## **ELIGIBILITY CHECKLIST FOR WIOA ADULT PROGRAMS**

| WIOA General Eligibility                                   |          |
|--|----------|
| Requirement  | Verified |
| U.S. Citizen or Noncitizen Authorized to Work in the U.S.  |          |
| Meets Military Selective Service Registration Requirements |          |
| Age/Birth Date   |          |
| Social Security Number                                     |          |

## **AND Complete Adult OR Dislocated Worker Table**

| WIOA Adult Priority of Service Populations  |          |
|---|----------|
| First Priority  | Verified |
| Veteran or Eligible Spouse AND  |          |
| Low-Income, Recipients of Public Assistance, and/or Basic Skills Deficient        |          |
| Second Priority   | Verified |
| Displaced Homemaker   |          |
| Eligible Migrant and Seasonal Farmworker  |          |
| Ex-Offenders  |          |
| Homeless Individuals  |          |
| Individuals Facing Substantial Cultural Barriers                                  |          |
| Individuals who are English Language Learners                                     |          |
| Individuals Who Are Unemployed  |          |
| Individuals Who Have Low Levels of Literacy                                       |          |
| Individuals with Disabilities   |          |
| Individuals within Two Years of Exhausting SSA Part A Lifetime Eligibility Act    |          |
| Individuals Without a High School Diploma   |          |
| Low-Income Individuals  |          |
| Native Americans, Alaskan Natives, and Native Hawaiians                           |          |
| Older Individuals (Individuals Over 50)   |          |
| Single Parents  |          |
| Youth Who Are In or Have Aged Out of the Foster Care System                       |          |
| Third Priority  | Verified |
| Eligible Veteran Spouse who Does Not Meet "First Priority" Conditions             |          |
| Fourth Priority – Other Populations that Meet Basic WIOA Eligibility Requirements |          |

| WIOA Dislocated Worker  |          |
|---|----------|
| Check One of the Following Categories   | Verified |
| Terminated, Laid Off, or Received Notice of Termination or Layoff and Unlikely to |          |
| Return to Previous Industry or Occupation   |          |
| Terminated, Laid Off, or Received Notice of Layoff due to Closure or Substantial  |          |
| Employed at a Facility That Will Close Within 180 Days                            |          |
| Was Self-Employed, Now Unemployed Due to Economy or Natural Disaster              |          |
| Displaced Homemaker   |          |
| Non-Retiree Military Service Member Discharged or Notice of Military Separation   |          |
| Spouse of Military Service Members  |          |