

## WIOA Enrollment Documentation Checklist

**Don't Leave Home Without It!**

Name: \_\_\_\_\_  
LAST
FIRST
MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

☛ **Must Have:**

- WIOA Eligibility Application
- Driver's License **or** State ID
- Family Size/Composition and Physical Address Verification Form
- Social Security Card
- Naturalized Citizen or Alien Worker: Proof of Citizenship or Working Papers, if applicable.
- Proof of Selective Service Registration, if 18 year of age or OLDER- go to [www.sss.gov](http://www.sss.gov) and **print page showing registration, Males ONLY -BORN ON or AFTER 1/1/1960**

☛ **Proof of Family Income:**

- Check stubs for **ALL** wage earners showing income in the **HOUSEHOLD** for the last **6 months** **OR**
- Social Security Disability Income/Benefits: Letter from the Social Security Administration
- Public Assistance: TANF/SNAP Card **AND** Eligibility Notice from Department of Human Services **OR** <https://compass.ga.gov/selfservice> , if applicable.
- Free or Reduced Lunch: Verification from Current School

☛ **Miscellaneous:**

ATLEAST ONE OF THE FOLLOWING <b>MUST</b> CRITERIA		
<b>School Status</b>	<input type="checkbox"/> A School Dropout <input type="checkbox"/> A current student at public, private or alternative education program	<input type="checkbox"/> School records or statement from school official (Date of Withdrawal, Graduation or Attending) <b>OR</b> <input type="checkbox"/> High School Diploma/GED
<b>Homeless or Runaway</b>	<input type="checkbox"/> Written Statement from an Individual or Agency providing temporary residence <input type="checkbox"/> Written Statement from Social Service Agency	
<b>Foster Child</b>	<input type="checkbox"/> Written Statement from Social Service Agency <input type="checkbox"/> Court Contact/Documentation <input type="checkbox"/> Documentation of Foster Care Payment	
<b>Pregnant or Parenting</b>	<input type="checkbox"/> Birth certificate of child <input type="checkbox"/> Hospital record of birth of child <input type="checkbox"/> Medical card showing coverage for child <input type="checkbox"/> Case notes	<input type="checkbox"/> Statement from physician <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Verification from school program for pregnant teens
<b>Offender</b>	<input type="checkbox"/> Court documents <input type="checkbox"/> Criminal background check <input type="checkbox"/> Verification from Juvenile Justice official	<input type="checkbox"/> Police records <input type="checkbox"/> Letter from Probation Officer
<b>Disabled Youth</b>	<input type="checkbox"/> School Records or statement from school official (Disability) <input type="checkbox"/> SSI or SSDI records (Disability) <input type="checkbox"/> Letter Verification with School or Rehab Services Counselor (Disability) <input type="checkbox"/> Vocational Rehabilitation Letter (Disability) <input type="checkbox"/> Workers Compensation Record (Disability) <input type="checkbox"/> Department of Veterans Affairs letters/records (Disability)	
<b>English Language Learner</b>	<input type="checkbox"/> School records <input type="checkbox"/> Verification by school official <input type="checkbox"/> Verification by Adult Education official	

***Additional Documents MAYBE requested to determine WIOA Eligibility***

Equal Opportunity Program/Service. Auxiliary Aids & Assistance Available Upon Request to Individuals with Disabilities.