

TANF WEX YOUTH VERIFICATION WORKSHEET

NAME: _____

REQUIRED FOR ENROLLMENT

ISY – Refers to In-school Youth

OSY – Refers to Out-of-School Youth

Each category must be documented. Check the document being used for eligibility.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION	
Applies to both ISY and OSY		
Citizenship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Official Hospital Record of Birth <input type="checkbox"/> US Passport <input type="checkbox"/> Certification of Naturalization <input type="checkbox"/> Alien Registration Card <input type="checkbox"/> DD-214 (If place of birth is listed)	<input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Baptismal Certificate (If place of birth is listed) <input type="checkbox"/> Public Assistance Record (Household Summary) <input type="checkbox"/> Foreign Passport Marked Eligible to Work
Age (16-24)/Date of Birth	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Official Hospital Record of Birth <input type="checkbox"/> US Passport <input type="checkbox"/> DD214 <input type="checkbox"/> Federal, state or local ID <input type="checkbox"/> School Records or ID Cards <input type="checkbox"/> Driver's License	<input type="checkbox"/> Baptismal Certificate (if date of birth is shown) <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Public Assistance Record (Household Summary) <input type="checkbox"/> Work Permits <input type="checkbox"/> Cross Match with Department of Vital Statistics
Individual with Disabilities May qualify as a family of one. NOTE: If an individual declares a disability, any one of the listed items may be used as documentation	<input type="checkbox"/> Letter from Child Study Team stating specific disability <input type="checkbox"/> Medical Records or School Records <input type="checkbox"/> Physician's Statement, or Psychiatrist's or Psychologist's Diagnosis <input type="checkbox"/> Rehabilitation Evaluation	<input type="checkbox"/> Letter from Principal or Special Ed Teacher on School Letterhead <input type="checkbox"/> Social Service Records/Referral <input type="checkbox"/> Social Security Administration Disability Records <input type="checkbox"/> Vocational Rehabilitation Letter
Selective Service: (Required of all male applicants born on or after January 1, 1960 who have reached their 18th birthday.)	<input type="checkbox"/> Acknowledgement Letter <input type="checkbox"/> DD-214 <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Form 3A	<input type="checkbox"/> Advisory Opinion Letter <input type="checkbox"/> www.sss.gov printout of registration <input type="checkbox"/> #847-688-2576 Registration # _____
COMPLETE FOR LOW-INCOME AND RECIPIENT OF PUBLIC ASSISTANCE ELIGIBILITY VERIFICATION		
MUST BE COMPLETED FOR ALL ISY		
NOTE: Complete Verification of Low Income and Family Size if the Family is NOT Receiving Public Assistance		
Verification of Low Income Individual/Family Income	<input type="checkbox"/> Pay Stubs* (see Verification Worksheet Instructions) <input type="checkbox"/> Employer Statement <input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Applicant Statement for Little or No Income <input type="checkbox"/> Family or Business Financial Records
Verification of Family Size	<input type="checkbox"/> Birth Certificates <input type="checkbox"/> Medicaid Cards	<input type="checkbox"/> Telephone Verification (WDA.15) <input type="checkbox"/> Other (Identify) REFER TO INSTRUCTION SHEET
Public Assistance Verification		
SNAP (Food Stamps)	<input type="checkbox"/> SNAP Public Assistance Record-household summary (for applicant) <input type="checkbox"/> Letter of Award addressed to applicant	<input type="checkbox"/> Cross match with SNAP Public Assistance Record (for applicant) REFER TO INSTRUCTION SHEET
Free or Reduced Lunch	<input type="checkbox"/> Documentation from school	
Verification of Cash Public Assistance		
TANF	<input type="checkbox"/> Cash Public Assistance Record-household summary (for applicant) <input type="checkbox"/> Letter of Award addressed to applicant	<input type="checkbox"/> Cross match with TANF Public Assistance Record (for applicant) REFER TO INSTRUCTION SHEET
Other such as RCA, SSI, GA	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Public Assistance Record	<input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Refugee Assistance Records REFER TO INSTRUCTION SHEET

APPLIES TO OSY ONLY

PLEASE NOTE: FAMILY SIZE AND LOW-INCOME STATUS IS REQUIRED ONLY FOR THOSE OUT-OF-SCHOOL YOUTH WHO:

1. Are a recipient of a secondary school diploma or its recognized equivalent who is a low-income individual **and** is either:
 - a. basic skills deficient; **OR**
 - b. an English language learner
2. Require additional assistance to complete an education program; **OR**
Require additional assistance to secure and hold employment

COMPLETE FOR RECIPIENT OF PUBLIC ASSISTANCE AND LOW INCOME ELIGIBILITY VERIFICATION

PUBLIC ASSISTANCE ELIGIBILITY VERIFICATION

PROGRAM	ACCEPTABLE DOCUMENTATION	
Public Assistance Verification SNAP	<input type="checkbox"/> SNAP Public Assistance Record with the applicant's name on the document <input type="checkbox"/> Letter of Award addressed to applicant	<input type="checkbox"/> Cross match with SNAP Public Assistance Record (for applicant) REFER TO INSTRUCTION SHEET

CASH PUBLIC ASSISTANCE

PROGRAM	ACCEPTABLE DOCUMENTATION	
TANF	<input type="checkbox"/> Cash Public Assistance Record with the applicant's name on the document <input type="checkbox"/> Letter of Award addressed to applicant	Cross match with TANF Public Assistance Record (for applicant) REFER TO INSTRUCTION SHEET
Other such as RCA, SSI, GA NOTE: Only applies to applicant	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Public Assistance Record	<input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Refugee Assistance Records REFER TO INSTRUCTION SHEET

LOW INCOME – COMPLETE THIS SECTION IF THE INDIVIDUAL IS NOT RECEIVING PUBLIC ASSISTANCE

INCOME & FAMILY SIZE	ACCEPTABLE DOCUMENTATION	
Verification of Low Income Individual/Family Income	<input type="checkbox"/> Pay Stubs* (see instructions) <input type="checkbox"/> Employer Statement <input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Applicant Statement for Little or No Income
Verification of Family Size	<input type="checkbox"/> Birth Certificates <input type="checkbox"/> Medicaid Cards	<input type="checkbox"/> Telephone Verification (WDA.15) <input type="checkbox"/> Other (Identify) REFER TO INSTRUCTION SHEET

COMPLETE FOR VETERANS' PRIORITY FOR SERVICE ELIGIBILITY VERIFICATION

PRIORITY OF SERVICE <u>Eligible Covered Persons</u> Must meet WIOA priority of service to apply Veteran's Priority of Service (Refer to Glossary Definition)	DOCUMENTATION	
Veteran	<input type="checkbox"/> DD-214	<input type="checkbox"/> Crossmatch with Veterans data (DVOP, VA)
Spouse	<input type="checkbox"/> A qualified person would have a V.A. verification letter instead of a DD-214.	

WIOA Barrier Documentation

At least one barrier must be documented. Check the document being used for eligibility

CRITERIA	ACCEPTABLE DOCUMENTATION	
Deficient in Basic Skills Refer to Youth Glossary for definition of “Basic Skills Deficient”	<input type="checkbox"/> Current Report Card (within last 6 months) <input type="checkbox"/> School IEP (Within last three years)	<input type="checkbox"/> School Records <input type="checkbox"/> Standardized Assessment Test
An English Language Learner	<input type="checkbox"/> Applicant Statement	<input type="checkbox"/> School Records
Offender	<input type="checkbox"/> Court Documents <input type="checkbox"/> Letter from Pre-Release Center <input type="checkbox"/> Letter from Probation Officer or Parole Officer	<input type="checkbox"/> Police Records <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Case note with Telephone Verification from Court Representative
Homeless	<input type="checkbox"/> Letter from Shelter/Agency <input type="checkbox"/> Letter from an Individual Providing Temporary Residence	<input type="checkbox"/> Applicant Statement
Runaway	<input type="checkbox"/> Letter from an Individual Providing Temporary Residence	<input type="checkbox"/> Applicant Statement
Youth in any stage of Foster Care (Refer to WIOA Policy Manual Section 3.20)	<input type="checkbox"/> Letter from State or Local Agency or Foster Home	<input type="checkbox"/> Case notes documenting verification of Foster Child
Pregnant or Parenting (Refer to “Youth Glossary” for definition of parenting)	<input type="checkbox"/> Birth Certificate(s) or Hospital Record of Birth for the Child <input type="checkbox"/> Physician’s Note Confirming Pregnancy	<input type="checkbox"/> Applicant Statement <input type="checkbox"/> Baptismal Record for the Child
Youth with a Disability	<input type="checkbox"/> Letter from Child Study Team stating specific disability <input type="checkbox"/> Medical Records or School Records <input type="checkbox"/> Physician’s Statement, Clinical Statement, or Psychiatrist’s or Psychologist’s Diagnosis <input type="checkbox"/> IEP (within the last year)	<input type="checkbox"/> Letter from Principal or Special Ed Teacher on School Letterhead <input type="checkbox"/> Social Service Records/Referral <input type="checkbox"/> Social Security Administration Disability Records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Rehabilitation Evaluation
School Dropout	<input type="checkbox"/> Attendance/School Records <input type="checkbox"/> Letter from School	<input type="checkbox"/> Applicant Statement
Youth within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter		<input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement

REQUIRES ADDITIONAL ASSISTANCE BARRIER - ISY ONLY

NOTE: This barrier is NOT limited to five (5) percent of in-school youth for the TANF-WEX program. The 5% will apply if the youth is enrolled into WIOA after the close of TANF-WEX on September 30, 2016

BARRIER	DOCUMENTATION
Youth requires additional assistance to <u>complete an educational program</u>. Must meet the general requirements described in Section 3.20 of the WIOA Policy Manual.	<input type="checkbox"/> Report Card <input type="checkbox"/> Attendance Records <input type="checkbox"/> Letter from School <input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement
Youth requires additional assistance to <u>secure and hold employment</u>. Must meet the general requirements described in Section 3.20 of the WIOA Policy Manual.	<input type="checkbox"/> Letter from an employer <input type="checkbox"/> Applicant Statement

REQUIRES ADDITIONAL ASSISTANCE BARRIER - OSY ONLY

BARRIER	DOCUMENTATION
Youth requires additional assistance to <u>complete an educational program</u>. Must meet the general requirements described in Section 3.20 of the WIOA Policy Manual.	<input type="checkbox"/> Applicant Statement <input type="checkbox"/> School Records (Within the last year)
Youth requires additional assistance to <u>secure and hold employment</u>. Must meet the general requirements described in Section 3.20 of the WIOA Policy Manual.	<input type="checkbox"/> Letter from an employer <input type="checkbox"/> Applicant Statement

Required File Documentation

The following items listed below are required at enrollment and must be in participant files. Check the documentation being used.

REQUIRED	ACCEPTABLE DOCUMENTATION
*Complaint Notice Must be signed at enrollment	<input type="checkbox"/> WDA.01 "Equal Opportunity is the Law" notice and signature sheet
*Social Security Number	<input type="checkbox"/> Social Security Card <input type="checkbox"/> SNAP or TANF Household Summary with Social Security Numbers <input type="checkbox"/> DD-214 <input type="checkbox"/> SS Administration Confirmation Letter with participant's name and SSN
*Parent/Guardian Consent for Program Participation	<input type="checkbox"/> WIOA.48 or other acceptable documentation (Release of Information does not work as consent to participate in WIOA) with signature of consent

DEFINITION OF ELIGIBLE COVERED PERSONS FOR PURPOSES OF RECEIVING VETERANS' "PRIORITY OF SERVICE"

Eligible Covered Persons

1. **Veteran** - According to Title 38 USC, Section 4211 (Definitions), and VETS, an eligible veteran:
 - a. served on active duty (Army, Navy, Air Force, Marine Corps or Coast Guard) for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge;
 - b. was discharged or released from active duty (same as above) because of a service-connected disability; or
 - c. served as a member of a reserve component under an order to active duty pursuant to section 12301 (a), (d), or (g), 12302, or 12304 of title 10, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

2. **Eligible Spouse** – means the spouse of any of the following:
 - a. Any veteran who died of a service-connected disability; or
 - b. Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: (i) Missing in action; (ii) Captured in line of duty by a hostile force; or (iii) Forcibly detained or interned in line of duty by a foreign government or power; or
 - c. Any veteran who has total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs; or
 - d. Any veteran who died while a disability, as indicated in previous bullet of this section, was in existence.

INSTRUCTIONS YOUTH VERIFICATION WORKSHEET

Check the document used for each eligibility item. Only one item of documentation is required for each category.

If the eligibility category is "other", there is no standard documentation. However, documentation obtained must contain sufficient information to establish the individual's eligibility under an identified category. "Other" should be used as the last resort.

***PAYSTUB DOCUMENTATION:** Eligibility is based on the annualized income (six months times two). Documentation must include the entire six month period prior to eligibility (not including the month of enrollment) for the entire household. Documentation should also include a narrative or worksheet that clearly explains how the household income was determined.

◆ **PUBLIC ASSISTANCE DOCUMENTATION:**

SNAP/Food Stamp documentation must show dates and list the applicant to verify that the applicant is receiving or is a member of a household who is receiving or has received SNAP benefits within the last six months. **Note: What we currently call the household summary may be called something other than "household summary" in CHIMES.**

Cash Public Assistance:

TANF documentation must show dates and list the applicant to verify that the applicant currently receives or is a member of a family who currently receives TANF benefits. **Note: What we currently call the household summary may be called something other than "household summary" in CHIMES.**

SSI, RCA, GA: Documentation must show dates to verify that the applicant is currently receiving cash public assistance.

Free or Reduced Lunch: Youth attending secondary school. Documentation must have the applicant's name listed on the document to verify they are receiving the free or reduced lunch. TANF-WEX applicants must be currently receiving Free or Reduced or within the most current (secondary) school year for those enrolled during the summer break.

APPLICANT STATEMENT/TELEPHONE VERIFICATION: Applicant statements or Telephone Verification would only be used in circumstances where items required cannot readily be verified and would cause an undue hardship for the individual and after all practical attempts to secure verification have failed. If an applicant is unable to produce the necessary documents to prove eligibility, service providers have two options available to determine eligibility:

- (1) **Telephone/Document Inspection Verification:** Eligibility may be verified by telephone contact with the employer, or by document inspection. The information obtained must be documented by recording the information on the Telephone Verification Form (WIOA.15). Telephone verification for income must include the name and position of the employer or representative providing the verification information. Documentation of eligibility verification through document inspection is appropriate when documents cannot or may not be machine-copied.
- (2) **Applicant Statement:** Limited use of applicant statements is allowable to document those items which, in some cases, are not verifiable or which may cause undue hardship for individuals to obtain. An applicant statement may be used only after all practical attempts to secure documentation have failed and only for those barriers that note an applicant statement as acceptable documentation. Applicant statements must include detailed information and should be supported by a documented corroborative document(s), business contact or reliable witness attesting to the accuracy of the statement. Applicant statements must be signed by the applicant and a corroborating witness.

A copy of the TANF WEX Eligibility Verification Worksheet and whenever used for verification, a copy of the Applicant Statement or Telephone Verification forms, shall be maintained in the applicant's file.