



**Participant Name:**

**Last 4 SS#:**

**Career Planner:**

**Note:** Only one selection required for each section. One document can be used for multiple sections, if applicable.  
**Note:** Check all documents that apply. If checked, copy of documents **must** be in customer's physical file.

**AUTHORIZED TO WORK TO WORK IN US**

- Birth Certificate with place of birth
- U.S. Social Security card (work eligible)
- Alien Registration card (Right-to-Work)
- Baptismal Certificate with place of birth
- DD-214/Report of Transfer or Discharge
- United States Passport
- Foreign Passport stamped Eligible to work
- Hospital Birth Record indicating US Citizenship
- U.S. Naturalization Certificate
- IDES or other State's UI (UI Claimant only)
- E-Verify with documentation
- Self-Attestation on How to Meet DACA requirements outlined in DOL TEGL 02-14
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- Consular Report of Birth Abroad or Certificate of Birth
- Certification of Birth Abroad issued by the Dept. of State (Form FS-545 or Form DS-1350)
- Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
- Unexpired Foreign Passport, with I-551 stamp or attached INS Form I-94
- Unexpired Temporary Resident Card (INS Form I-688)
- Unexpired Employment Authorization Document (INS Form I-688A or I-688B) with or without photograph
- Unexpired Reentry Permit (INS I-327)
- Unexpired Refugee Travel Document (INS Form I-571)
- ID card for use of Resident Citizen in the U.S. (INS Form I-179)
- Acceptable Documents used for INS Form I-9

**AGE**

- Birth Certificate
- Baptismal Certificate with DOB
- DD-214/Report of Transfer or Discharge with DOB
- Driver's License
- IL State ID or other Federal, State or Local Gov't issued ID
- Hospital Birth Record
- Passport
- Public Assistance/Social Service records
- School Records/Identification
- IDES UI printout (showing DOB)
- Court Records (showing DOB)
- Youth Only-Work Permits
- Workers Compensation Record with DOB
- Acceptable Documents for INS form I-9

**SELECTIVE SERVICE**

**MALES ONLY**

- Selective Service Verification ([www.sss.gov](http://www.sss.gov) printout)
- Selective Service Registration Card
- Selective Service Registration Record (form 3A)
- Stamped Post Office Receipt of Registration
- Locally Approved Selective Service Waiver
- Veteran's ID Card
- Other approved document (see Career Connect):  
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**RESIDENCY**

- Driver's License/State I.D.
- Food Stamp Award Letter
- Homeless-DHS Letter
- Homeless-Shelter/Temp Residence Letter (on Letterhead)
- Housing Authority Verification
- Insurance Policy (Residence or Auto)
- Landlord Statement or Lease
- Letter from Social Service Agency or School (on Letterhead)
- Medicaid/Medicare Card
- Pay Stub
- Public Assistance Records (current)
- Current Utility Bill w/ Customer's Name
- Applicant statement/self attestation, in limited cases
- Other, Requires Partnership approval:  
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**SOCIAL SECURITY**

- Social Security Card (Must be signed)
- Social Security Printout
- Other approved document (see Career Connect):  
\_\_\_\_\_

**NOTE:** Only one selection is required in each section, unless indicated.

**WIOA IN-SCHOOL ELIGIBILITY GUIDE**

**Applicant Is:**

- Age 16-21 years old **AND**;
- Attending High School or College **OR**
- Attending a High School Equivalency Program (Alternative HS) **OR**
- An Individual with a disability, under 21, who is receiving services through school

**In-School Eligibility:**

- Low-Income individual **AND**;
- Basic Skills deficient; **OR**
- English Language Learner; **OR**
- Offender; **OR**
- Homeless, Runaway, Foster Care or Aged out of Foster Care; **OR**
- Pregnant or Parenting; **OR**
- Individual with disability; **OR**
- Additional Assistance- Complete form found in LWIA #26 Local Policy 17 Forms.

Participant Name:

Last 4 of SSN#

Career Planner:

**LOW-INCOME**

**Automatically Low Income**

- Cash Welfare
- Food Stamps (SNAP)
- Homeless
- Foster Child
- Free or reduced priced lunch
- Living in a high-poverty area

**Based on Income Calculation for Family**

- Gross wages/Salary
- Unemployment Insurance
- Child Support
- Social Security Disability
- Pension
- Financial Support
- Alimony
- Rental Income
- Insurance Annuities
- Applicant Statement
- Other income source not listed in "Excluded Income"

**Select Income Documentation Items Provided from List**

- Medical Card indicating Cash Payment
- Public Assistance Records (Printout)
- Letter of Support from Welfare Recipient Family Member
- Food Stamps Authorization Letter/Food Stamp Recipient
- Letter from DHS, Shelter, or Temporary Residency Letter (on Letterhead)
- Court Documentation, Medical Card, or Payment Verification with child(ren)'s name
- Social Security Award Letter (Printout)
- Pay Stub/Income Taxes
- Employer Letter
- Documentation from School verifying free or reduced priced lunch
- Documentation verifying high poverty area
- Applicant Statement
- Other: \_\_\_\_\_

**Note:** Check all documents that apply. If checked, copy of documents **must** be in customer's physical file.

**DOCUMENTATION VERIFICATION**

**ATTENDING SCHOOL**

- Verification of Enrollment from Educational Institution
- WIOA Application (signed & dated)- Attending school

**FOSTER CARE**

- Court contract
- Court documentation
- Medical Card showing Foster Child
- Verification of payments made on behalf of child
- Written statement from State/Local agency

**BASIC SKILLS DEFICIENT**

- Results from authorized assessment test
- School Records verifying applicant unable to take assessment test

**ENGLISH LANGUAGE LEARNER**

- Results from authorized assessment test
- WIOA application (signed and dated)
- Case notes from Career Planner

**HOMELESS/RUNAWAY**

- Written statement from shelter
- Written statement from an individual providing temporary assistance
- Written statement from Social Service agency-homeless shelter/runaway services
- Signed applicant statement

**JUVENILE or ADULT JUSTICE SYSTEM**

- Police records
- Court Documents
- Halfway house resident
- Letter of parole
- Letter from probation officer
- Applicant statement/self attestation, in limited cases

**PREGNANT/PARENTING**

- Child's Birth certificate
- Hospital record of birth
- Medical Card
- Physician's Statement
- Referral from official agencies
- School program for pregnant teens
- School Records
- Signed applicant statement
- Public Assistance/Social Service records
- Case Notes regarding observable condition

**INDIVIDUAL WITH A DISABILITY**

- Letter from drug or alcohol rehabilitation agency
- Medical Records
- Social Service records/Referral
- Physician's statement
- Rehabilitation evaluation records
- Individual Education Plan from school
- Sheltered workshop certification
- Worker's Compensation Record
- Social Security Administration Disa. records
- Veterans Administration Disability Determination letter/Records
- Vocational Rehabilitation Letter
- School Records
- Psychiatrist or Psychologist Diagnosis
- Case Notes regarding observable condition by Case Manager

**ADDITIONAL ASSISTANCE**

- School records
- Testing by WIOA Grantee
- Testing records from another organization
- Other evidence of requiring additional assistance
- Locally determined documentation/policy