WIOA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM

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| IDENTIFYING INFORMATION |
| Applicant’s Name SMITH JANE T.  Last First MI |
| Social Security Number XXX-XX-1234 Date: 9/20/2016 |

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| WIOA ELIGIBILITY VERIFICATION BY TELEPHONE |

NAME AND/OR NUMBER OF DOCUMENT

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| ELIGIBILITY ITEM(S) TO BE VERIFIED: PUBLIC ASSISTANCE/SNAP  INFORMATION VERIFIED: $300 PER MONTH/ 8-1-2016 TO PRES/2 PEOPLE  AGENCY PROVIDING VERIFICATION: RICHMOND DEPT OF SOCIAL SERVICES  AGENT VERIFYING ELIGIBILITY ITEM: TRACI JONES  DATE AND TIME OF VERIFICATION: 9/20/2016; 12:30 PM  TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION: 804-555-1234 |

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| WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION |

NAME AND/OR NUMBER OF DOCUMENT #156-11111

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| x  ELIGIBILITY ITEM TO BE VERIFIED: POB/CITIZENSHIP/DOB  INFORMATION VERIFIED: RICHMOND, VA, USA/1-1-1976  DOCUMENT TO BE INSPECTED: CERTIFICATE OF LIVE BIRTH  ORIGINAL SOURCE OF DOCUMENT: DEPT. OF VITAL RECORDS  REASON FOR DOCUMENT INSPECTION: REMOTE SITE ELIGIBILITY, NO COPIER AVAILABLE.  ON SITE ELIGIBILITY, NO COPIER AVAILABLE.  DOCUMENT CANNOT BE COPIED. |

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| I ATTEST THAT THE INFORMATION RECORDED BY ME ON THIS DOCUMENT WAS  OBTAINED THROUGH TELEPHONE CONTACT OR DOCUMENT INSPECTION ON THE ABOVE DATE. AS INDICATED BY THE AGENT, 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 |