

THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA

WIOA ADULT & DISLOCATED WORKER ELIGIBILITY & DATA VALIDATION POLICY

Revision Date: July 1, 2016

THE MISSISSIPPI PARTNERSHIP

WIOA ADULT & DISLOCATED WORKER ELIGIBILITY & DATA VALIDATION POLICY

I. Introduction

The purpose of this policy is to detail the requirements for WIOA eligibility and data validation documentation and streamline the eligibility process for adults and dislocated workers receiving services in the Mississippi Partnership Local Workforce Development Area.

II. Eligibility & Data Validation Documentation Process

Staff responsible for determining and documenting participant eligibility and the required data element validations should exercise reasonable and professional judgment. If staff has reason to believe a participant is misrepresenting an eligibility item, additional information and documentation should be requested, copied and maintained in the participant file. Attachment A has a list of acceptable documentation for each item for adults and dislocated workers.

A. Adults & Dislocated Workers Eligibility & Data Validation Requirements

1. Staff shall submit to WebEx and maintain on file a copy of the documentation used to verify the following eligibility and data validation items (see Attachment A).

Participant's Receiving WIOA Services should have the following applicable items documented:

- a. Registrant's Name
- b. Registrant's Date of Birth
- c. Social Security Number
- d. Citizenship
- e. Selective Service Status
- f. Veteran and/or National Guard Status (if applicable)
- g. Household Income (if applicant is Low Income by WIOA Definition)
- h. TANF
- i. Food Stamps
- j. Supplemental Security Income - SSI
- k. Homeless Individual
- l. Offender
- m. Dislocated Worker Status & Dislocation Date
- n. Displaced Homemaker
- o. Certificate, Degree, and/or Credentials received during participation in or within 1 year after exit from WIOA
- p. Employment Verification at Date of Participation and 1st, 2nd, 3rd, and 4th quarters after exit
- q. Other Reason for Exit

Additionally, the Priority of Service Rating Instrument must be maintained in all adult participant files.

2. No additional documentation or applicant information should be copied or placed in the file unless staff determines there is a need. The need for career and training services can be documented on either the Employment Development Plan or in the staff case notes.

For additional guidance on dislocated worker eligibility, refer to the Mississippi Partnership Local Workforce Development Area's Dislocated Worker Registration Policy.

B. Absence of Documentation

When an eligibility or data element item cannot be verified because the participant lacks documentation (i.e., the applicant does not have a photo ID or selective service registration documentation, etc.), the staff must provide the needed assistance to the participant to obtain the necessary documentation. If the absent documentation for eligibility is not obtained within 30 calendar days of the application date then the application process should begin anew.

C. Ineligible Participants

Participants determined to be ineligible should be exited immediately upon discovery of the ineligibility. Corrective actions should be implemented to correct conditions that result in erroneous determinations. The fiscal agent staff should be contacted in such cases.

D. Fraud

Participants determined to be ineligible due to fraud or purposeful misrepresentation should be exited immediately, an incident report should be filed, and repayment requested from the participant for all costs incurred as a result of ineligibility. The fiscal agent staff should be contacted in such cases.

III. Effective Date

This policy is revised effective July 1, 2016.

Attachments:	A	Adult & Dislocated Worker Acceptable Documentation List
	B	MPWDA Dislocated Worker Attestation Form
	C	MPWDA Income Attestation Form
	D	Definitions

Adult & Dislocated Worker Acceptable Documentation List

	Eligibility/Data Element	Acceptable Documentation
1.	Registrant's Name	<ul style="list-style-type: none"> State Issued ID Driver's License
2.	Registrant's Date of Birth	<ul style="list-style-type: none"> State Issued ID Driver's License Birth Certificate
3.	Social Security Number	<ul style="list-style-type: none"> Social Security Card, UI Records with SSN & Name SSA Printout verifying SSN
4.	Citizenship Status	<ul style="list-style-type: none"> U.S. Birth Certificate I-9 Form with supporting documents Selective Service Registration
5.	Selective Service Status	<ul style="list-style-type: none"> Printout from www.sss.gov Selective Service Card
6.	Veteran Status and/or National Guard Status	<ul style="list-style-type: none"> DD-214 Cross Match verification with Veterans Data Veteran's Administration Letter National Guard Letter
7.	Household Family Income (if low income as defined by WIOA)	<ul style="list-style-type: none"> Recent Pay Stubs from all household members Recent Tax Return Income Attestation Form (if \$0 income)
8.	TANF	<ul style="list-style-type: none"> DHS-TANF Records
9.	Food Stamps (SNAP)	<ul style="list-style-type: none"> DHS-Food Stamps Records (not a copy of EBT card)
10.	Supplemental Security Income (SSI)	<ul style="list-style-type: none"> Social Security Administration Letter stating receipt of SSI Proof of SSI Payment or Direct Deposit
11.	Homeless Individual	<ul style="list-style-type: none"> Statement from individual providing residence Statement from Shelter or Social Service Agency Self-Attestation
12.	Offender	<ul style="list-style-type: none"> Court Documents Halfway house resident documentation Letter of parole/letter from Parole Officer Police Records Prisoner Identification Card Case Note documenting contact with probation officer Self-Attestation
13.	Dislocated Worker Status & Dislocation Date	<ul style="list-style-type: none"> Appropriate documentation (<i>Employer Verification, Rapid Response Notice, Notice of Layoff, Public Announcement</i>) MPWDA Dislocated Worker Attestation Form
14.	Displaced Homemaker	<ul style="list-style-type: none"> Appropriate documentation (<i>Public Assistance Records, Court Records, Divorce Decree, Spouse's Layoff Notice, Spouse's Death Record</i>) MPWDA Dislocated Worker Attestation Form
15.	Degree/Certificate/Credential Attained	<ul style="list-style-type: none"> Copy of Certificate/Diploma or Transcript Case Notes detailing Degree/Certificate Attainment
16.	Employment Verification	<ul style="list-style-type: none"> Check Stubs Case Notes stating employer, job title, & wage
17.	Other Reason for Exit	<ul style="list-style-type: none"> Obituary from newspaper Department of Corrections Inmate Printout Information from Partner Services Case notes detailing reason for exit

MPWDA Dislocated Worker Status Attestation Form

To be eligible for the dislocated worker program, an individual must be 18 years of age or older. The Mississippi Partnership Dislocated Worker Registration Policy includes the following 6 categories for dislocated workers:

☐ Category 1 (must meet each bullet point)

- Has been terminated or laid off or received a notice of termination or layoff from employment; **AND**
- Is currently eligible for or has exhausted unemployment compensation (UC) **OR** has demonstrated attachment to the workforce, but is not eligible for UC due to insufficient earnings or having uncovered employment; **AND**
- Is unlikely to return to a previous industry or occupation

Name of Employer and hourly wage when laid off:

☐ Category 2 (indicate which category)

- Has been terminated or laid off or has received a notice of termination or layoff from employment due to a permanent closure or a substantial layoff, **OR**
- Is employed at a facility at which the employer has made a general announcement that the facility will close within 180 days, **OR**
- Is employed at a facility at which the employer has made a general announcement of closure, but there is either no known date or the date will occur after 180 days. {In this instance training services, career services described in Section 134(c)(2)(A)(xii) or supportive services may not be given to the applicant.}

Name of Employer and hourly wage when laid off:

☐ Category 3

Was self-employed, but is unemployed as a result of economic conditions in the community or is unemployed due to a natural disaster

☐ Category 4

Is a displaced homemaker defined as an individual who has been providing unpaid services to family members in the home and who:

- Has been dependent on the income of another family member, but is no longer supported by that income; **AND**
- Is unemployed or underemployed and is experiencing difficulty in obtaining employment

☐ Category 5

Is the spouse of a member of the Armed Forces on active duty and who (indicate which category):

- has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; **OR**
- is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

☐ Category 6 – Disaster Related Unemployment (indicate which category)

- Is temporarily or permanently laid off as a consequence of the disaster; **OR**
- Is an eligible dislocated workers as defined in WIOA Section 3(15); **OR**
- Is long-term unemployed workers, as defined by one of the following:
 - ✓ Unemployed for more than 26 weeks; **OR**
 - ✓ Unable to secure employment due to the general economic condition in the community in which the individual resides as a result of the disaster.

By signing this form, I attest that I meet the dislocated worker status marked above.

Customer Signature

Date

Witness by WIN Job Center Staff Signature

Date

MISSISSIPPI PARTNERSHIP INCOME ATTESTATION FORM

Name: _____

Attestation of Income

This is to certify that _____:

- a. total family income for the prior six months is \$0.00 , AND
- b. and his/her family does not receive UI, Social Security Disability, SSI, TANF, or Food Stamps, AND
- c. is not homeless or a foster child.

In order to live, _____ has received:

☐ income from _____ in the amount of \$ _____ to pay my bills.

OR

☐ food and shelter from _____.

Required Signature

I certify that I have provided the above indicated assistance to _____.

Signature of Person Assisting With Living Expenses

Date

The Workforce Innovation and Opportunity Act is designed to provide you with the skills and resources to enhance your long term employment. You will be provided follow-up services. You may be contacted several times to monitor your training and/or employment status.

Participant

Date

Parent/Legal Guardian, if applicable

Date

Case Manager

Date

1. **Basic Skills Deficient** means an individual who:
 - a. Computes or solves problems, read, writes, or speaks English at or below grade level 8.9; or
 - b. Is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family or in society.

2. **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, and is unlikely to return to a previous industry or occupation, and
 - i. is eligible for or has exhausted entitlement to unemployment compensation, or
 - ii. 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;

Or
 - 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;

Or
 - c. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days;

Or
 - d. For purposes of eligibility to receive services other training services described in section 134(c)(3), career services described in section 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close;

Or
 - e. Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters;

Or
 - f. Is a displaced homemaker – an individual who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income, and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Or
 - g. Is the spouse of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), and:
 - i. who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or
 - ii. is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

For additional guidance concerning dislocated workers, consult the MPWDA Dislocated Worker Registration policy.

3. **Documentation** means to maintain on file physical evidence that is obtained during the verification process. Such evidence shall be copies of documents, completed telephone/document inspection forms, the eligibility verification form, and signed applicant statements.

4. **Eligibility Determination** means the entire process used to obtain information about an applicant's eligibility status at the time of application, and to identify and evaluate those elements that are necessary for the participant's eligibility for WIOA programs.
5. **Homeless**: Based on the definition in the McKinney Homeless Assistance Act, means:
- a. An individual who lacks a fixed, regular, and adequate nighttime residence; AND
 - b. Includes
 - i. An individual who is –
 - (A) Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; or
 - (B) Is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations; or
 - (C) Is living in an emergency or transitional shelter; or
 - (D) Is abandoned in a hospital; or
 - (E) Is awaiting foster care placements;
 - ii. An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or
 - iii. Migratory children who qualify as homeless under this section because the children are living in circumstances defined in this paragraph.

A homeless individual does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

6. **Low Income Individual** means an individual who can be placed in one or more of the following categories:
- a. Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008, the program of block grants to States for temporary assistance for needy families program under part A of the title IV of the Social Security Act, or the supplemental security income program established under title XVI of the Social Security Act, or State or local income-based public assistance;
 - b. Is in a family with the total family income that does not exceed the higher of:
 - i. The poverty line, for an equivalent period; or
 - ii. 70 percent of the lower living standard income level;
 - c. Is a homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 or a homeless child or youth (as defined under section 725(2) of the McKinney-Vento Homeless Act);
 - d. Receives or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act;
 - e. Is a foster child on behalf of whom State or local government payments are made; or
 - f. Is an individual with a disability whose own income meets the requirements of a program described in sub-category "b" above, but who is a member of a family whose income does not this requirements.
7. **Offender** means any adult or juvenile who:
- a. Is or has been subject to any stage of the criminal justice process, for whom services under the Act may be beneficial; or
 - b. Requires additional assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
8. **Review** means checking the file for internal consistency, completeness, reasonableness, and proper mathematical calculations.

9. **Unemployed Individual** means an individual who is without a job and who wants and is available for work. The determination of whether an individual is without a job, for the purposed of this paragraph, shall be made in accordance with the criteria used by the Bureau of Labor Statistics of the Department of Labor (BLS/DOL) in defining individuals as unemployed. The Bureau of Labor Statistics of the Department of Labor defines an individual who is unemployed, "Persons 16 years and over who had no employment during the reference week..." If a person has worked for at least one hour as a paid employee during the reference week, according to BLS/DOL that person is employed.
10. **Verification** means to confirm eligibility requirements through examination of official documents: e.g. birth certificates, public assistance records, or speaking with official representatives of cognizant agencies.