Attachment 5A

WIA Adult Program and Local Priority of Service
File Review Documentation Guide
Part 1

Name _____ SSN / MSK #_____

Region_____ Monitor _____

Basic Eligibility	WIA Adult Program Required Documentation	Comment
Citizenship / Alien Status (1 is required)	___ Signed Social Security Card 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. (If under 18 years old and does not have a Driver's License; may use school record or hospital record with signed Social Security Card. Identification cards issued by Department of Corrections shall not be accepted.) ___ U.S. Passport (unexpired or expired) ___ Permanent Resident Card or Alien Registration Receipt Card (Form I-551) ___ An unexpired foreign passport with a temporary I-551 stamp ___ An unexpired Employment Authorization Document that contains a Photograph (Form I-766, I-688, I-688A, I-688B) ___ An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer ___ Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the US bearing an official seal ___ Certification of Birth Abroad issued by the Department of State ___DD-214, Report of Transfer or Discharge (If Place of Birth is Shown) ___ US Citizen ID card (Form I-197) ___ Native American Tribal Document/CDBI (Certificate of Degree of Indian Blood)	
Social Security Number (Not required for eligibility)	___ Social Security Card signed by applicant (preferred) ___ DD-214, Report of Transfer or Discharge ___ IRS Form Letter 1722 ___ Letter from Social Security Agency that includes SSN ___ Pay Stub that includes SSN ___ Social Security Benefits showing SSN ___ W-2 Form showing SSN ___ Employment records showing SSN ___ Public Assistance Record	
Selective Service (1 is required for those required to register) Contact Selective Service at 1-847-688-6888	___ On-line registration verification at www.sss.gov ___ Acknowledgement Letter from Selective Service ___ Selective Service Verification Form ___ Selective Service Registration Card ___ Selective Service Advisory Opinion Letter ___ Selective Service Registration Record (Form 3A) ___ Selective Service Waiver Document (for Veterans)	

FAX Selective Service at 1-847-688-2860	___ Stamped Post Office Receipt of Registration ___ DD-214 ___ Cross match with Veterans data	
Affidavit of Immigration Status (Required, along with one of the listed forms of ID)	___ Affidavit of Immigration ___ Colorado Driver's License ___ Colorado Identification Card ___ U.S. Military Card ___ Military Dependent Identification Card ___ U.S. Coast Guard Merchant Mariner Card ___ Native American Tribal Document ___ Other State's Driver's License or Identification card	
Date of Birth / Age (1 is required)	___ Baptismal Record ___ Birth Certificate ___ Driver's License ___ Federal, state, or local government-issued photo ID ___ DD-214 ___ Passport ___ Hospital record of birth ___ Public assistance / social service record ___ School records or ID card ___ Work permit (in Colorado, age certification) ___ Tribal records	
	Local Priority of Service Documentation	
Priority of Service / Low Income / Other (if applicable)	___ Pay stubs ___ Employer statement, written or case note documenting contact ___ Alimony agreement ___ Award letter from Veteran's Administration ___ Bank statements ___ Compensation award letter ___ Court award letter ___ Pension statement ___ Farm or family business financial records ___ Housing authority verification ___ Social Security benefits statement ___ Social services ID card or public assistance records (TANF/Food Stamps) ___ UI documents and/or printout ___ Quarterly estimated tax (Schedule C) - self-employed persons ___ Refugee Assistance Records	

WIA Dislocated Worker File Review Documentation Guide
Part 1

Name _____ SSN / MSK #_____

Region _____ Monitor _____

Basic Eligibility	WIA Dislocated Worker Program Required Documentation	Comments
Citizenship / Alien Status (1 is required)	___ Signed Social Security Card 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. (If under 18 years old and does not have a Driver's License; may use school record or hospital record with signed Social Security Card. Identification cards issued by Department of Corrections shall not be accepted.) ___ U.S. Passport (unexpired or expired) ___ Permanent Resident Card or Alien Registration Receipt Card (Form I-551) ___ An unexpired foreign passport with a temporary I-551 stamp ___ An unexpired Employment Authorization Document that contains a Photograph (Form I-766, I-688, I-688A, I-688B) ___ An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer ___ Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the US bearing an official seal ___ Certification of Birth Abroad issued by the Department of State ___DD-214, Report of Transfer or Discharge (If Place of Birth is Shown) ___ US Citizen ID card (Form I-197) ___ Native American Tribal Document/CDBI (Certificate of Degree of Indian Blood)	
Social Security Number (Not required for eligibility)	___ Social Security Card signed by applicant (preferred) ___ DD-214, Report of Transfer or Discharge ___ IRS Form Letter 1722 ___ Letter from Social Security Agency that includes SSN ___ Pay Stub that includes SSN ___ Social Security Benefits showing SSN ___ W-2 Form ___ Employment records showing SSN ___ Public Assistance Record	
Selective Service Registration (1 is required for those required to register) Contact Selective Service at 1-847-	___ On-line registration verification at www.sss.gov ___ Acknowledgement Letter from Selective Service ___ Selective Service Verification Form ___ Selective Service Registration Card ___ Selective Service Advisory Opinion Letter ___ Selective Service Registration Record (Form 3A)	

688-6888 FAX Selective Service at 1-847-688-2860	___ Selective Service Waiver Document (for veterans) ___ Stamped Post Office Receipt of Registration ___ DD-214 ___ Cross match with Veterans data	
Affidavit of Immigration Status (Required, along with **one** of the listed forms of ID)	___ Colorado Driver's License ___ Colorado Identification Card ___ U.S. Military Card ___ Military Dependent Identification Card ___ U.S. Coast Guard Merchant Mariner Card ___ Native American Tribal Document ___ Other State's Driver's License/Identification Card	
Date of Birth / Age (1 is required)	___ Baptismal Record ___ Birth Certificate ___ Driver's License ___ Federal, state, or local government-issued photo ID ___ DD-214 ___ Passport ___ Hospital record of birth ___ Public assistance / social service record ___ School records or ID card ___ Work permit (in Colorado, age certification) ___ Cross match with Dept. of Vital Statistics ___ Tribal records	

WIA DW Program Eligibility	Required Documentation	Comments
Job of Dislocation	___ Letter from employer verifying dislocation ___ Case note reflecting contact with employer verifying dislocation ___ Lay-off notice ___ Rapid Response list ___ Work history (per TAN 04-2 revised) ___ Other _____	
Date of Dislocation	___ Verification from employer ___ Rapid Response List ___ Layoff Notice ___ Public Notice with UI data cross-match ___ WARN notice ___ Other_____	
DW Category (Required to select 1 qualifying category (A-F)		

_____ A. Layoff / UI / Unlikely to Return **Note:** Honorable military discharge can count as a layoff, but the customer must also meet the other two criteria. **Note**: All three circumstances must be documented.	**Layoff** ___ Letter from Employer ___ UI Notice of Decision (only if it cites CRS 8-73-108 (4) on the form) ___ Public layoff notice with UI data cross-match ___ DD-214 ___ CUBS 04 screen (do not print CUBS screen – self attest to the content) ___ Other _____ **UI Monetary Eligibility** ___ UI monetary eligibility letter ___ UI Notice of Decision ___ Information viewed on UI wage data screen ___ Information viewed on UI wage claim screen **Unlikely to Return** ___ Labor Market Info ___ Job Search Logs ___ Documentation of Disability ___ Other_____	
_____ B. Plant Closure / Substantial Layoff **Note:** Two conditions must be documented: that the business closed or substantial layoff occurred **and** that the applicant worked there.	**Applicant was Employed** ___ Letter from Employer ___ Pay Stubs ___ Information viewed on UI wage data screen **Business Closed** ___ Public notice of plant closure or substantial layoff ___ Copy of WARN notice ___ Termination notice as a result of the business closure or substantial layoff ___ Notice from Department of Defense	
_____ C. Self-Employed / Business Closed **Note:** Both circumstances must be documented.	**Self-Employed** ___ Business License/Permit ___ Tax records ___ Information viewed on UI wage data screen ___ Other _____ **Business Closed** ___ Business closure notice ___ Tax records ___ Notices of default ___ Letter from attorney ___ Foreclosure or bankruptcy documentation ___ Lending institution documentation ___ Financial statements from accountant ___ Other _____	
_____ D. Displaced Homemaker	___ Worker's Compensation or Vocational Rehabilitation statement documenting loss of income from other family member(s) ___ Court records ___ Divorce papers	

	___ Separation papers ___ Bank records ___ Letter from attorney ___ Spouse's layoff notice ___ Spouse's death record ___ UI wage data indicating no wages ___ Applicant statement	
_____ E. U.I. Profiled	___ UI Profile letter ___ Case note ___ Other _____	
_____ F. Permanent Dislocation / Natural Disaster	___ Public notice ___ USDOL Advisory ___ Other _____	

WIA Adult / Dislocated Worker File Review Documentation Guide
Part 2

Name _____ SSN / MSK # _____

Required Documentation	In File	Missing
Signed application _____ Date_____	_____	_____
Veteran Status (DD214) _____	_____	_____
Complaint procedures/EEO form _____	_____	_____
Release of Information form _____	_____	_____
Initial assessment / test results _____	_____	_____
Comprehensive assessment/evaluation _____	_____	_____
Justification for intensive/training services _____	_____	_____
Justification for supportive services _____	_____	_____
Training & supportive services expenditures consistent with region policies & caps	_____	_____
Individual Employment Plan (IEP) _____	_____	_____
ITA / OJT / Work Experience Agreements _____	_____	_____
Non-WIA funding unavailable for training (Pell, etc) _____	_____	_____
I-9 for Work Experience _____	_____	_____
Payment invoices (Supportive Services)_____	_____	_____
Payment invoices (Training) _____	_____	_____
Training cap - Training funds expended _____	_____	_____
Attendance / grades / progress for school, training, work experience _____	_____	_____
Degree/Certificates attained _____	_____	_____
Sequential delivery of services documented Core ___ Intensive ___ Training ___	_____	_____
Use of Eligible Training Provider List (ETPL) _____	_____	_____
Case notes document regular contact (not more than 90 days w/o service)	_____	_____
Exit - Employment verification _____	_____	_____
Follow-up - 12 months (case notes)_____	_____	_____

WIA Youth File Review Documentation Guide
Part 1

Name _____ SSN / MSK #_____

Region _____ Monitor _____

Basic Eligibility	WIA Youth Program Required Documentation	Comments
Citizenship / Alien Status (1 is required)	___ Signed Social Security Card 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. (If under 18 years old and does not have a Driver's License; may use school record or hospital record with signed Social Security Card. Identification cards issued by Department of Corrections shall not be accepted.) ___ U.S. Passport (unexpired or expired) ___ Permanent Resident Card or Alien Registration Receipt Card (Form I-551) ___ An unexpired foreign passport with a temporary I-551 stamp ___ An unexpired Employment Authorization Document that contains a Photograph (Form I-766, I-688, I-688A, I-688B) ___ An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer ___ Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the US bearing an official seal ___ Certification of Birth Abroad issued by the Department of State ___DD-214, Report of Transfer or Discharge (If Place of Birth is Shown) ___ US Citizen ID card (Form I-197) ___ Native American Tribal Document/CDBI (Certificate of Degree of Indian Blood)	
Social Security Number (Not required for eligibility)	___ Social Security Card signed by applicant **(preferred)** ___ DD-214, Report of Transfer or Discharge ___ IRS Form Letter 1722 ___ Letter from Social Security Agency that includes SSN ___ Pay Stub that includes SSN ___ Social Security Benefits showing SSN ___ W-2 Form ___ Employment records showing SSN ___ Public Assistance Record	
Selective Service Registration (Required for male Youth age 18 & older) Contact Selective Service at 1-847-688-6888 FAX Selective	___ On-line registration verification at www.sss.gov ___ Acknowledgement Letter from Selective Service ___ Selective Service Verification Form ___ Selective Service Registration Card ___ Selective Service Advisory Opinion Letter ___ Selective Service Registration Record (Form 3A) ___ Selective Service Waiver Document (for veterans) ___ Stamped Post Office Receipt of Registration ___ DD-214	

Service at 1-847-688-2860	___ Cross match with Veterans data	
Affidavit of Immigration Status (Required, along with **one** of the listed forms of ID for age 18 & older)	___ Affidavit of Immigration ___ Colorado Driver's License ___ Colorado Identification Card ___ U.S. Military Card ___ Military Dependent Identification Card ___ U.S. Coast Guard Merchant Mariner Card ___ Native American Tribal Document ___ Other State's Driver's License/Identification Card	

WIA Youth Program Eligibility	Required Documentation	Comments
Age / Date of Birth	___ Baptismal Record ___ Birth Certificate ___ Driver's License ___ Federal, state, or local government-issued photo ID ___ DD-214 ___ Passport ___ Hospital record of birth ___ Public assistance / social service record ___ School records or ID card ___ Work permit (in Colorado, age certification) ___ Cross match with Dept. of Vital Statistics ___ Tribal records	
_____ **In-School** _____ **Out-of-school**	**Educational Status:** ___ Self-attestation ___ School Record **Basic Skills Deficient:** ___ Standardized assessment test ___ School Records	
Low Income (1 is required) ___ Cash Public Assistance ___ Family Size / Income ___ Food Stamps ___ Homeless ___ Foster Child ___ Disability (Treat as family = 1)	___ Family size & income calculation ___ Pay stubs ___ Public assistance records ___ Social Security benefits records ___ UI documents ___ Housing authority verification ___ Veterans Administration award letter ___ Quarterly estimated tax (for self-employed) ___ Pension statement ___ Family / business financial records ___ Employer statement / contact ___ Court award letter / document ___ Compensation award letter ___ Bank statements ___ Alimony agreement ___ Refugee assistance records	

Disability (If using an IEP to document disability, it must be signed by the school principal, psychologist, superintendent, or special education administrator, and it must be dated within 1 year from the date of application.)	___ Medical records ___ Letter from drug / alcohol rehabilitation agency ___ Case notes regarding an observable condition ___ Physician's statement ___ Psychiatrist's statement ___ Psychologist's diagnosis ___ Rehabilitation evaluation ___ School records ___ Sheltered workshop certification ___ Social Service records / referrals ___ Social Security Administration disability records ___ Veterans Administration letter / records ___ Vocational Rehabilitation letter ___ Worker's Compensation record ___ Other _____	
Barrier (1 or more required)	___Basic Skills Deficient (Grade 8.9 or below) ___Standardized assessment test ___School records ___ Behind Grade Level ___ Report Cards ___ School Records ___School Dropout ___ Application statement ___ Attendance Record ___Dropout letter ___Homeless/Runaway ___Written statement from a shelter ___Written statement from social service agency ___Written statement from individual providing temporary residence ___ Applicant Statement ___Foster Child ___Court letter / documents ___Court contact ___Medical card ___Verification of payments made on behalf of child ___Written statement from state / local agency ___Pregnant / Parenting ___ Copy of child's birth certificate ___ Hospital record of birth ___ Medical card ___ Baptismal record ___ Physician's note ___ Statement from school program for pregnant teens ___ School records ___ Statement from social services agency ___ Observation	

	___ Applicant Statement (Applies only to pregnancy) ___Offender ___Juvenile/criminal justice / court document ___CM direct contact with juvenile / criminal justice representative ___Halfway house resident ___Letter from parole officer ___Letter from probation officer ___Police records ___ Applicant Statement ___Requires Additional Assistance ___ISS ___WIA application form ___Case notes ___Other _____	
5% Exception to Low Income Requirement		

WIA Youth File Review Documentation Guide
Part 2

Name _____ SSN / MSK # _____

Required Documentation	In File	Missing
Signed application _____ Date_____	_____	_____
Veteran Status (DD-214) _____	_____	_____
Complaint procedures/EEO form _____	_____	_____
Release of Information form _____	_____	_____
Initial assessment _____	_____	_____
Basic skills tests (Literacy /Numeracy)		
Pre-test scores _____	_____	_____
Post-test scores (if appropriate) _____	_____	_____
Academic & Occupational assessment / evaluation _____	_____	_____
Individual Service Strategy (ISS)_____	_____	_____
Youth goals _____	_____	_____
OJT / WE / Internship		
Agreements signed by employer & youth _____	_____	_____
I-9 for Work Experience_____	_____	_____
Justification for supportive services _____	_____	_____
Payment invoices (Supportive Services) _____	_____	_____
Payment invoices (Training) _____	_____	_____
Training cap - Training funds expended _____	_____	_____
Attendance/grades for school/training/WE _____	_____	_____
Degree/Certificate _____	_____	_____
Use of Youth Provider List for program elements _____	_____	_____
Case notes document regular contact (not more than 90 days w/o service)	_____	_____
Exit - Employment/School verification _____	_____	_____
Follow-up – 12 months (ISS/case notes) _____	_____	_____