

### WIOA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM

IDENTIFYING INFORMATION			
Applicant's Name: _____			
Last	First	MI	
Social Security Number: _____		Date: _____	

#### WIOA ELIGIBILITY VERIFICATION BY TELEPHONE

NAME AND/OR NUMBER OF DOCUMENT: _____
ELIGIBILITY ITEM(S) TO BE VERIFIED: _____
INFORMATION VERIFIED: _____
AGENCY PROVIDING VERIFICATION: _____
DATE/ TIME OF VERIFICATION: _____
TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION: _____
NAME OF CONTACT AT VERIFYING AGENCY: _____
EMAIL ADDRESS OF CONTACT AT VERIFYING AGENCY: _____

#### WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION

NAME AND/OR NUMBER OF DOCUMENT: _____
ELIGIBILITY ITEM(S) TO BE VERIFIED: _____
INFORMATION VERIFIED: _____
DOCUMENT TO BE INSPECTED: _____
REASON FOR DOCUMENT INSPECTION: <input type="checkbox"/> REMOTE ELIGIBILITY, NO COPIER AVAILABLE
<input type="checkbox"/> ON SITE ELIGIBILITY, NO COPIER AVAILABLE
<input type="checkbox"/> DOCUMENT CANNOT BE COPIED

I attest that the information recorded by me on this document was obtained through telephone contact or document inspection on the below date. As indicated by the agency, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification;  or

I attest that the document inspection verified the primary/secondary items required to determine eligibility for the WIOA program.

\_\_\_\_\_ ELIGIBILITY SPECIALIST'S SIGNATURE \_\_\_\_\_ DATE