



**WORKFORCE INVESTMENT NETWORK  
LOCAL WORKFORCE INVESTMENT AREA (LWIA) 13**

<b>DATE:</b>	<b>March 4, 2013</b>
<b>POLICY NUMBER</b>	<b>2013:01</b>
<b>SUBJECT:</b>	<b>WIN (LWIA 13) ELIGIBILITY DOCUMENTATION POLICY</b>
<b>PURPOSE:</b>	This Policy provides guidance regarding acceptable sources of documentation for establishing eligibility for WIA Title I programs.
<b>REPLACES</b>	<b>N/A</b>
<b>REVISION NUMBER:</b>	<b>N/A</b>

**I. REFERENCES:**

The Workforce Investment Act of 1998 (Pub.L. 105-220), August 7, 1998, §§101, 188(a)(5), and 134; 20 CFR Part 652; WIA Final Rules, August 11, 2000, §§663.220, 663.230, 663.320 and 664.250; TEGL 28-11 (May 9, 2012)

**II. BACKGROUND:** The Workforce Investment Act of 1998 specifies eligibility requirements for WIA Title I Adult, Dislocated Worker and Youth programs. These requirements serve as the minimum standards for determining program eligibility.

**III. POLICY:**

**A. Policy.** Match documentation is required to satisfy the following data elements:

1. Date of Birth
2. Veteran Status
3. United States citizenship or eligibility to work in the United States
4. Employment Status at Participation
5. Income
6. Displaced Homemaker
7. Offender
8. Pregnant/Parenting Youth
9. Homeless/Runaway Youth
10. Youth Needs Additional Assistance to Complete an Educational Program or to Secure and Hold Employment
11. Selective Service Registration (for males 18 or older only)
12. Basic Skills Deficient

13. Temporary Assistance to Needy Families (TANF) Recipients
14. Recipients of Public Assistance
15. Foster Care Youth
16. Family Size
17. Address

The WIA Eligibility and Verification Checklist is used when conducting data validation checks. WIN encourages the Contractor's Case Managers to utilize the WIA Eligibility and Verification Checklist when determining an individual's eligibility for WIA services. The checklist identifies documents that may be used to satisfy eligibility requirements.

**B. Definitions.** For purposes of this Policy, the following words shall have the following meanings:

1. **Eligible Adult**<sup>1</sup> means an individual who (a) is eighteen (18) years of age or older; (b) is authorized to work in the United States; and (c) complies with Selective Service registration requirements (for males only).
2. **Eligible Dislocated Worker** means an individual who is authorized to work in the United States and (a) has been terminated or laid off, or has received a notice of termination or layoff from employment as a result of a permanent closure or substantial layoff; (b) is eligible for or has exhausted entitlement to unemployment compensation; (c) has demonstrated an appropriate attachment to the workforce, but is not eligible for unemployment compensation and is unlikely to return to a previous industry or occupation; and (d) has been terminated or laid off, or has received a notice of termination or layoff from employment (e) is employed at a facility where the employer has made a general announcement that the facility will close within 180 days; (f) was self-employed (including employment as a farmer, rancher, or fisherman) but is unemployed as a result of general economic conditions in the community or because of a natural disaster; or (g) is a displaced homemaker who is no longer supported by another family member.
3. **Eligible Displaced Homemaker** means an individual who (a) is authorized to work in the United States; (b) has been providing unpaid services to family members in the home; (c) has been dependent on the income of another family member but is no longer supported by that income; and (d) is unemployed or

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<sup>1</sup> Priority for adult intensive and training services will be given to applicants from low-income households.

underemployed and is experiencing difficulty in obtaining or upgrading employment.

4. **Eligible Youth** means an individual who (a) is between the ages of 14 and 21; (b) is low income; (c) complies with Selective Service registration requirements (for males 18 years or older only); (d) is authorized to work in the United States; and (e) satisfies one or more of the following:
  - i. Deficient in basic literacy skills
  - ii. A school dropout
  - iii. Homeless, a runaway, or a foster child
  - iv. Pregnant or a parent
  - v. An offender
  - vi. An individual who requires additional assistance to complete an educational program or to secure and hold employment
5. **Family** means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:
  - i. Husband, wife, and their dependent children
  - ii. A parent or guardian and his/her dependent children
  - iii. Husband and wife
6. **Individual with a Disability** means, with an individual with any disability (as defined in section 3 of the Americans with Disabilities Act of 1090 (42 U.S.C. 12102)).
7. **Disability** means (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such an impairment; or (c) being rendered as having such an impairment. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

All applicants will be given the opportunity to voluntarily self-identify a disability. However, the applicant must support any such claim with appropriate documentation.

8. **Low-income Individual** means one who (a) receives, or is a member of a family that receives, cash payments under a federal, state, or local income-based public assistance program; (b) received an income, or is a member of a

family that received a total family income, for the 6-month period prior to application for the program involved (exclusive of unemployment compensation, child support payments, public assistance, and old-age and survivors insurance benefits received under section 202, of the Social Security Act) that, in relation to family size, does not exceed the higher of:

- i. the poverty line, for an equivalent period; or
- ii. seventy percent of the lower living standard income level, for an equivalent period

(c) is a member of a household that receives (or has been determined within the six-month period prior to application for the program involved to be eligible to receive) food stamps; (d) qualifies as a homeless individual;

(e) Is a foster child on behalf of whom state or local government payments are made; or (f) is an individual with a disability whose own income meets the requirements of a program described in (1) or (2) above, but who is a member of a family whose income does not meet such requirements.

9. **Match** means that the data on the application must be the same as the source documentation. For example, Temporary Assistance to Needy Families (TANF) participation can be determined by a match with the state's public assistance database that yields supporting information such as dates of participation and services rendered.

**C. Applicant Attestation.** In extenuating circumstances, as determined by WIN in its sole discretion, an applicant may provide an applicant attestation statement, along with supporting documentation, to satisfy the following data elements:

1. School Status at Participation (for out-of-school youth only)
2. Proof of Unemployment six (6) months prior to eligibility determination, when an applicant claims to have been unemployed during the six months prior to eligibility determination and did not receive unemployment compensation during that time period. The Attestation Statement must indicate the applicant's means of support for the six-month period (e.g., food stamps, public assistance, etc.).
3. Individual Status/Support. The Attestation Statement is acceptable documentation when an applicant claims that (a) he or she lives independently and is not dependent upon the income of another person; or (b) though living with others, he or she is not dependent upon the income of other individuals residing in the household. In addition to the Applicant Attestation, the applicant must produce documentation indicating that he or she supports him/herself and evidencing the means of such support. If the applicant is living in a household with non-family members, the provider/supporter must also provide a signed and

notarized statement acknowledging that he or she provides the referenced support to the applicant.

**D. Applicant Attestation Requirements.** An Applicant Attestation Statement must (a) identify the applicant's status for the applicable data element; (b) be signed and dated by the applicant; and (c) be signed and dated by the WIN Case Manager and/or the Contractor's Case Manager. In addition, the WIN Case Manager and/or Contractor's Case Manager must enter detailed case notes in the State of Tennessee's electronic management database.

When a minor is applying for WIA services, all reasonable attempts must be made to secure the signature of the parent or legal guardian on the WIA Application and Applicant Attestation Statement. If no parent or legal guardian is available, the signature of a responsible adult involved in the minor's life will suffice. A responsible adult must be age 18 or older and can be a family member who has no legal guardianship, but provides room and board to the applicant; a religious person who is currently familiar with the minor's family history; a counselor at a homeless shelter, etc.

For reference, an Applicant Attestation Statement is attached hereto. In its sole discretion, WIN reserves the right to modify the Applicant Attestation Statement and requirements.

- IV. EFFECTIVE DATE:** This Policy shall be effective March 4, 2013 and remain in effect until further notice.
- V. INQUIRIES:** Please contact Martha Dickerson, WIN Performance/Quality Assurance Manager at (901) 636-6817 or Martha.dickerson@[workforceinvestmentnetwork.com](mailto:workforceinvestmentnetwork.com) with any questions or concerns regarding this Policy.

**The Career Center System is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TTY: (800) 848-0299**

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## Applicant Attestation Statement

### Local Workforce Investment Area 13

**Applicant's Name**

**Soc. Sec. No. (last 4 digits)**

**Date of Birth**

\_\_\_\_\_

**WIN and/or Contractor's Case Manager must document steps taken to gather verifiable documentation for each data element below.**

**Circle the data element(s) to which the applicant is self-attesting.**

1. School Status at Participation (for out-of-school youth only)
2. Proof of Unemployment Compensation six (6) months prior to eligibility determination
3. Individual Status/Self-Support

**Applicant Statement** – Write a statement supporting and detailing all data elements circled above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the WIA program, and/or prosecution under the law.***

Print Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Responsible Adult/Corroborating Witness Signature (Required if applicant is under age 18)

\_\_\_\_\_

Print WIN and/or Contractor's Case Manager \_\_\_\_\_

WIN and/or Contractor's Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**WORKFORCE INVESTMENT NETWORK  
LOCAL WORKFORCE INVESTMENT AREA 13  
POLICY RECEIPT ACKNOWLEDGEMENT FORM**

SUBJECT: Policy for Eligibility Documentation

POLICY NUMBER: 2013:01

IN EFFECT: March 4, 2013 until further notice

It is the policy of the Workforce Investment Network that all employees receive a copy of the various Local Workforce Investment Act 13 ("LWIA 13") policies and procedures and acknowledge receipt of each policy.

I hereby acknowledge that I have been informed about the content, requirements, and expectations of the LWIA 13 Policy for Eligibility Documentation ("Policy"). I further acknowledge that I have received and retained a copy of the Policy and agree to abide by the policy guidelines in fulfilling my applicable job duties. I understand that a copy of the Policy can be accessed in the LWIA 13 Policies and Procedures Manual maintained at the Memphis Area Career Center and electronically at [www.workforceinvestmentnetwork.com](http://www.workforceinvestmentnetwork.com).

***Note: Please read the Policy carefully to ensure that you understand the contents of the Policy before signing this Policy Receipt Acknowledgement Form.***

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_