

Workforce Innovation and Opportunity Act
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: _____

Agent Verifying Eligibility Item: _____

Date and Time of Verification: _____

WIOA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION

Name and/or Number of Document: _____

Eligibility Item(s) to be Verified: _____

Information Verified: _____

Document Inspected: _____

Original Source of Document: _____

- Reason for Document Inspection: Remote site eligibility, No copier available
 On site eligibility, No copier available
 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 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.

Staff Signature

Date