIGNATURE	DATE	
WITNESS RELATIONSHIP TO APPLICANT		
OFFICE USE ONLY		
REASON FOR USE OF SELF-ATTESTATION (<i>MUST DOCUMENT ALL PRACTICABLE ATTEMPTS THAT HAVE FAILED TO SECURE OTHER DOCUMENTATION PRIOR TO USING SELF-ATTESTATION FORM</i>)		
INTERVIEWER SIGNATURE	DATE	
REVIEWER SIGNATURE	DATE	