

**ALLOWABLE ELIGIBILITY AND DATA VERIFICATION SOURCES**  
**WIOA Adult Programs**

Eligibility Criteria	References	Acceptable Documentation
<b>Basic Skills Deficiency</b> <i>(academic or language literacy)</i>	<ul style="list-style-type: none"> <li>• WIOA Section 3(5)</li> <li>• TEGL 22-15</li> <li>• PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>• National Reporting System (NRS) Approved Standardized Assessment Test Score</li> <li>• School Records</li> </ul>
<b>Birth Date/Age</b>	<ul style="list-style-type: none"> <li>• TEGL 22-15</li> <li>• PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>• Baptismal Record</li> <li>• Birth Certificate</li> <li>• Cross-Match with Department of Vital Statistics</li> <li>• DD-214, Report of Transfer or Discharge Paper</li> <li>• Driver's License</li> <li>• Federal, State or Local Government Identification Card</li> <li>• Hospital Record of Birth</li> <li>• Letter from Montgomery County Department of Health and Human Services Verifying of Age/Birth Date</li> <li>• School Records/Identification Card</li> <li>• Tribal Records</li> <li>• U.S. Passport or U.S. Passport Card (unexpired)</li> <li>• Work Permit</li> </ul>
<b>Citizenship/Alien Status</b>	<ul style="list-style-type: none"> <li>• WIOA Section 188(a)(5)</li> <li>• PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>• Alien Registration Card indicating Right to Work (DHS/USCIS Forms: I-94, I-94A, I-551, I-766, I-179, or I-197)</li> <li>• Baptismal Certificate (if place of birth is shown)</li> <li>• Birth Certificate</li> <li>• Consular Report of Birth Abroad</li> <li>• DD-214, Report of Transfer or Discharge (if place of birth is shown)</li> <li>• Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamp) Records</li> <li>• Foreign Passport Stamped Eligible to Work (unexpired)</li> <li>• Hospital Record of Birth (if place of birth is shown)</li> <li>• Native American Tribal Documentation</li> <li>• Naturalization Certification</li> <li>• Public Assistance Records</li> <li>• U.S. Passport or U.S. Passport Card (unexpired)</li> <li>• Voter Registration Verification</li> </ul>

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<b>Disability</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Developmental Disabilities Administration (DDA) certificate for long term supports</li> <li>Letter from Maryland Department of Health and Mental Hygiene (DHMH) Behavioral Health Administration (BHA), Administrative Services Organization, or another Core Service Agency attesting that the individual receives specialty services within the Public Health System</li> <li>Physician, Psychiatrist or Psychologist or other Licensed Clinical Professional Diagnosis or Statement</li> <li>Public Assistance to Adults (PAA) Approval Letter</li> <li>School Records (Individualized Education Plan, 504 Plan, exit documents, or other documentation stating disability)</li> <li>Self-Attestation Applicant Statement</li> <li>Social Security Administration Disability Records</li> <li>Temporary Disability Assistance Program Approval Letter</li> <li>Veterans Administration Letter/Records</li> <li>Letter from a Vocational Rehabilitation Agency, such as MD Division of Rehabilitative Services (DORS) verifying a disability</li> <li>Worker's Compensation Records/Statement</li> </ul>
<b>Dislocated Spouse of a Military Service Member</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>DD-214 of Spouse (if dislocated is based on the spouse's discharge from the military)</li> <li>Military orders of Spouse Showing Service Member Permanent Change of Military Station resulting in dislocation</li> </ul>
<b>Dislocation from Facility Closure</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Layoff Notice</li> <li>Letter from Employer</li> <li>Media Announcement with Employment Verification</li> <li>Unemployment Insurance (UI) Compensation Award Letter (if names of both company and participant are stated)</li> </ul>
<b>Displaced Homemaker</b>	<ul style="list-style-type: none"> <li>WIOA Sec. 3(16)</li> <li>TEGL 22-15</li> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Bank Records</li> <li>Court Records</li> <li>Divorce Papers</li> <li>Public Assistance Records</li> <li>Self-Attestation Applicant Statement</li> <li>Spouse's Death Record</li> <li>Spouse's Layoff Notice</li> </ul>
<b>Eligible for Free or Reduced Lunch</b> (under the Richard B. Russell National School Lunch Act)	<ul style="list-style-type: none"> <li>WIOA Section 3(36)(A)(iv)</li> </ul>	<ul style="list-style-type: none"> <li>Notification Letter from the School</li> <li>Notification of Eligibility</li> <li>Statement from the School</li> </ul> <p><i>sources must reflect most recent school year</i></p>

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<b>Eligible for/ Exhausted UI or Ineligible for UI</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Letter from Employer Noting Not Subject to UI Law</li> <li>Maryland Automated Benefit System (MABS) Z03 “Weeks Claimed History” screen, with a payment code of 01, 03, 08, 15, 16, 19, or 39</li> <li>Reemployment Opportunity Workshop (ROW) Workshop Letter</li> <li>Reemployment Services and Eligibility Assessments (RESEA) Workshop Letter</li> <li>UI Compensation Award Letter</li> <li>UI Documentation Indicating Not Eligible Due to Insufficient Earnings</li> <li>UI Notice of Available Weekly Claim Certification</li> <li>UI Webcert Payment History Printout Including Participant’s Name</li> <li>“Verification of MD UI Benefit Status” Letter Addressed to UI Claimant</li> </ul>
<b>Ex-Offender</b> <i>(includes offenders)</i>	<ul style="list-style-type: none"> <li>WIOA Section 3(38)</li> <li>TEGL 22-15</li> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Documentation from Juvenile or Adult Criminal Justice System</li> <li>Case Noted Phone Call with Court of Probation Representatives</li> <li>WIOA Intake or Registration Form (if signed)</li> <li>Self-Attestation Applicant Statement</li> </ul>
<b>Family Size</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Birth Certificates</li> <li>Court/Divorce Decree</li> <li>Landlord Statement</li> <li>Lease</li> <li>Marriage Certificate</li> <li>Medical Card</li> <li>Most Recent Tax Return Supported by IRS Documents (e.g. Form Letter 1722)</li> <li>Public Assistance/Social Service Agency Records</li> <li>Public Housing Authority Documentation (showing residency or on the waiting list)</li> <li>Self-Attestation Applicant Statement</li> <li>Written Statement from a Publicly Supported 24-Hour Care Facility or Institution</li> </ul>
<b>Foster Care Youth</b> <i>(current or aged out)</i>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Written Confirmation from Social Services Agency</li> <li>Case Notes</li> </ul>

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<b>General Dislocation</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Layoff Letter from Employer</li> <li>Rapid Response List (if includes employer name)</li> <li>MABS F04 Printout with a Determination Code of 50 or 99</li> <li>DD-214 (if dislocation is based on the participant discharge from the military)</li> </ul>
<b>Homeless Individual</b>	<ul style="list-style-type: none"> <li>TEGL 22-15</li> <li>WIOA Section 3(24)(G)</li> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Self-Attestation Applicant Statement</li> <li>Statement from Shelter or Social Service Agency</li> <li>WIOA Intake or Registration Form (if signed)</li> <li>Written Statement from an Individual Providing Temporary Residence</li> </ul>
<b>Low Income</b>	<ul style="list-style-type: none"> <li>WIOA Section 3(36)</li> <li>TEGL 22-15</li> </ul>	<ul style="list-style-type: none"> <li>Alimony Agreement</li> <li>Award Letter from Veterans Administration</li> <li>Bank Statements</li> <li>Compensation Awards Letter</li> <li>Court Award Letter</li> <li>Documented Family Size in Relation to Low Income Status</li> <li>Employer Statement/Contact</li> <li>Family or Business Financial Records</li> <li>Food Supplement Eligibility Determination Notice</li> <li>Housing Authority Verification</li> <li>Pay Stubs</li> <li>Pension Statement</li> <li>Public Assistance Eligibility Determination Notice</li> <li>Quarterly Estimated Tax for Self-Employed Persons</li> <li>Self-Attestation Applicant Statement</li> <li>Supplemental Security Income Benefits</li> <li>UI Documents</li> </ul>
<b>Migrant/Seasonal Farmworker</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Self-Attestation Applicant Statement</li> </ul>
<b>Native Americans, Alaskan Natives, Native Hawaiians</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>WIOA Intake or Registration Form (if signed)</li> </ul>
<b>Older Workers</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Baptismal Record</li> <li>Birth Certificate</li> <li>Cross-Match with Department of Vital Statistics</li> <li>DD-214, Report of Transfer or Discharge Paper</li> <li>Driver's License</li> <li>Elderly Simplified Application Project approval</li> <li>Federal, State or Local Government Identification Card</li> <li>Hospital Record of Birth</li> <li>Letter from Public Assistance/Social Service Agency</li> <li>Tribal Records</li> <li>U.S. Passport or U.S. Passport Card (unexpired)</li> </ul>

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<b>Selective Service Registration</b> <i>Required for male applicants</i>	<ul style="list-style-type: none"> <li>WIOA Section 189(h)</li> <li>TEGL 11-11, Change 2</li> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>DD-214, Report of Separation</li> <li>Screen Print-Out of the Selective Service Verification Site: <a href="http://www.sss.gov/RegVer/wfVerification.aspx">http://www.sss.gov/RegVer/wfVerification.aspx</a></li> <li>Selective Service Acknowledgement Letter</li> <li>Selective Service Registration Card</li> <li>Selective Service Verification Form (Form 3A)</li> <li>Stamped Post Office Receipt of Registration</li> </ul>
<b>Selective Service Exemption</b> (Non-U.S. Male who Entered U.S. after 26th Birthday)	<ul style="list-style-type: none"> <li>TEGL 11-11, Change 2</li> </ul>	<ul style="list-style-type: none"> <li>Date of Entry Stamp in Passport</li> <li>I-94 with Date of Entry Stamp</li> <li>Letter from U.S. Citizenship and Immigration Services (USCIS) with Date of Entry with Documentation of Age</li> </ul>
<b>Self-Employment Dislocation</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Court Documents</li> <li>Disaster Insurance Claim</li> <li>Evidence of Failure of Business Supplier or Business Customer</li> <li>Federal or State Declaration of Disaster</li> <li>Insurance Claims, or Other Proof of Income Loss</li> <li>Proof of Eligibility for Disaster Unemployment Assistance (DUA) from DLLR Division of Unemployment Insurance</li> </ul>
<b>Single Parent</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Baptismal Record</li> <li>Child Support Enforcement or Administration Records</li> <li>Copy of Child's Birth Certificate</li> <li>Doctor's Note Confirming Pregnancy</li> <li>Observation of Pregnancy Status in Case Notes</li> <li>Self-Attestation Applicant Statement</li> <li>Temporary Cash Assistance (TCA) Approval Notice</li> </ul>
<b>Social Security Number (SSN)</b> <i>(Per TEGL 5-08, WIOA staff should request a SSN from all applicants, but services cannot be denied to anyone refusing to provide their SSN when status can be documented via other means)</i>	<ul style="list-style-type: none"> <li>TEGL 05-08</li> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Cross-match with UI Records</li> <li>DD-214, Report of Transfer or Discharge (if SSN is listed)</li> <li>Employment Records (if full SSN is listed)</li> <li>Federal or State ID (if full SSN is listed)</li> <li>IRS Form Letter 1722</li> <li>Military Identification</li> <li>Passport</li> <li>Pay Stub (if full SSN is listed)</li> <li>Social Security Card</li> <li>W-2 Form</li> </ul>
<b>Substantial Cultural Barriers</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Self-Attestation Applicant Statement</li> <li>WIOA Intake or Registration form (if signed)</li> </ul>

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<b>Unemployed</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>“Verification of MD UI Benefit Status” Letter Addressed to UI Claimant</li> <li>DD-214 (if dislocation is based on the participant discharge from the military)</li> <li>Layoff Letter from Employer</li> <li>Letter from Employer Noting Not Subject to UI Law</li> <li>Maryland Automated Benefit System (MABS) Z03 “Weeks Claimed History” Screen, With a Payment Code of 01, 03, 08, 15, 16, 19, or 39</li> <li>MABS F04 Printout with a Determination Code of 50 or 99</li> <li>Rapid Response List Including Employer Name</li> <li>Reemployment Opportunity Workshop (ROW) Workshop Letter</li> <li>Reemployment Services and Eligibility Assessments (RESEA) Workshop Letter</li> <li>UI Compensation Award Letter</li> <li>UI Documentation Indicating Not Eligible Due to Insufficient Earnings</li> <li>UI Notice of Available Weekly Claim Certification</li> <li>UI Webcert Payment History Printout Including Participant’s Name</li> </ul>
<b>Unlikely to Return to Previous Industry or Occupation</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Case Notes Documenting “unlikely to return to a previous industry or occupation”</li> <li>Current Labor Market Information (LMI) Showing Industry and/or Occupation is in Decline</li> <li>Printout from O*Net</li> <li>Printout of State or Local LMI Data</li> </ul>
<b>Veteran Status</b>	<ul style="list-style-type: none"> <li>TEGL 22-15</li> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Cross-Match with Veterans Data</li> <li>DD-214 Copy 4, “Veteran’s Certificate of Release or Discharge from Active Duty”</li> <li>Letter from the Veterans’ Administration Certifying Veteran Status</li> </ul>
<b>Within Two Years of Exhausting Lifetime SSA Part A Eligibility</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Letter from the Montgomery County Department of Health and Human Services verifying number of months that benefits have been received</li> <li>Printout of Payments Received</li> </ul>
<b>Without a High School Diploma</b>	<ul style="list-style-type: none"> <li>PI 2016-10</li> </ul>	<ul style="list-style-type: none"> <li>Records from an Educational Institution (diploma, GED, transcripts, withdrawal letter, or school documentation)</li> <li>Self-Attestation Applicant Statement</li> <li>WIOA Intake or Registration Form (if signed)</li> </ul>