Oklahoma Employment Security Commission

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Oklahoma Employment and Training Issuance #20-2001, Change 1

TO: ALL LOCAL WORKFORCE INVESTMENT AREAS

FROM: Terry Watson
Director, Employment and Training

DATE: November 5, 2001

SUBJECT: Guidance information relevant to the Workforce Investment Act (WIA) Title I Eligibility Criteria and Acceptable Eligibility Verification

1. **Purpose.** To provide a reference that covers WIA Title I Program minimum eligibility documentation criteria along with corresponding Act/Regulation citations for adults, youth, and dislocated workers. Additional information is provided for clarification on Selective Service Registration, self-sufficiency determination, self-certification requirements, and examples of acceptable verification documents.

2. **Changes.** Change 1 reflects modifications listed as follows: Attachments C, E, and J references to "General Announcement of Closure" were removed. In Attachment K, (Self-Certification Form) the "Reviewer's Signature/Date" line was removed as this was unnecessary since the entire case file is normally reviewed for completeness.

3. **Summary.** Adults, Youth, and Dislocated Workers who receive services funded under Title I other than self-service or informational activities **must be registered and determined eligible.**

This State guidance answers **what is needed for minimum registration documentation** when serving a customer in WIA Title I funded programs. **ALL** WIA Title I **registered** individuals whether Adult (18 or older), Youth (14-21), or Dislocated Worker (18 or older) must meet all of the following **general** eligibility requirements as follows:

- Social Security Number
- Citizenship or Eligible to Work
- Selective Service Registrant (if applicable) and
- Age.

To break it down within an individual category, Registered **Adult** (18 or older) must satisfy general eligibility which includes Citizenship or Eligible to Work, Selective Service (if applicable), and Age. (Attachment A)

Registered **Youth** (14-21) must satisfy general eligibility which includes Citizenship or Eligible to Work, Selective Service Registrant (if applicable), Age, Low Income Individual, and have one or more Barriers. If the youth does not meet the definition of low income and barriers, they must meet the definition of one or more of the categories listed under Exceptions. No more than 5% of the participants in each local Workforce Investment Area may be individuals who do not meet the income criteria to be considered eligible youth, if such individuals are within one or more the categories defined by Exception. All youth participants must be registered. (Attachment B)

Registered **Dislocated Worker** (18 or older) must satisfy general eligibility which includes Citizenship or Eligible to Work, Selective Service Registrant (if applicable), and any one of the five categories of Dislocated Worker. (Attachment C)

Further, the State of Oklahoma feels that funds to serve recipients of public assistance and other low-income individuals is not insufficient. Reference Oklahoma's Strategic Five-Year State Workforce Investment Plan, "Oklahoma believes that excess TANF funds and funds provided by WtW are sufficient resources for these public assistance and low-income customers. If a determination is made that WIA funds are sufficient, the LWIBs shall provide services to any eligible participants."

NOTE: A local area determination of insufficient funds will require appropriate additional documentation. Regulation 20 CFR 663.600 and Sec. 134(d)(4)(E) provides guidance on a priority policy (for intensive and training services) if funds are determined limited. Each Workforce Investment Area's Workforce Investment Board must develop a priority of service policy regarding Workforce Investment Act title I adult intensive and training services. The Workforce Investment Boards' priority of service policy must include, but is not limited to, public assistance and other low-income individuals in the local area. The Workforce Investment Board will indicate the Board's priority of service policy in its WIA Local 5-Year Plan, specifying the target groups that will receive priority service. The LWIBs local plans shall reflect this determination and the basis for the determination. The LWIB shall develop instructions for One-Stop operators in the local workforce investment areas regarding the provision of services related to such priorities.

Funds allocated for dislocated workers are not subject to this requirement.

Another definition that the State advises local areas to proceed cautiously with and that will require additional documentation in making their local policies is regarding **Self-Sufficiency**. Local Boards must set the criteria for determining whether employment leads to self-sufficiency for adults and dislocated workers. Some of the factors that should be considered when determining self-sufficiency are local economic conditions, family size, employer paid fringe benefits, and the financial needs of the populations to be served. A question to be considered: Is an individual self-sufficient if they still qualify for any Federal and/or State assistance while employed and making the lower living standard income? As you can see therefore, the self-sufficiency definition within each local area could vary from community-to-community and region-to-region. At a minimum, such criteria must provide that self-sufficiency means employment that pays at least the lower living standard income level, as defined in WIA Section 101(24).

The dislocated worker self-sufficiency definition may be different than the definition for an adult. Self-sufficiency for a dislocated worker may be defined in relation to a percentage of the replacement wage as required for performance standards.

The definition for displaced homemakers may be a percentage of household income before displacement. The definition may be different for individuals with disabilities and other special needs populations with multiple barriers to employment.

Finally, another key area of State guidance is on the subject of **Self-Certification**. The State allows for the use of Self-Certification to verify those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. A Self-Certification may be used after practicable attempts to secure verification have failed. Guidance and a sample Self-Certification Form is at Attachment K.

4. **References.** WIA Final Regulations, dated August 11, 2000 and the Workforce Investment Act of 1998.

5. **Action Required.** Workforce Investment Board Staff are requested to widely distribute copies of this issuance to staff and partners within your local area.

6. **Attachments.**

- **ATTACHMENT A**
  WIA Eligibility Statement – Adult (18 or older)

- **ATTACHMENT B**
  WIA Eligibility Statement – Youth (14 – 21)

- **ATTACHMENT C**
  WIA Eligibility Statement – Dislocated Worker (18 or older)

- **ATTACHMENT D**
  Selective Service Registration

  NOTE: For information on Selective Service regulations, please refer to the following:

  - TEGL 8-98 (dated 11/04/98) – Selective Service Registration

  Selective Service Telephone Verification No. (847) 688-6888; Internet Verification/Registration (http://www.sss.gov).

- **ATTACHMENT E**
  Consolidation of WIA Acceptable Eligibility Verification

- **ATTACHMENT F**
  Specific Examples of Verification Documents To Meet the General Eligibility Criteria

- **ATTACHMENT G**
  Specific Examples of Verification Documents To Meet the Economic Eligibility Criteria

- **ATTACHMENT H**
  Specific Examples of Verification Documents To Meet the Youth Barriers Eligibility Criteria

- **ATTACHMENT I**
  Specific Examples of Verification Documents To Meet the Exceptions Youth Special Rule (5% Window) Criteria

- **ATTACHMENT J**
  Specific Examples of Verification Documents To Meet the Dislocated Worker Eligibility Criteria

- **ATTACHMENT K**
  Self-Certification

7. **INQUIRIES.** If you have any questions pertaining to this issuance, please contact Mike Clark at (405) 557-5339 or Larry Carothers at (405) 962-7562.

ATTACHMENT A

ACT AND/OR REGULATION CITATION

WIA ELIGIBILITY STATEMENT
ADULT (18 OR OLDER)

An individual (18 or older) shall be eligible to participate in the Title I Adult Program if such individual meets:

General Eligibility which consists of:

Act 188(a)(5)
Act 189(h)
Act 101(1); CFR 663.110
Act 134(d)(4)(E); CFR 663.600

- Social Security Number
- Citizenship or Eligible to Work
- Selective Service Registrant (if applicable)
- Age

NOTE: If funds are limited, priority shall be given to recipients of public assistance and other low-income individuals for **intensive** and **training** services.

If this situation is applicable within the Workforce Investment Area, the local Workforce Investment Board must develop a priority of service policy regarding Workforce Investment Act (WIA) Title I Adult intensive and training services. The local Workforce Investment Boards' priority of service policy must include, but is not limited to, public assistance and other low-income individuals in the local area. The local Workforce Investment Board will indicate its priority of service policy in its WIA local plan, specifying the target groups that will receive priority service.

The justification for this recommendation is that funds allocated to a local area for adult employment and training activities are limited.

ATTACHMENT B

ACT AND/OR REGULATION CITATION	WIA ELIGIBILITY STATEMENT YOUTH (14 – 21)
	An individual who is not less than 14 and not more than 21 shall be eligible to participate in the Title I Youth Program if such individual:
	Meets General Eligibility, which consists of providing a verification source for each applicable category.
Act 188(a)(5) Act 189(h) Act 101(13)(A); CFR 664.200(a)	• Social Security Number • Citizenship or Eligible to Work • Selective Service Registrant (if applicable) • Age
	AND
	Meets the definition and provides a verification source for **at least one** of the following Low-income categories:
Act 101(25); CFR 664.200(b)	• Cash Public Assistance • Family Income at or below the Poverty Line or 70% of the Lower Living Standard Income Level (LLSIL) • Receives Food Stamps or was determined eligible to receive in the last six months • Homeless per 103(a) and 103(c) of the McKinney Act • Publicly supported Foster Child • Individual with a Disability and own income at or below Poverty Line or 70% of the LLSIL
	AND
	Meets the definition and provides a verification source for **one or more** of the following Barrier categories:
Act 101(13)(c); CFR 664.200(c)	• Basic Skills Deficient • School Dropout • Homeless, Runaway, or Foster Child • Pregnant or Parenting • Offender • Is an individual (including a youth with a disability) who requires additional assistance to complete an educational program or to secure and hold employment

ATTACHMENT B

ACT AND/OR REGULATION CITATION	WIA ELIGIBILITY STATEMENT YOUTH (14 – 21) (continued)
	OR
Act 129(c)(5); CFR 664.220	If NOT Low-income with a Barrier, youth MUST meet the definition and provide a verification source for one of the following Exceptions: • School Dropout • Basic Skills Deficient (English reading, writing, or computing skills at or below the 8th grade level) • Behind Grade Level • Pregnant or Parenting • Individual with disabilities, including learning disabilities • Homeless or Runaway • Offender • Serious barriers to employment as identified by the local board and described in the local plan. **NOTE**: A youth may be determined eligible at age 13, but must be age 14 at the time a service is provided.

ATTACHMENT C

ACT AND/OR REGULATION CITATION	WIA ELIGIBILITY STATEMENT DISLOCATED WORKER (18 OR OLDER)
	An individual (18 or older) shall be eligible to participate in the Title I Dislocated Worker Program if such individual:
	Meets General Eligibility, which consists of providing the appropriate verification to verify:
Act 188(a)(5) Act 189(h) CFR 663.110	• Social Security Number • Citizenship or Eligible to Work • Selective Service Registrant (if applicable) • Age
	AND
	Meets the definition and provides the verification source for one of the following categories:
Act 101(9)(A); CFR 663.115	• Terminated/Laid Off; Eligible for UC and Unlikely to Return to Previous Industry or Occupation
Act 101(9)(B); CFR 663.115 Act 101(9)(C); CFR 663.115 Act 101(9)(D); CFR 663.120	• Permanent Closure/Substantial Layoff • Formerly Self-Employed/Currently Unemployed • Displaced Homemaker

ATTACHMENT D

SELECTIVE SERVICE REGISTRATION

In accordance with Section 189(h) of the Workforce Investment Act, which states that the Secretary shall insure that each individual participating in any program established under this Act, has not violated Section 3 of the Military Selective Service Act (50 U.S.C. App. 453) by not presenting and submitting to registration as required pursuant to such section.

WHO MUST REGISTER

Almost all male U.S. Citizens and male aliens living in the U.S., who are 18 through 25, are required to register with Selective Service. It's important to know that even though he is registered, a man will not automatically be inducted into the military. In a crisis requiring a draft, men would be called in sequence determined by random lottery number and year of birth. Then, they would be examined for mental, physical, and moral fitness by the military before being deferred or exempted from military service or inducted into the Armed Forces.

A chart of who must register is available within this attachment.

NON-CITIZENS

Some non-citizens are required to register. Others are not. Non-citizens who are not required to register with Selective Service include men who are in the U.S. on student or visitor visas and men who are part of a diplomatic or trade mission and their families. Almost all other male non-citizens are required to register, including illegal aliens, legal permanent residents, and refugees. The general rule is that if a male non-citizen takes up residency in the U.S. before his 26th birthday, he must register with Selective Service. For a more detailed list of which non-citizens must register, see **Who Must Register for Selective Service Chart.**

DUAL NATIONALS

Dual nationals of the U.S. and another country are required to register, regardless of where they live, because they are U.S. nationals.

HOSPITALIZED OR INCARCERATED MEN

Young men in hospitals, mental institutions, or prisons do not have to register while they are committed. However, they must register within 30 days after being released if they have not yet reached their 26th birthday.

DISABLED MEN

Disabled men who live at home must register with Selective Service if they can reasonably leave their homes and move about independently. A friend or relative may help a disabled man fill out the registration form if he can't do it himself.

Men with disabilities that would disqualify them from military service still must register with Selective Service. Selective Service does not presently have authority to classify men, so even men with obvious handicaps must register now, and if needed, classifications would be determined later.

ATTACHMENT D

SELECTIVE SERVICE REGISTRATION
(continued)

FULL-TIME MILITARY EXEMPTED FROM REQUIREMENT
Young men serving in the military on full-time active duty do not have to register. Those attending the service academies do not have to register. If a young man leaves the military before turning 26, he must register.

NATIONAL GUARD AND RESERVES
Members of the Reserve and National Guard not on full-time active duty must register.

CONSCIENTIOUS OBJECTORS
Men who would be classified as conscientious objectors if they were drafted must also register with Selective Service. If a draft begins and they are called, they would have the opportunity to file a claim for exemption from military service based upon their religious or moral objection to war.

For information on selective service regulations, please refer to the following:

- TEGL 4-89 (dated 03/19/90) – Application of Selective Service Registration Requirements in Section 504 of the Job Training Partnership Act (JTPA)
- TEIN 20-94 (dated 02/14/95) – Change in Selective Service Registration Status Information Letters
- TEGL 8-98 (dated 11/04/98) – Selective Service Registration

Selective Service Telephone Verification No. (847) 688-6888; Internet Verification/Registration **(http://www.sss.gov).**

WHO MUST REGISTER FOR SELECTIVE SERVICE?

CATEGORY	YES	NO
All male U.S. citizens born on or after January 1, 1960, who are 18 but not yet 26 years old, except as noted below:	X	
MILITARY-RELATED Active duty military		X*
Men attending service academies, like the U.S. Air Force Academy		X*
Men attending the U.S. Coast Guard Academy		X*
Men attending the Merchant Marine Academy	X	
Men receiving Officer Training at The Citadel, North George College, Norwich University, and Virginia Military Institute		X*
Members of the National Guard or Reserves not on active duty	X	
Delayed Entry Program Enlistees	X	
Men who separate from active duty for any reason before they turn 26	X*	
Men rejected for enlistment for any reason before turning 26	X	
ALIENS** Lawful non-immigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired visas (Forms I-94, I-95A), or those with Border Crossing Documents (Forms I-185, I-186, or I-444))		X
Permanent resident aliens	X	
Special (seasonal) agricultural workers (Form I-688)	X	
Special agricultural workers (Form I-688A)		X
Refugee, parolee, and asylee aliens	X	
Undocumented (illegal) aliens	X	
CONFINED Incarcerated, hospitalized, or institutionalized for medical reasons		X*
HANDICAPPED PHYSICALLY OR MENTALLY Able to function in public with or without assistance	X	
Continually confined to a residence, hospital, or institution		X

* MUST register within 30 days of release unless already age 26 or already registered when released, or exempt during entire period age 18 through 25.

** Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when their address is permanent in the United States. Habitual residence is presumed whenever a national, or a citizen of the Republic of the Martial Islands or the Federated States of Micronesia resides in the United States for more than one year in any status, except as a student or employee of the government of his homeland.

ATTACHMENT E

The chart of Acceptable Eligibility Verification for the Workforce Investment Act provides examples of verification sources for the following eligibility criteria:

GENERAL ELIGIBILITY Must meet all of the following:
Social Security Number Citizenship/Alien Status Birth Date/Age Selective Service Registrant (if applicable)

YOUTH ECONOMIC ELIGIBILITY (Low Income) Must meet at least one of the following:
Cash Public Assistance Individual/Family Income Individual Status/Family Size Food Stamps Homeless Supported Foster Child Individual with a Disability

DISLOCATED WORKER ELIGIBILITY Must meet at least one of the following:
Terminated/Laid Off; Eligible for UC and Unlikely to Return Permanent Closure or Substantial Lay-Off Formerly Self-Employed/Currently Unemployed Displaced Homemaker

(continued)

YOUTH BARRIERS Must meet one or more of the following:
Basic Skills Deficient School Dropout Homeless, Runaway Youth, or Foster Child Pregnant or Parenting Offender Requires Additional Assistance to complete educational program or to secure and hold employment

EXCEPTION 5% WINDOW FOR YOUTH Must meet any one of the following exceptions if NOT Low Income and Barrier:
1. School Dropout 2. Basic Skills Deficient 3. Behind Grade Level 4. Pregnant or Parenting 5. Individuals with Disabilities 6. Homeless or Runaway Youth 7. Offender 8. Serious Barrier to employment as identified by the local board and described in the local plan.

ATTACHMENT F

GENERAL ELIGIBILITY CRITERIA

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
SOCIAL SECURITY NUMBER Assignment of pseudo Social Security Number is forbidden by IRS regulations.	DD-214, Report of Transfer or Discharge (if Social Security Number is listed) Employment Records IRS Form Letter 1722 Letter from Social Service Agency Drivers License (if Social Security Number is listed) Pay Stub Social Security Benefit Documents Social Security Card/Notice of Social Security Number Assignment W-2 Form U. C. Records (if Name and Social Security Number is shown) Self-Certification Form Telephone Verification	X	X	X
CITIZENSHIP/ ELIGIBLE TO WORK DPA records of printout of a parent can be used as proof of citizenship of dependent children. If, on the verification source, the place of birth is not in the United States, additional verification may be needed. *From List B of the I-9 Form the Voter Registration Form cannot be used.	Alien Registration Card Indicating Right to Work (INS Form I-151, I-551, I-94, I-688A I-197, I-179) Baptismal Certificate (if Place of Birth is shown) Birth Certificate DD-214, Report of Transfer or Discharge (if Place of Birth is shown) Food Stamp Record Foreign Passport Stamped Eligible to Work Hospital Record of Birth (if Place of Birth is shown) Hand Gun Permit Naturalization Certification Public Assistance Records U. S. Passport Social Security Card (Work Eligible) with I. D. Native American Tribal Document One verification source from List A of the I-9 Form OR one verification Source from List B AND one verification source from List C of the I-9 Form* Self-Certification Form Telephone Verification	X	X	X

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
AGE/BIRTHDATE	Baptismal Record (if Date of Birth is shown) Birth Certificate DD-214, Report of Transfer or Discharge Paper Driver's License Federal, State or Local Government Identification Card Hospital Record of Birth (if Full Name is shown) Passport Public Assistance/Social Service Records School Records/Identification Card Work Permit Self-Certification Form Telephone Verification Other	X	X	X
SELECTIVE SERVICE REGISTRANT	Selective Service Advisory Opinion Letter Selective Service Registration Record (Form 3A) DD-214, Report of Transfer or Discharge Stamped Post Office Receipt of Registration Internet Verification/Registration (http://www.sss.gov) Selective Service Telephone Verification (847) 688-6888 Other	X	X	X

ECONOMIC ELIGIBILITY CRITERIA

Must meet at least one of the following Economic Eligibility Criteria, which consists of Individual/Family Income, Individual Status/Family Size, Cash Public Assistance, Food Stamps, Homeless, Supported Foster Child, and Individuals with Disabilities.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
INDIVIDUAL/FAMILY INCOME Verification should be provided for each applicable income source. If the applicant is Low-Income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified, and family income does not need to be verified or recorded.	Alimony Agreement Statement of Family Size/Family Income Award Letter from Veterans Administration Bank Statement (Direct Deposit) Compensation Award Letter Court Award Letter Employer Statement/Contact Farm or Business Financial Records Housing Authority Verification Pay Stubs Pension Statement Public Assistance Records Quarterly Estimated Tax for Self-employed Persons (Schedule C) Social Security Benefits UI Documents and/or Printout Self-Certification Form Telephone Verification	**X**	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
INDIVIDUAL STATUS/FAMILY SIZE If the applicant is Low-Income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child to determine Low-Income Individual Family size; does not need to be verified, but the family for the individual needs to be established.	Statement of Family Size/Family Income Birth Certificate Decree of Court Disabled (See Individuals with a Disability) Divorce Decree Landlord Statement Lease Marriage Certificate Medical Card Most Recent Tax Return supported by IRS Documents (e.g. Form Letter 1711) Public Assistance/Social Service Agency Records Public Housing Authority (if Resident of or on Waiting List) Written Statement from a Publicly supported 24-hour Care Facility or Institution (e.g. Mental, Prison) Self-Certification Form Telephone Verification	**X**	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	

ECONOMIC ELIGIBILITY CRITERIA

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
CASH PUBLIC ASSISTANCE If the applicant is Low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Copy of Authorization to Receive Cash Public Assistance Copy of Public Assistance Check Medical Card Showing Cash Grant Status Public Assistance Identification Card Showing Cash Grant Status Public Assistance Records/Printout Refugee Assistance Records Self-Certification Form Telephone Verification	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
FOOD STAMPS If the applicant is Low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Current Authorization to Obtain Food Stamps Current Food Stamp Recipient Food Stamp Card with Current Date Letter from Food Stamp Disbursing Agency Postmarked Food Stamp Mailer with Applicable Name and Address Public Assistance Records/Printout Self-Certification Form Telephone Verification	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
HOMELESS If the applicant is Low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Written Statement from an Individual Providing Temporary Residence Written Statement from Shelter Written Statement from Social Service Agency Self-Certification Form Telephone Verification	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	

ECONOMIC ELIGIBILITY CRITERIA

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
SUPPORTED FOSTER CHILD If the applicant is Low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Court Contact Court Documentation Medical Card Verification of Payments made on Behalf of the Child Written Statement from State/Local Agency Self-Certification Telephone Verification	**X**	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
INDIVIDUALS WITH DISABILITIES 663.640 May a disabled individual whose family does not meet income eligibility criteria under the Act be eligible for priority as a low-income adult? Yes, even if the family of a disabled individual does not meet the income eligibility criteria, the disabled individual is to be considered a low-income individual if the individual's own income: (a) Meets the income criteria established in WIA section 101(25)(B); or (b) Meets the income eligibility criteria for cash payments under any Federal, State or local public assistance program. (WIA section 101(25)(F).)	Letter from Drug or Alcohol Rehabilitation Agency Letter from Child Study Team stating Specific disability Medical Records Observable Condition (Self-Certification Form Needed) Physician's Statement Psychiatrist's Diagnosis Psychologist's Diagnosis Rehabilitation Evaluation Sheltered Workshop Certification Social Service Records/Referral Social Security Administration Disability Records Veterans Administration Letter/Records Vocational Rehabilitation Letter Workers Compensation Record Self-Certification Form Telephone Verification	**X**	**X**	

YOUTH BARRIERS CRITERIA

Youth must be within one or more of the following Youth Barriers which consist of Basic Skills Deficient, Pregnant or Parenting, School Dropout, Offender, Homeless, Runaway Youth or Foster Child, and Requires Additional Assistance.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
YOUTH BARRIERS	**BASIC SKILLS DEFICIENT** Assessed by a Generally Accepted Standardized Test School Records Self-Certification Form Telephone Verification	X		
YOUTH BARRIERS	**PREGNANT OR PARENTING** Birth Certificate Hospital Record of Birth Medical Card Physician's Note Referrals from Official Agencies School Program for Pregnant Teens School Records Statement from Social Service Agency Self-Certification Form Telephone Verification	X		
YOUTH BARRIERS	**SCHOOL DROPOUT** Attendance Record Dropout Letter Self-Certification Form Telephone Verification	X		

YOUTH BARRIERS CRITERIA

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
YOUTH BARRIERS	**OFFENDER** Court Documents Halfway House Resident Letter of Parole Letter from Probation Officer Police Records Self-Certification Form Telephone Verification	X		
YOUTH BARRIERS	**HOMELESS, RUNAWAY YOUTH** Written Statement from an Individual providing Temporary Residence Written Statement from Shelter Written Statement from Social Service Agency Self-Certification Form Telephone Verification **OR FOSTER CHILD** Court Contact Court Documentation Medical Card Verification of Payment made on Behalf of the child Written Statement from State/Local Agency Self-Certification Form Telephone Verification	X		
YOUTH BARRIERS	**REQUIRES ADDITIONAL ASSISTANCE** Self-Certification Form	X		

EXCEPTIONS YOUTH 5% WINDOW CRITERIA

EXCEPTIONS (YOUTH) SPECIAL RULE (5% WINDOW) – Not more than 5% of participants assisted under Section 129 in each local area may be individuals who do not meet the minimum income criteria to be considered eligible youth, if such individuals are within one or more of the following categories: School Dropout, Basic Skills Deficient, Behind Grade Level, Pregnant or Parenting Youth, Individuals with Disabilities, Homeless or Runaway Youth, Offender, and Serious Barriers to Employment.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
EXCEPTIONS (YOUTH) SPECIAL RULE (5% WINDOW)	**SCHOOL DROPOUT** Self-Certification Form Attendance Records Dropout Letter Telephone Verification	X		
	BASIC SKILLS DEFICIENT (English reading, writing, or computing skills at or below the 8th grade level) Assessed by a Generally Accepted Standardized Test School Records Telephone Verification	X		
	BEHIND GRADE LEVEL Report Card School Records Telephone Verification	X		
	PREGNANT OR PARENTING YOUTH Birth Certificate Hospital Record of Birth Medical Card Physician's Note Referrals from Official Agencies School Program for Pregnant Teens School Records Statement from Social Service Agency Self-Certification Form Telephone Verification	X		
	INDIVIDUALS WITH DISABILITIES (including learning disabilities) Letter from Drug or Alcohol Rehabilitation Agency Letter from Child Study Team stating Specific disability Medical Records Observable Condition (Self-Certification Form Needed) Physician's Statement Psychiatrist's Diagnosis	X		

EXCEPTIONS YOUTH 5% WINDOW CRITERIA

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
EXCEPTION (YOUTH) **SPECIAL RULE (5% WINDOW)** **(continued)**	Psychologist's Diagnosis Rehabilitation Evaluation Sheltered Workshop Certification Social Service Records/Referral Social Security Administration Disability Records Veterans Administration Letter/Records Vocational Rehabilitation Letter Workers Compensation Record Self-Certification Form Telephone Verification			
	HOMELESS OR RUNAWAY YOUTH Self-Certification Form Written Statement from an Individual providing Temporary Residence Written Statement from Shelter Written Statement from Social Service Agency Telephone Verification	X		
	OFFENDER Self-Certification Form Court Documents Halfway House Resident Letter of Parole Letter from Probation Officer Police Records Telephone Verification	X		
	SERIOUS BARRIERS TO EMPLOYMENT AS IDENTIFIED BY LOCAL BOARD Other _____ (please type in the Barrier) Self-Certification Form	X		

DISLOCATED WORKER CRITERIA

DISLOCATED WORKER – the term "dislocated worker" means an individual who (a) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; is eligible for or has exhausted entitlement to unemployment compensation; or has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center, attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and is unlikely to return to a previous industry or occupation; (b) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or for purposes of eligibility to receive services other than training services, intensive services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close; (c) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in a community in which the individual resides or because of natural disasters; or (d) is a displaced homemaker.

ELIGIBILITY CRITERIA	A. ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
DISLOCATED WORKER	**TERMINATED/LAID OFF/RECEIVED NOTICE OF TERMINATION OR LAYOFF** Certification of Expected Separation Layoff Letter from Employer Verification from Prospective Employer Verification from Employment Agency **AND ELIGIBLE FOR UI** UI Documents and/or Printout E.S. Contact Profile Reemployment Program (PREP) Service Activity Plan **AND UNLIKELY TO RETURN (Reemployment Opportunity is poor)** Contact with Separating Employer Job Service Contact Layoff/Termination Notice Profile Reemployment Program (PREP) Service Activity Plan Statewide/Local Labor Market Information UC Printout listing Reason for Termination Self-Certification Form Telephone Verification			**X**

DISLOCATED WORKER CRITERIA

B. ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
DISLOCATED WORKER	**PERMANENT CLOSURE OF PLANT/FACILITY/ENTERPRISE OR SUBSTANTIAL LAYOFF** Certification of Expected Separation Letter from Employer Media Announcement with Employment Verification Contact with Separating Employer Layoff Notice Public Notice as determined by the State's Rapid Response Coordination Services UI Documents and/or Printout WARN Notice to Individual with Separating Employer WARN Notice to Labor Union which represents Worker Self-Certification Form Telephone Verification			**X**

DISLOCATED WORKER CRITERIA

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
DISLOCATED WORKER	**FORMERLY SELF-EMPLOYED/CURRENTLY UNEMPLOYED** Business License/Permit IRS Forms Labor Market Information Unemployment Rate Approved Labor Market Analysis Business Ledgers Chapter 7 – Bankruptcy published in Newspaper (Date must be shown) Chapter 11 – Bankruptcy published in Newspaper (Date must be shown) Failure of Business Supplier Failure of business Customer Depressed Prices or Market Federal/State Declaration of Disaster BWI Approved Disaster AND Permanent Dislocation Self-Certification Form Telephone Verification			**X**

DISLOCATED WORKER CRITERIA

Displaced Homemaker – an individual who has been providing unpaid services to family members in the home and who

(A) has been dependent on the income of another family member but is no longer supported by that income; **AND**

(B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION	Youth	Adult	Dislocated Worker
DISLOCATED WORKER	**DISPLACED HOMEMAKER**			**X**
The term "displaced homemaker" means an individual who has been providing unpaid services to family members in the home and who				
(A) has been dependent on the income of another family member but is no longer supported by that income;	IRS Forms Court Records Medical Records Bank/Financial Records Divorce Decree Spouse Death Certificate Spouse Disability check Self-Certification Form			
AND	**AND**			
(B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	Employer Verification Job Search Verification Self-Certification Form Telephone Verification			

Self-Certification Requirements

After review of the eligibility criteria, along with possible ways to verify the criteria, it was found that much of the verification was readily available through a number of agencies or sources. In some cases, definitive verification is required, e.g. eligibility to work (I-9 requirements under IRCA) and Selective Service registration or exemption for males.

NOTE: The State of Oklahoma allows for the use of Self-Certification to verify those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. A Self-Certification may be used after all practicable attempts to secure verification have failed.

In order to utilize the Self-Certification as verification, the Self-Certification Form, or facsimile, must be utilized.

Use of the Self-Certification Form is as follows:

If an applicant states that he/she cannot provide evidence that no income was received during the past six months, and that he/she was unemployed for that period, **the blank spaces following the words** "I certify, under penalty or perjury, that the following information is true" must be completed. For example:

"Have received no income from any source during the past six months, I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends."

SELF-CERTIFICATION

IDENTIFYING INFORMATION
Applicant's Name _____ Last First MI Address _____ Social Security Number_____ Application Date:_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

_____

_____

_____

_____

_____

_____

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

_____ _____
APPLICANT'S SIGNATURE and DATE APPLICANT'S PHONE NUMBER

_____
APPLICANT'S ADDRESS

_____
SIGNATURE OF PARENT OR GUARDIAN (required for an applicant age 17 and under)

The above Self-Certification is being utilized for verification of the following eligibility criteria:

_____

_____

CERTIFICATION
I certify that the information recorded on this form was provided by the individual whose signature appears above. Counselor's Signature/Date: _____