



Office of Economic and Workforce Development

Workforce Development Division

WIOA TITLE I ELIGIBILITY VERIFICATION FORM

Client Name: _____

☐ Adult

☐ Dislocated Worker

I. US WORK AUTHORIZATION – Collect and upload a copy of unexpired authorization document(s). (*Choose Option 1 OR Option 2+3 for verification*)

☐ Option 1

- ☐ US Passport or US Passport
- ☐ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- ☐ Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
- ☐ Employment Authorization Document that contains a photograph (Form I-766)
- ☐ Nonimmigrant alien authorized to work – foreign passport with Form I-94 or Form I-94A and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not expired.
- ☐ Passport from Federated States of Micronesia (FSM) or the Republic of Marshall Islands (RMI) with form I-94 or Form I-94A indicating nonimmigrant admission.

OR

Option 2 + 3

Option 2

One of the following:

- ☐ Valid Driver's License or ID Card
- ☐ ID Card issued by federal, state or local government agency with photograph
- ☐ School ID card with photograph Voter's Registration Card
- ☐ US Military card or draft record Military dependent's ID card
- ☐ US Coast Guard Merchant Marine Card Native American tribal document
- ☐ Driver's License issued by a Canadian government authority

AND

Option 3

One of the following:

- ☐ US Social Security Card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- ☐ Certificate of Birth Abroad issued by the Department of State (Form FS-545)
- ☐ Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- ☐ Native American tribal document US Citizen ID Card (Form I-197)
- ☐ ID Card for use of Resident Citizen in the United States (Form I-197)
- ☐ Employment authorization document issued by Department of Homeland Security

II. SELECTIVE SERVICE REGISTRATION – Collect and upload a copy of unexpired authorization document(s). (*Choose one option for verification*)

- ☐ SSS Internet Verification Printout
- ☐ SSS Form 1 – Photocopy
- ☐ DD 214 (US Military Discharge - Honorable)
- ☐ Unexpired Foreign Passport, Form I-94 or I-551 or US Work Authorization Forms: I-94, I-95A, I-185, Photocopy I-186, I-586, or I-444)
- ☐ Registration Acknowledgement Letter – Photocopy
- ☐ Status Information Letter from SSS and OEWD Approval Letter for Selective Service Registration Exemption
- ☐ Not Required (Born Female or Males on or before December 31, 1959)

III. AGE (*Choose one option for verification*)

- ☐ Driver's License
- ☐ California ID
- ☐ Birth Certificate
- ☐ US Passport
- ☐ Other:



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IV. ADULT ELIGIBILITY – Match the selected Adult Eligibility below on the WIOA application. (**Choose one Option 1 OR Option 2 for verification**)

In addition to meeting the requirements under items I-III, WIOA Adult must be 18 years of age or older and meet one of the WIOA Adult Income Eligibility options below:

☐ **Option 1**

Income Eligibility Calculation (Must be below current San Francisco Lower Living Standard Income Criteria)

Family Size: _____

Annual Family Income (last 6 months X 2): _____

OR

☐ **Option 2**

Waiver request letter approved by OEWD (Approval letter must be kept in case file)

V. DISLOCATED WORKER (DW) ELIGIBILITY – Match the selected Dislocated Worker Eligibility below on the WIOA application. (**Choose one Option 1, Option 2, Option 3, Option 4, Option 5, Option 6 OR Option 7 for verification**)

In addition to meeting the requirements under items I-III, WIOA DW must be 18 years of age or older and meet one of the following types below:

☐ **OPTION 1 (A + B + C) – (NOTE: IAW (Initial Assistance Workshop) NOTICE SERVES TO DOCUMENT BOTH B & C):**

- AND**
- A. Employer Notice of Termination or Layoff or EDD Verification
- AND**
- B. Eligibility for OR collection OR exhaustion of UI Benefits OR recent attachment to the workforce through pay stubs, contract, etc.
- AND**
- C. (Choose one option below)
- 1) State or locally developed lists of declining industries/occupations, (local lists must be developed by an appropriate entity such as the Chamber of Commerce, economic development agency, Workforce Development Board, a qualified consultant, educational entity, etc.)
 - 2) Lack of job offers as documented by UI office or rejection letters from employers or other documentation of unsuccessful efforts to obtain employment in prior occupation.
 - 3) Insufficient education and/or skills necessary for reentry into former industry/occupation.
 - 4) Physical or Emotional problems which would preclude reentry into former industry/occupation (e.g. physician's letter) OR
 - 5) Poor employment history (sporadic/less-than-full-time "stopgap"/income maintenance employment, etc.); rejection letters; UI has exhausted coupled with evidence of lack of employment.

☐ **OPTION 2:**

Terminated or Layoff and has been employed for 3 months or more and not eligible for Unemployment Insurance.

☐ **OPTION 3:**

Permanent closure of a Plant or Facility/substantial layoff.

☐ **OPTION 4:**

General Announcement of Closing of Facility.

☐ **OPTION 5:**

Self-employed & presently unemployed as a result of general economic conditions.

☐ **OPTION 6:**

Displaced Homemaker has been providing unpaid services to family members in the home I (A) has been dependent on income of another family member but is no longer supported by that income; & (B) is unemployed or underemployed & is experiencing difficulty obtaining or upgrading employment.

☐ **OPTION 7:**

The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.

Signature of Authorized

WIOA Eligibility Representative:

Date Determined WIOA Eligible:



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WIOA Adult Application Checklist

Following documents must be uploaded to WorkforceCentral (WFC) for review and eligibility determination.

1. WIOA Title I Eligibility Verification Form
 - Information must match the WIOA Application Form
2. WIOA Application Form
 - Information must match the WIOA Title I Eligibility Verification Form
3. Release of Information
4. Rights and Responsibilities Form
5. US Work Authorization
 - Refer to WIOA Title I Eligibility Verification Form for acceptable documents
6. Selective Service (for males ages 18 or older)
 - Refer to WIOA Title I Eligibility Verification Form for required documents

*Provider must obtain a waiver from their OEWD Program Specialist if family income exceeds the [Lower Living Standard Income Level \(LLSIL\) and poverty guidelines](#).

No Longer required

1. Proof of Family Size
2. Applicant Statement

Funding Stream	Allowable Supplemental Source Documents for Low Income
WIOA Adult	<ul style="list-style-type: none">• <i>Bank Statements</i>• <i>Pay Stubs</i>• <i>Pension Statement</i>• <i>Employer Statement/Contact</i>• <i>Family or Business Financial Records, Quarterly Estimated Tax for Self-Employed Persons</i>• <i>Housing Authority Verification</i>• <i>Social Security Benefits</i>• <i>Copy of Authorization to Receive Cash Public Assistance, Copy of Public Assistance Check, Public Assistance Eligibility Verification</i>• <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i>



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WIOA Dislocated Worker Application Checklist

Following documents must be uploaded to WorkforceCentral (WFC) for review and eligibility determination.

1. WIOA Title I Eligibility Verification Form
 - Information must match the WIOA Application Form
2. WIOA Application Form
 - Information must match the WIOA Title I Eligibility Verification Form
 - Make sure to complete page 2 of the application, including Employment History
3. Release of Information
4. Rights and Responsibilities Form
5. US Work Authorization
 - Refer to WIOA Title I Eligibility Verification Form for acceptable documents
6. Selective Service (for males ages 18 or older)
 - Refer to WIOA Title I Eligibility Verification Form for required documents

No Longer required

1. Unlikely to Return to Affidavit Form
2. Applicant Statement

Funding Stream	Allowable Supplemental Source Documents for Low Income
WIOA Dislocated Worker	<p><i>Option 1:</i></p> <ul style="list-style-type: none"> • <i>Employer Notice of Termination or Layoff or EDD Verification</i> <p><i>AND</i></p> <ul style="list-style-type: none"> • <i>Documentation of eligibility for, collection, or exhaustion of UI Benefits OR able to document recent attachment to the workforce through pay stubs, contract, etc.</i> <p><i>AND</i></p> <ul style="list-style-type: none"> • <i>One of the following:</i> • <i>State or locally developed lists of declining industries/occupations, (local lists must be developed by an appropriate entity such as the Chamber of Commerce, economic development agency, Workforce Development Board, a qualified consultant, educational entity, etc.)</i> • <i>Lack of job offers as documented by UI office or rejection letters from employers or other documentation of unsuccessful efforts to obtain employment in prior occupation.</i> • <i>Documentation of insufficient education and/or skills necessary for reentry into former industry/occupation.</i> • <i>Documentation of physical or Emotional problems which would preclude reentry into former industry/occupation (e.g. physicians letter)</i> • <i>Documentation of poor employment history (sporadic/less-than-full-time "stopgap"/income maintenance employment, etc.); rejection letters; OR UI has exhausted coupled with evidence of lack of employment. NOTE: IAW (Initial Assistance Workshop) NOTICE SERVES TO DOCUMENT BOTH B & C</i> • <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i>



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Funding Stream	Allowable Supplemental Source Documents for Low Income
WIOA Dislocated Worker	<p>Option 2:</p> <ul style="list-style-type: none"> • <i>Employer notice of termination or layoff, proof that participant worked 3 months or more</i> • <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i> <p>Option 3:</p> <ul style="list-style-type: none"> • <i>Employer notice of intent to permanently close or WARN NOTICE</i> • <i>Newspaper articles or Public notices concerning closure PLUS evidence individual was employed at the facility (e.g. UI document, layoff letter, employee ID, payroll records)</i> • <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i> <p>Option 4:</p> <ul style="list-style-type: none"> • <i>Employer notice of closing of facility PLUS evidence individual was employed at the facility (e.g. employee ID, payroll records)</i> • <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i> <p>Option 5:</p> <ul style="list-style-type: none"> • <i>Statement of Economic Condition relevant to the situation AND documentation which substantiates unemployment was a result of economic condition, general economic condition NOT, poor business practices (e.g. LMI records from EDD) AND Profit & Loss Statements of business showing losses PLUS Notice of foreclosure or intent to foreclose or document which shows business no longer exists</i> • <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i> <p>Option 6:</p> <ul style="list-style-type: none"> • <i>Documentation of termination of support from other family member AND UI records or other documentation which indicates difficulty in obtaining adequate employment (part time or "dead end" type jobs. Job Service Verification, rejection letters from employers, etc.</i> • <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i> <p>Option 7:</p> <ul style="list-style-type: none"> • <i>Spouses Permanent Change of Station Orders for a military move or assignment</i> • <i>Documentation certifying a service-connected death or disability</i> • <i>Self-Attestation (Signed Master Application and WIOA Title 1 showing eligibility source)</i>

OEWD APPLICATION



Agency		Funding source (Staff Use Only) 1 WIOA 2 H-1B 3 RTW 4 AAG 5 CCPT 6 Other,specify _____		If WIOA, specify (Staff Use Only) 1 Youth 2 Adult 3 Dislocated Worker		Application date (Staff Use Only) Date all docs have been collected & eligibility determined by provider.		Application Number Enter after OEWD Approval.	
Contact Information									
1 First name			2 M.I.	3 Last name			4 Social Security Number		
5 Street address (Residence)				6 City (Residence)		7 State (Residence)	8 ZIP (Residence)		9 County (Residence)
10 Reside in public housing 0 No 1 Yes		11 Reside in Section 8 housing 0 No 1 Yes		12 Phone () 16 Email (Optional)		13 Ext	14 Phone type 1 Cell/Mobile 2 Relative's phone 3 Work phone 4 Not identified 5 Home 6 Other _____		15 Phone mode 1 Voice 2 TTY 3 Voice/TTY 4 Videophone
17 Mail street line1 <input type="checkbox"/> Same as Residence, skip to 22				18 Mail city		19 Mail state	20 Mail ZIP		21 Mail county
Demographic Information									
22 Date of birth		24 Sex (at Birth) 1 Male 0 Female		25 Gender 1 Male 2 Female 3 Trans Male 4 Trans Female 5 Genderqueer/Gender Non-Binary 6 Not Listed – Please Specify _____		26 Sexual Orientation or Sexual Identify 1 Straight/Heterosexual 2 Gay/Lesbian/Same-Gender Loving 3 Bisexual 4 Questioning/Unsure 5 Not Listed. Please specify _____ 6 Decline to Answer		27 Registered with Selective Service 1 Yes 2 No 3 Documented exemption from registration 4 Not applicable—one of the following: • females • males born before 1960 • program funded by General Fund, CDBG, H1B or RTW	
28 Citizenship 1 Citizen of U.S. or U.S. Territory (skip to 31) 2 Alien/Refugee Lawfully Admitted to U.S. (complete 29 & 30) 3 U.S. Permanent Resident (complete 29 & 30) 4 None of the above (Participants of GF programs may select this. Skip to 31)				29 Alien Registration Number		30 Alien Expiration Date		31 Hispanic 1 Yes 0 No 9 Info not provided	
33 Language Do you primarily speak a language other than English? <input type="radio"/> Yes (complete 34 & 35) <input type="radio"/> No (Skip to 36)		34 What is that language? <input type="radio"/> American Sign <input type="radio"/> Amharic <input type="radio"/> Apache <input type="radio"/> Arabic <input type="radio"/> Bengali <input type="radio"/> Chinese <input type="radio"/> French <input type="radio"/> German <input type="radio"/> Greek <input type="radio"/> Haitian Creole <input type="radio"/> Hindi <input type="radio"/> Hopi <input type="radio"/> Italian <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Latin <input type="radio"/> Malay <input type="radio"/> Navajo <input type="radio"/> Persian <input type="radio"/> Polish <input type="radio"/> Portuguese <input type="radio"/> Pueblo <input type="radio"/> Russian <input type="radio"/> Spanish <input type="radio"/> Tagalog <input type="radio"/> Tewa <input type="radio"/> Thai <input type="radio"/> Tiwa <input type="radio"/> Towa <input type="radio"/> Turkish <input type="radio"/> Urdu <input type="radio"/> Vietnamese <input type="radio"/> Yiddish <input type="radio"/> Zuni <input type="radio"/> Other, specify: _____						35 How well do you speak that language? <input type="radio"/> Very Well <input type="radio"/> Well <input type="radio"/> Not Well <input type="radio"/> Not at All	
36 Do you require English language assistance? <input type="radio"/> Yes <input type="radio"/> No				37 How well do you speak English? <input type="radio"/> Fluently <input type="radio"/> I speak and understand English well enough to communicate <input type="radio"/> I require an interpreter					
38 Race (Select as many as appropriate) 1 White 2 African American/Black 4 American Indian/Alaskan Native 5 Asian 6 Hawaiian/Other Pacific Islander 99 I do not wish to answer									
39 & 40 Ethnicity (If Asian or Hawaiian/Other Pacific Islander was selected above for Race, select at least one below)									
Asian 1 Indian 2 Pakistani 3 Bangladesh 4 Sri Lankan 5 Nepalese 6 Sikkimese 7 Bhutanese 8 Japanese 9 Chinese 10 Korean 11 Malaysian 12 Thai 13 Laotian 14 Cambodian 15 Vietnamese 16 Other Asian 17 Filipino Hawaiian/Other Pacific Islander 18 Hawaiian/Part Hawaiian 19 Samoan 20 Micronesian 21 Palauan 22 Marshallese 23 Guamanian 24 Other Pacific Islander									
Military Service and Veteran Information									
51 Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? <input type="radio"/> Yes <input type="radio"/> No			52 Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? <input type="radio"/> Yes <input type="radio"/> No			53 Are you currently in the military, a veteran or the spouse of a veteran? <input type="radio"/> Yes <input type="radio"/> No		54 Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated? <input type="radio"/> Yes <input type="radio"/> No	
55 Veteran status 1 Yes, <= 180 days 2 Yes, Eligible Veteran 3 No, skip to next section 4 Yes, Other Eligible Person			56 Homeless Veteran 1 Yes 0 No	57 Vet Voc Rehab 1 Yes 0 No 9 Unknown	58 Individual is a transitioning service member 1 Yes 0 No		59 Type of transitioning service member 0 Not applicable 1 Within 24 months of retirement 2 Within 12 months discharge		

60 Estimated discharge date		61 Served more than 1 tour of duty? 1 Yes 0 No		62 Service Begin Date 1	63 Service End Date 1	64 Service Begin Date 2	65 Service End Date 2	66 Service Begin Date 3	67 Service End Date 3
68 Campaign veteran 1 Yes 3 No		69 Post 9/11 veteran 1 Yes 3 No		70 Recently separated veteran (separated <= 48 months ago) 1 Yes 0 No		71 Veteran separation date		72 Attended a Transition Assistance Program (TAP) 1 Yes 0 No	
Employment									
73 Employment status 1 Employed. 2 Employed, but received notice of termination of employment or military separation 3 Not Employed. Skip 74 -78, then go to 79...						74 Current hourly wage		75 If employed, are you underemployed* 1 Yes 0 No 9 Not applicable *Working part-time, but desiring full-time work; working in a position beneath one's level of education	
75a Is your past work in a Declining Occupation or Industry?, <input type="radio"/> Yes <input type="radio"/> No				75b If working, does your job lack opportunity to advance or have a wage gain? <input type="radio"/> Yes <input type="radio"/> No					
76 Type of business worked in: <input type="radio"/> Private Business <input type="radio"/> Local Government <input type="radio"/> Federal Government <input type="radio"/> Non-Profit <input type="radio"/> Higher Education <input type="radio"/> State Government <input type="radio"/> Education (K-12) <input type="radio"/> Have never worked <input type="radio"/> Other				77 Are you currently looking for work? <input type="radio"/> Yes <input type="radio"/> No		78 Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service? <input type="radio"/> Yes <input type="radio"/> No		79 Number of weeks unemployed 80 Unemployed for 27 or more weeks? 1 Yes 0 No	
81 Unemployment compensation 1 Yes, claimant, referred by WPRS* 2 Yes, claimant, not referred by WPRS* 3 Yes, exhaustee 4 No, neither claimant nor exhaustee *Applicants referred by WPRS are required to receive workforce services as a condition of receiving unemployment insurance									
82 UI Referred By Status 1 WPRS 2 REA 3 RESEA 4 Not Applicable				83 Claimant Exempt from Work Search 1 Yes 0 No			84 Claimant Exempt from Work Search Date		
85 Reason for layoff <div style="display: flex;"> <div style="width: 10%; border: 1px solid black; padding: 5px; margin-right: 5px;"> If 1-5, complete 63-98, then 99. If 6-10, Go to 99 </div> <div> 1 (1) Terminated/laid off or has received notice, and (2) eligible for/exhausted entitlements to UC, and (3) unlikely to return to previous industry or occupation. 2 (1) Terminated/laid off or has received notice, (2) has been employed for 3 months, but (3) is not eligible for UC due to insufficient earnings or employer not being covered under state compensation law, and (4) unlikely to return to previous industry or occupation. 3 (1) Terminated/laid off or has received notice as result of (2) permanent closure of, or substantial layoff at a plant, facility, or enterprise. 4 (1) Individual is employed and (2) the employer has made a general announcement that the facility will close. 5 (1) Previously self-employed (including farmers, ranchers and fisherman), but is (2) unemployed due to general economic conditions in the community of residence or because of natural disaster. 6 Displaced Homemaker: An individual who has been (1) providing unpaid services to family members in the home and (2) has been dependent on the income of another family member, but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, or a call or order to active duty, or a permanent change of station, or the service connected death or disability of the member, and (3) is unemployed or underemployed and (4) experiencing difficulty obtaining or upgrading employment. 7 The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member. 8 The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. 9 Dislocated Worker Grant (DWG) eligibility: Individual does not meet criteria outlined for DW in Categories 1-8, but is an individual that meets DWG eligibility 10 None of the above. Individual does not meet the definition of Dislocated Worker. </div> </div>									
86 Projected layoff date		87 Actual layoff date		88 Did you attend a Rapid Response orientation? 1 Yes, complete 89 & 89a 0 No, skip to 90			89 Most recent date attended Rapid Response orientation		89a Rapid Response Event #
90 Dislocation employer				91 Dislocation hourly wage		92 Dis. employer address 1			
93 Dis. employer address 2				94 Dis. employer city			95 Dis. emp. state		96 Dis. emp. ZIP
97 Layoff industry Name of industry _____ NAICS Code (staff use) _____					98 Layoff occupation Name of occupation _____ O*NET Code(staff use) _____				
99 Farmworker status 0 No, skip to Employment History or 102 1 Farmworker 2 Migrant 3 Migrant Farmworker			100 Type of farmworker 0 Agricultural 1 Food Processing Establishments		101 Migrant Seasonal Farmworker Status 1 Seasonal Farmworker 2 Migrant and Seasonal Framworker 3 A dependent of a seasonal or migrant and seasonal farmworker 0 No				
Employment History									
Company Name			Location			Job Title (Occupation)		Start/End Dates	

Education									
102 If degree/certificate attained, select highest attained:									
87 High School Diploma		88 GED or Equivalent		89 Certificate of Attendance/Completion (applicable only for applicants with a disability)					
90 Other Post-Secondary Deg/Cert		91 Associates Degree		16 Bachelor's Degree or Equivalent				17 Degree Beyond a Bachelor's Degree	
If no degree attained, select highest year of school completed:									
No school grades		1 School grade	2 School grades	3 School grades	4 School grades	5 School grades		6 School grades	
7 School grades		8 School grades	9 School grades	10 School grades	11 School grades	12 School grades & no HS diploma/GED			
1 yr of College or FT Technical/Vocational school			2 yrs of College or FT Technical/Vocational school			3 yrs of College or FT Technical/Vocational school			
103 School status						104 Currently enrolled in an educational program*			
1 In-school, H.S. or less		2 In-school, Alternative School		3 In-school, Post H.S.				1 Yes 0 No	
4 Not attending school, H.S. Dropout		5 Not attending school, H.S. Graduate				*Programs that lead to a degree/certificate that would be accepted by OEWD.			
6 Not attending school, w/in age of compulsory school attendance									
105 Receiving Adult Education Services		106 Receiving YouthBuild Services		107 Youth Build Grant Number	108 Receiving Job Corps Services	109 Receiving Vocational Education Services	110 Individualized Education Program Participant		111 In a Registered Apprenticeship Program:
1 Yes 0 No		1 Yes 0 No			1 Yes 0 No	1 Yes 0 No	1 Current IEP 2 Previous IEP		1 Yes 0 No
2 Did not self-identify		2 Did not self-identify			2 Did not self-identify	2 Did not self-identify	0 Not Applicable		2 Did not self-identify
Additional Information									
112 Displaced homemaker		113 English language learner		114 Single parent (including pregnant women)		115 Homeless		116 Runaway (only for Youth programs)	
1 Yes 0 No		1 Yes 0 No		1 Yes 0 No		1 Yes 0 No		1 Yes 0 No	
117 Offender*		118 Pregnant or parenting youth		119 Foster child or aged out		120 Eligible under Section 477 of the SSA*		121 Out-of-home placement*	
1 Yes 0 No		1 Yes 0 No		1 Yes 0 No		1 Yes 2 No 9 No response		1 Yes 0 No 9 No response	
*Arrests or convictions are barriers to employment or education.						*A program for youth in foster care		*Youth removed from home over concerns for well-being	
122 Unemployed a total of 13 weeks in the last year		123 Lacks transportation		124 Suspended License		125 Lacks childcare		126 Lacks healthcare	
1 Yes 0 No		1 Yes 0 No		1 Yes 0 No		1 Yes 0 No		1 Yes 0 No	
128 Youth currently living in a high-poverty area		129 Youth currently receives, or is eligible for, free/reduced lunch		130 Basic Skills Deficient (according to TABE/CASAS)					
1 Yes 0 No		1 Yes 0 No		1 Yes 0 No *Required for all youth program participants and WIOA Adult participants					
131 Substance abuse		132 Gang status				133 Youth w/ incarcerated parent		134 Parolee number (Optional)	
1 Yes 0 No		0 N/A 1 Gang member 2 Gang involved 3 At risk of gang involvement				1 Yes 0 No			
135 Individual facing substantial cultural barriers				136 Meets governor's special barriers to employment				137 Meets the additional priorities established by the governor and/or local board	
1 Yes 0 No 9 Not provided				1 Yes 0 No 9 Not provided				1 Yes 0 No	
H-1B & RTW Program Participants ONLY									
136 If unemployed: last date of employment		137 Unemployed more than 27 weeks		138 Current employer			139 Emp. address		
		1 Yes 0 No							
140 Emp. city				141 Emp. state	142 Emp. ZIP	143 Hourly wage	144 Job title		145 Industry
Public Assistance Information									
146 Receiving TANF		147 TANF Recipient		148 Within 2 yrs of exhausting TANF lifetime eligibility		149 Receiving Supplemental Security Income (SSI)		150 SSI Recipient	
1 Yes 0 No		1 Applicant 2 Family Member 9 Not Applicable		1 Yes 0 No 9 Not provided		1 Yes 0 No		1 Applicant 2 Family Member 9 Not Applicable	
153 Receiving General Assistance		154 GA Recipient		155 SNAP (formerly known as Food stamps)		156 SNAP Services		157 Ticket to Work	
1 Yes 0 No		1 Applicant 2 Family Member 9 Not Applicable		1 Yes 0 No		1 Yes 0 No 9 Unknown		1 Yes 0 No 9 Unknown	
								158 Publicly supported foster child	
								1 Yes 0 No	
								159 Receiving or been notified of Pell Award	
								1 Yes 0 No	
160 Youth requires additional assistance				1 Yes (at least 1 of the following applies) 0 No					
• homeless		• non-custodial parent		• enrolled in special education		• receiving public assistance or medical benefits			
• drop out		• former foster youth		• student with less than a C average		• has not held a job for more than 13 weeks			
• truant		• emancipated youth		• limited English proficiency		• drug or alcohol problems			
• offender		• single parent		• pregnant		• resident of public housing/receiving a section 8 voucher			
161 Youth Incarcerated at Program Entry				1 Yes 0 No		162 Date Released from Incarceration:			

163 Family size		164 Family member ages and relationships:	
165 Annual family income (last 6 months X 2)	166 Monthly Income	167 Low-income 1 Yes 2 No	
5% Exception for WIOA Youth ONLY (Staff Use Only)			
Skip this section unless youth must meet low-income definition for WIOA Youth eligibility, but does not. Obtain the following info and then contact your program officer.			
168 Is youth applying for a 5% exception? 1 Yes, complete section 2 No, skip section	169 Currently in high school and repeated a grade or is a year over age for grade 1 Yes 2 No 0 Not Applicable	170 Youth is facing serious barriers to employment 1 Yes (at least 1 of the following applies) 0 No <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">• truant</div> <div style="width: 50%;">• non-custodial parent</div> <div style="width: 50%;">• enrolled in special education</div> <div style="width: 50%;">• emancipated youth</div> <div style="width: 50%;">• single parent</div> <div style="width: 50%;">• drug or alcohol problem</div> <div style="width: 50%;">• limited English proficiency</div> <div style="width: 50%;">• student with less than a C average</div> <div style="width: 50%;">• resident of public housing/receiving a section 8 voucher</div> <div style="width: 50%;">• youth is 19-24 and has not held a job for more than 13 weeks in the last year</div> <div style="width: 50%;">• member of family receiving public assistance, medical assistance, or food stamps</div> </div>	
CERTIFICATION AND SIGNATURES			
Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty or perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from Office of Economic and Workforce Development (OEWD) programs and may result in action to recover any moneys paid to me while participating.			
Signature of Client			Date
Signature of Parent, Guardian or Responsible Adult (if client is under 18)			Date
Signature of Certifying Agency Representative			Date

OEWD APPLICATION

Medical and Disability Disclosure Form

Agency	Funding source (Staff Use Only) 1 WIOA 2 General Fund 3 H-1B 4 RTW 5 AAG 6 CCPT 7 Other, specify _____	If WIOA, specify (Staff Use Only) 1 Youth 2 Adult 3 Dislocated Worker	Application date (Staff Use Only) Date all docs have been collected & eligibility determined by provider.	Application Number (Staff Use Only)
<p>Do you consider yourself to have a disability? <input type="radio"/> Yes - (If Yes, complete entire application)</p> <p><input type="radio"/> No <input type="radio"/> I do not wish to answer or chose not to identify</p> <p>If No or I do not wish to answer or chose not to identify – (STOP – Do not complete the remainder of this application)</p>				
<p>Are you deaf or do you have serious difficulty hearing? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Specified</p> <p>Are you blind or do you have serious difficulty seeing even when wearing glasses? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Specified</p> <p>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Specified</p> <p>Do you have a serious difficulty walking or climbing stairs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Specified</p> <p>Do you have difficulty dressing or bathing? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Specified</p>				
<p>Type of disability:</p> <p>1 Physical/Chronic Health Condition 2 Physical/Mobility Impairment 3 Mental or Psychiatric Disability</p> <p>4 Vision-related Disability 5 Hearing related Disability 6 Learning Disability</p> <p>7 Cognitive/Intellectual Disability 8 Participant did not disclose type of disability</p>				
<p>Received SSDA (State Developmental Disabilities Agency)</p> <p><input type="radio"/> SSDA <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Received LSMHA (Local or State Mental Health Agency)</p> <p><input type="radio"/> LSMHA <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Received HCBS (Home and Community Based Services)</p> <p><input type="radio"/> HCBS Waiver <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Disability Work Setting</p> <p><input type="radio"/> Competitive Integrated Employment <input type="radio"/> Individual Supported Employment <input type="radio"/> Group Supported Employment <input type="radio"/> Sheltered Workshop <input type="radio"/> Combination of two or more settings <input type="radio"/> Not Employed <input type="radio"/> Unknown</p>	
<p>Customized Employment Services</p> <p><input type="radio"/> Discovery assessment services <input type="radio"/> Development of a customized employment search plan <input type="radio"/> Employer negotiation services</p> <p><input type="radio"/> Secured employment as a result of receiving customized employment services and received extended support services</p> <p><input type="radio"/> No CES Services <input type="radio"/> Unknown</p>				
<p>Disability Financial Capability</p> <p><input type="radio"/> Benefit Planning Services <input type="radio"/> Financial capability/asset Services <input type="radio"/> Benefit planning services and financial capability/asset development Services <input type="radio"/> No <input type="radio"/> Unknown</p>		<p>Section 504 Plan (Disabled, attending secondary school and receiving accommodations for educational access and academic success)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>		<p>Received Vocational Rehabilitation Services</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
<p>Disabled veteran</p> <p><input type="radio"/> Yes, Disabled <input type="radio"/> Yes, Special Disabled (greater than 30%) <input type="radio"/> No</p>			<p>Receiving Social Security Disability (SSDI)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	

All such information, whether hard copy, electronic, or both, must be maintained in one or more separate files, apart from any other information about the individual, and treated as confidential.

CONFIDENTIAL

PARTICIPANT RIGHTS AND RESPONSIBILITIES ACKNOWLEDGEMENT

The Office of Economic and Workforce Development (OEWD) is fortunate to be able to use funds appropriated by the Federal, State and City government to assist you in your preparation and search for employment. This document will provide you with general information about the program, what you can expect from it and what will be expected of you. The staff of the agency, which operates the program you are now enrolled in, is available to assist you with any additional questions or problems you may have.

YOUR RESPONSIBILITIES

Each participant has the responsibility to participate and cooperate in efforts to increase his/her potential for becoming employed. All participants are expected to:

- Participate to the best of his/her abilities.
- Adhere to the policies and procedures of the program.
- Conduct himself/herself in a manner that is not dangerous or disruptive.
- Report to the agency any change of address or phone number.
- Participate in job search activities.
- Provide employment information to agency or OEWD staff throughout the follow-up period.

As a Classroom Training Participant, you are expected to attend every scheduled training session and to arrive on time. Continual tardiness and/or excessive absences may be cause for termination from the program. There may be times when attendance is impossible; in such cases you should inform your instructor or counselor and let them know of your situation.

As an On-the-Job Training Employee:

In an on-the-job training position you are considered a regular employee your first day on the job. As an employee you must follow the personnel policies and procedures of your employer. If you have any questions about your job or responsibilities, contact the job developer who assisted you in obtaining your position.

IN CASE OF INJURY OR ACCIDENT WHILE PARTICIPATING IN OEWD ACTIVITIES

Staff at your program agency or training/job site will inform you of the emergency procedures.

LIMITATIONS

Nepotism. You may be prevented from participating in a particular program if you are closely related to someone currently employed in an administrative capacity at that agency or OEWD. If you have a relative in a supervisory or management position at the agency where you want to receive training or at OEWD, check with your counselor for further clarification.

Hatch Act. There are some restrictions on involvement in political activities while receiving federally funded training. Although you may express opinions on political subjects and candidates, take an active part in political campaigns, make contributions to a political party or organization and ask for voluntary contributions, you should not be involved in those activities during the hours when you are on the job or during class hours.

BENEFITS WHILE PARTICIPATING IN AN OEWD FUNDED PROGRAM

There is no cost for participating in an OEWD funded program. If an agency attempts to collect a "fee" of any kind, immediately contact OEWD at (415) 701-4848. Ask for the Equal Opportunity Officer.

Participant in Classroom Training:

As a classroom training program participant, you may be eligible for supportive services, including transportation (Fast Pass, BART ticket), and childcare assistance. Please check with the counselor at your training program for information on what is available and the procedures for receiving such supportive services.

Speak with the counselor at the agency which operates the program you are enrolled in for information about childcare assistance. Your counselor will provide you with a childcare information sheet, which explains the requirements and benefits available. In most cases, childcare assistance is available during the entire period you are in training. If you have special childcare needs, speak with your counselor.

Participant in On-the-Job Training Position:

While employed in a training position, you will receive wages in return for work performed under specific commitments made by your employer. The wages you receive are subject to income tax withholding and (in some cases) other deductions.

If you are currently receiving Unemployment Insurance (UI) benefits you may continue to receive these benefits while enrolled in a Workforce Investment and Opportunity Act (WIOA) classroom training program. You are not eligible, however, for UI benefits if you are a participant in an on-the-job training position subsidized with WIOA funds.

NONDISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY

It is against the law to discriminate against:

- Any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Any beneficiary of programs, financially assisted under OEWD programs on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any OEWD program or activity.

OEWD and its subcontractors cannot discriminate in any of the following areas:

- Deciding who will have access to any OEWD program or activity, or
- Treatment of program participants, or
- Employment decisions in the administration of, or connection with, such a program or activity.

If you think you have been subjected to discrimination, you may file a complaint within one hundred eighty (180) days from the date of the alleged violation with OEWD's Equal Opportunity Officer –Alfredo Fajardo, at One South Van Ness Avenue, 5th Floor, San Francisco, CA 94103. Or you may contact the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington D.C. 20210. If you start by filing your complaint with OEWD, you must wait either until OEWD issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.

If OEWD does **not** give a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for OEWD to issue that Notice before filing with the CRC. However, you must file your CRC complaint within 30 days after the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with OEWD).

If OEWD **does** give you a written Notice of Final Action on your complaint, and you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

GRIEVANCE RIGHTS

As an individual participating in an OEWD funded program, you have certain rights and responsibilities. Under the Code of Federal Regulations 20 CFR 667.600(g)(1), 24CFR570.431 and San Francisco Chapter Appendix F1.107, you have the right to grieve the terms and conditions of employment and/or training. Please contact your counselor if you feel that you have been unfairly treated. Every agency has grievance procedures within its personnel procedures that detail the terms and conditions of your services, training and/or employment. The agency, which operates the program you are enrolled in should give you a copy of these rights and responsibilities and be able to explain them to you. It is important that you follow these procedures. If you feel that your agency is not following the procedures, contact OEWD. You will be asked to provide the individual responding to your concern with complete and accurate information in order to follow up on your complaint.

You have the right to allege a violation of the regulations, grant(s), or other agreements under OEWD. If you feel that a violation has occurred, you may file a complaint in writing with OEWD. For specific information on filing a grievance, please contact OEWD. A strict timeline is required for filing a complaint (within one year of its occurrence). You also have the right to request technical assistance with filing a complaint, and may call (415) 701-4848 for more information on how to file.

OEWD may schedule an informal complaint resolution meeting prior to the administrative hearing. At the informal complaint resolution meeting an attempt to resolve the complaint will take place. If and when the complaint has been informally resolved, OEWD shall attempt to contact you and request you provide a written withdrawal within 10 days of the informal resolution

If an informal resolution cannot be reached, OEWD will schedule an administrative hearing within 30 days from the receipt of a written complaint. You must be notified in writing of the administrative hearing 10 days prior to the date of the hearing.

After the hearing, OEWD will issue a decision on your case within 60 days. If a decision is not reached within 60 days or you receive an adverse decision you may further appeal in writing to:

- WIOA – Chief, EDD Compliance Review Division, P. O. Box 826880, Sacramento, CA 94280-0001.
- CDBG – Regional Administrator, U.S. Department of Housing and Urban Development, 600 Harrison Street, 3rd Floor, San Francisco, CA 94107-1300
- General Fund – Whistleblower Program, Office of the Controller, City Hall Room 316, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4694
- H-1B/RTW/CCPT/AAG – The Office of Federal Contract Compliance Programs (OFCCP), U.S. DOL, 200 Constitution Avenue, N.W., Washington, D.C. 20210

IF YOU HAVE PROBLEMS

Staff is available at the agency which operates the program you are enrolled in to provide referral information or for other personal, language, or job related problems. We hope this information is a useful introduction to OEWD programs and that you will successfully reach your employment goal.

This is to certify that I have received copy of the Participant Rights and Responsibilities Information Sheet. I have read the complaint procedures and understand the steps to follow if I have a complaint against a program operated by OEWD. My counselor has explained these procedures to me verbally and I fully understand this process. I understand that a full copy of these procedures is available to me upon request.

Participant Signature

Date

Career Advisor/Case Manager Signature

Date

9/2018

1 Dr. Carlton B. Goodlett Place, Room 448



San Francisco, CA 94102 | www.oewd.org

p: 415.554.6969 f: 415.554.6018



RELEASE OF INFORMATION

The Office of Economic and Workforce Development (OEWD) obtains and reviews information about participants' program performance while they are in the program and after they leave the program in order to evaluate the effectiveness of the services we fund. We are requesting your permission to obtain employment and educational information from employers, service providers, and other institutions and share this information with third parties who are partnering with us on these programs to evaluate program effectiveness or to see if you might be eligible for additional resources.

I, _____, give the Office of Economic and Workforce Development (OEWD) permission to:

- Obtain employment verification including employer name and contact information, dates of employment, job title, wage, quarterly earnings, full-time/part-time status including hours worked per week and benefits received.
- Obtain education or training program information including institution name and contact information, dates of enrollment, type of degrees or certificates obtained, grades, and other educational performance assessments.
- Obtain quarterly wage data from the Employment Development Department (EDD) as reported by my employers for the purposes of measuring and reporting on the effectiveness of Workforce Development Programs.
- Release program participation and educational and employment outcome data (excluding quarterly wage data from EDD) to workforce partners and state and local agencies for the purposes described above.
- Share only anonymized quarterly wage data from the Employment Development Department.

This release will remain valid for three (3) years after completion of services.

I understand that I can discontinue this authorization at any time by sending a written notice to OEWD by mail at the address listed below or by email to workforce.development@sfgov.org.

By signing, I certify that I have read (or had read to me) and understood all of the information contained on this form.

Signature: _____

Date: _____





Adult / Family Photography Release

I give the Office of Economic and Workforce Development my permission to use any photographs or video recordings of myself and my family members, obtained during normal program activities, for use in informational materials.

I understand these photographs will be used ONLY by OEWD for its websites, publications, exhibits, and other public information projects. These projects are created to educate civic leaders and the general public about programs and services provided by said office.

☐ Yes

☐ No

Name Printed

Signature

Date

Office of Economic and Workforce Development

Workforce Development Division



INDIVIDUAL EMPLOYMENT PLAN (IEP)

PLEASE PRINT

SECTION I PERSONAL DATA

Participant Name: _____	Social Security No.: _____
Agency Where File Was Initiated: _____	Telephone No.: _____
Person Completing Form:: _____	

SECTION II SERVICES TO BE PROVIDED (This section applies only to adults)

- | | |
|--|--|
| CORE SERVICES
<input type="checkbox"/> Staff assisted job search
<input type="checkbox"/> Staff assisted job development
<input type="checkbox"/> Staff assisted job referrals
<input type="checkbox"/> Staff assisted workshops
<input type="checkbox"/> Staff assisted job placement
<input type="checkbox"/> Follow-up services, counseling
<input type="checkbox"/> Non-WIA funded core services
<input type="checkbox"/> Other | INTENSIVE SERVICES
<input type="checkbox"/> Case management
<input type="checkbox"/> Comprehensive assessment
<input type="checkbox"/> Group or individual counseling
<input type="checkbox"/> Work experience
<input type="checkbox"/> Pre-vocational services
<input type="checkbox"/> Internship
<input type="checkbox"/> Non-WIA funded intensive services
<input type="checkbox"/> Other |
|--|--|

SECTION III ASSESSMENT INFORMATION

Assessment Area	Assessment Tool	Result/Score	Date Assessed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assessment of potential barrier(s) that may prevent the participant from successfully completing training:

SECTION IV SUPPORTIVE SERVICE(S) AND TRAINING NEED(S)

- | | |
|---|--|
| Supportive service(s) needed to complete training:
<input type="checkbox"/> Childcare
<input type="checkbox"/> Transportation
<input type="checkbox"/> Medical
<input type="checkbox"/> Training Related Expenses | Type of training recommended:
<input type="checkbox"/> On-the Job Training
<input type="checkbox"/> Occupational Skills/Customized Training
<input type="checkbox"/> Job Readiness/Basic Skills Remediation
<input type="checkbox"/> Paid Work Experience
<input type="checkbox"/> Skill Upgrade and Retraining |
|---|--|

I have reviewed my employment plan and I agree with the recommended strategies to help me reach my career objective.

SECTION V
SHORT TERM EMPLOYMENT GOAL

Short Term Goal
(Occupational Title): _____ OES Code: _____

Expected
Entry Level Wage: _____ Est. No. of Months
to Achieve Goal: _____

Plan(s) to achieve short term goal:

SECTION VI
LONG TERM CAREER GOAL

Career Goal
(Occupational Title): _____

Expected
Entry Level Wage: _____ Est. No. of Months
to Achieve Goal: _____

Plan(s)/suggestion(s) to achieve career goal:

Participant Signature: _____ Date: _____

Counselor Signature: _____ Date: _____



WRITTEN EMPLOYMENT AND EDUCATION VERIFICATION FORM

This form will be used to verify placement in employment, placement in education, and/or attainment of degree, diploma, GED, or *acceptable* certificate at the time of initial placement.

Participant Name: _____

Name of Employer/
Educational Institution: _____

Address: _____

City/Zip: _____

Phone Number: _____

Enrollment/Attained
Degree/Start Date: _____

For Placement in Employment:

Working Full Time (30+ hours per week): # _____ or Part Time (Less than 30 hours per week): # _____

Employee Job Title: _____

Employee's Hourly Wage: _____ Benefits Provided (Yes/No) _____

Termination Date (if applicable): _____

For Placement in Education:

Enrolled Full Time (12+ units) _____ or Part Time (Less than 12 units) _____

Course of Study: _____

For Attainment of Diploma, Degree or *acceptable* Certificate:

Type of Diploma, Degree or Certificate: _____

VERIFIED BY:

Signature of Authorized Employer or Educational Representative

Date

Please Print Name

Please Print Title

Office of Economic and Workforce Development
Workforce Development Division



SUPPORTIVE SERVICES PAYMENTS DETERMINATION/CERTIFICATION RECORD

All "supportive services payments" will be administered by the Office of Economic and Workforce Development (OEWD) or its representative, and all payments will be made directly to the vendor (i.e., no "cash" will be paid directly to the participant). The participant's needs for one or more of the following supportive services will be determined by OEWD or its representative, and each such determination must be certified and documented for each participant and retained in the participant's file.

Participant Name

SSN

The above-named participant qualifies for the following supportive service payments"

TRANSPORTATION

Transportation vouchers in the form of ☐ MUNI Fast Pass or ☐ MUNI Tokens or

☐ Other: _____

From: _____ To: _____ for _____ weeks because the participant is "economically disadvantaged" or "dislocated worker" and:

- ☐ unable to attend training class(es) without such financial assistance.
☐ unable to make job interview(s)/medical appointment(s) without such financial assistance.
☐ other: _____

MEDICAL/DENTAL

- ☐ Because the participant is "economically disadvantaged" or "dislocated worker" and unable to attend training classes or to obtain unsubsidized employment without:

Please specify

MISCELLANEOUS (BOOKS, EXAM FEES, TOOLS, UNION DUES, ETC.)

- ☐ Because the participant is "economically disadvantaged" or "dislocated worker" and unable to attend training classes or to obtain unsubsidized employment without:

Please specify

Participant Signature

Date Signed

Name, Title, & Signature of Authorized OEWD Representative

Date Signed

1 South Van Ness Avenue, San Francisco, CA 94103

415.701.4848 (Main) - 415.701.4895(Fax)

www.workforcedevelopmentsf.org/AboutUs

RECYCLED PAPER

OEWD Form 103
Rev. 11/2012