

**Workforce Development Board of Solano County
General Program Eligibility
File Verification Worksheet**

	Applicants' Name: _____	
Participant is Eligible for all checked programs:	<input type="checkbox"/> Adult <input type="checkbox"/> DW Cat 1 (UTR) <input type="checkbox"/> In-School Youth (ISY) <input type="checkbox"/> Adult Low Income <input type="checkbox"/> DW Cat 2-4 <input type="checkbox"/> Out of School Youth (OSY) <input type="checkbox"/> DEA <input type="checkbox"/> DW Cat 5 <input type="checkbox"/> NDWG <input type="checkbox"/> VEAP <input type="checkbox"/> DW Cat 6-8 <input type="checkbox"/> Other: _____	If marked in red, the document is in CalJOBS
	Verification Sources	Results
APPLICATION	<input type="checkbox"/> WIOA Youth (16-24) <input type="checkbox"/> WIOA Adult Application <input type="checkbox"/> WIOA Disability Addendum	
BIRTH DATE/ AGE	<input type="checkbox"/> Driver License / I.D. <input type="checkbox"/> Baptismal or Church Records <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport or Passport card <input type="checkbox"/> DD-214 <input type="checkbox"/> School Records <input type="checkbox"/> Public Assistance / Social Service Records <input type="checkbox"/> Alien Registration / Permanent Resident Card <input type="checkbox"/> Employment authorization card Form I-766 <input type="checkbox"/> Work Permit <input type="checkbox"/> Federal, State or Local Government Issued Identification Card	
IDENTITY	<input type="checkbox"/> Driver's License / Identification card <input type="checkbox"/> U.S. Passport or Passport card <input type="checkbox"/> Military I.D. <input type="checkbox"/> School Identification with photograph <input type="checkbox"/> Voters Registration Card <input type="checkbox"/> Alien Registration / Permanent Resident Card <input type="checkbox"/> Employment Authorization Card Form I-766 <u>Persons under 18</u> <input type="checkbox"/> School record or report card <input type="checkbox"/> Clinic, doctor or hospital record <input type="checkbox"/> Employment Authorization Document	
RIGHT-TO-WORK	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Passport <input type="checkbox"/> Alien Registration/ Permanent Resident Card <input type="checkbox"/> Employment Authorization Document	
SELECTIVE SERVICE	<input type="checkbox"/> SSS Internet Printout <input type="checkbox"/> Authorization to Register – Selective Service <input type="checkbox"/> SSS Registration Card <input type="checkbox"/> SSS Form A <input type="checkbox"/> Status Information Letter/Self-Attestation Statement/Request for Waiver <input type="checkbox"/> SSS Fact Sheet / Applicant Statement/Supporting Documentation <input type="checkbox"/> DD214	<input type="checkbox"/> YES <input type="checkbox"/> WAIVER <input type="checkbox"/> N/A

VETERANS STATUS	<input type="checkbox"/> Veteran Eligible Spouse Checklist <input type="checkbox"/> DD214 with Character of Discharge <input type="checkbox"/> Authorized Campaign List <input type="checkbox"/> VEAP Eligibility Checklist.	<input type="checkbox"/> YES <input type="checkbox"/> N/A
DISLOCATED WORKER	<input type="checkbox"/> DW Eligibility Worksheet, Category 1 <input type="checkbox"/> DW Eligibility Worksheet, Category 2-4 <input type="checkbox"/> DW eligibility Worksheet, Category 5 <input type="checkbox"/> DW Eligibility Worksheet, Category 6-8 <input type="checkbox"/> WARN Notice <input type="checkbox"/> Lay-Off / Termination Letter <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Employer Pay Stub / W2 / EDD Notice <input type="checkbox"/> Proof of UI benefits <input type="checkbox"/> Job Search Listings / Cal-Jobs (waived due to Covid-19)	<input type="checkbox"/> Elig. Cat 1 <input type="checkbox"/> Elig Cat 2-4 <input type="checkbox"/> Elig Cat 5 <input type="checkbox"/> Elig Cat 6-8 <input type="checkbox"/> N/A
ADULT / YOUTH	<p style="text-align: center;">INCOME BASED:</p> <input type="checkbox"/> Income Worksheet <input type="checkbox"/> Cal-Win Welfare Printout / Notice of Action <input type="checkbox"/> Proof of UI benefits <input type="checkbox"/> Pay Stub/s <input type="checkbox"/> SSI/SSA /SSB Award Notice <input type="checkbox"/> Free / Reduced Price Lunch <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Poverty Census tract (youth only) <input type="checkbox"/> Census demographic data map (youth only) <p style="text-align: center;">FAMILY SIZE:</p> <input type="checkbox"/> Family of one or Individual With a Disability <input type="checkbox"/> Social Security Cards <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Cal-Win Welfare Printout / Notice of Action <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Court Records <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Most Recent Tax Return Documents (w/Letter 1722) <input type="checkbox"/> Foster Care Agreement <input type="checkbox"/> IEP <input type="checkbox"/> Applicant Statement <p style="text-align: center;">PRIORITY OF SERVICE:</p> <input type="checkbox"/> Priority of Service Worksheet <p style="text-align: center;">NON-INCOME BASED:</p> <input type="checkbox"/> Need for Services questionnaire	<input type="checkbox"/> Low Income <input type="checkbox"/> Non Low Income <input type="checkbox"/> N/A <input type="checkbox"/> POS-Yes
ALL PROGRAMS	<input type="checkbox"/> Alternate and Emergency Contact <input type="checkbox"/> Authorization to Release Confidential Information <input type="checkbox"/> Drug-Free Policy <input type="checkbox"/> Grievance and Complaint Procedures <input type="checkbox"/> Participant Confidentiality Rights <input type="checkbox"/> Procedure for Initiating a Civil Rights Complaint <input type="checkbox"/> CASAS Test results	
YOUTH ONLY	<input type="checkbox"/> Youth Eligibility Worksheet ISY / OSY <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Additional Assistance Worksheet <input type="checkbox"/> Medical Release Form <input type="checkbox"/> Unemployment/Disability Policy	
MISCELLANEOUS	<input type="checkbox"/> Equal Opportunity Questionnaire <input type="checkbox"/> Media Release <input type="checkbox"/> Other _____	