

**ADULT PRIORITY OF SERVICE/ELIGIBILITY CHECKLIST  
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**

Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

LOW-INCOME    Yes    No   Family Size: \_\_\_\_\_ Household Income (Last 6 months) \$ \_\_\_\_\_  
Household Income (Last 12 months) \$ \_\_\_\_\_

Employment Status:    Not Employed    Part-time    Full-time

70% LLSIL (2016)							
Family Size	1	2	3	4	5	6	Each Add'l Add
12 months	\$11,880	\$17,406	\$23,898	\$29,502	\$34,813	\$40,719	\$5,906
6 months	\$5,940* (Poverty G)	\$8,703	\$11,949	\$14,751	\$17,407	\$20,360	\$2,953

**PRIORITY OF SERVICE**

- 1<sup>ST</sup> PRIORITY**
  - Veteran who meets general eligibility
  - Eligible Spouse of Veteran who meets general eligibility
  - AND meets one or more of the requirements:**
    - Low-Income
    - Recipient of Public Assistance
    - Basic Skills Deficient
  
- 2<sup>nd</sup> PRIORITY**
  - Individuals who meets general eligibility
  - AND meets one or more of the requirements:**
    - Low-Income
    - Recipient of Public Assistance
    - Basic Skills Deficient
  
- 3<sup>rd</sup> PRIORITY**
  - Veteran who meets general eligibility
  - Eligible Spouse of Veteran who meets general eligibility
  
- 4<sup>th</sup> PRIORITY**
  - Individuals who meets general eligibility
  - AND meets one or more of the barriers to employment:**
    - Individuals with Disabilities
    - Older Individual (55+)
    - Ex-Offenders
    - Homeless Individual
    - Eligible migrant and seasonal farm workers
    - Single Parents including single pregnant women
    - Long-term unemployed (Previous employment -27 or more consecutive weeks)
    - Individuals who are English Learners, low levels of literacy, and facing substantial cultural barriers
    - Indians, Alaska Natives and Native Hawaiians
    - Unable to obtain consistent employment due to lack of certificates/training
    - Youth who has aged out of the foster care system
  
- 5<sup>th</sup> PRIORITY**
  - Individuals who meets general eligibility
  - PM \_\_\_\_\_  Other justified barriers, restriction, or circumstances preventing sustainable employment and retention. Attach Case note/ Requires Program Manager Signature

## **FAMILY**

Two or more persons related by blood, marriage (common law or ceremonial), or civil union, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- A. A husband, wife, and dependent children.
- B. A parent or guardian and dependent children.
- C. A husband and wife
- D. Two individuals of the same sex, who are legally married, or in a civil union
- E. Two individuals of the same sex, who are legally married, or in a civil union, and their dependent children

DEPENDENT CHILD – A child, related by blood, marriage, or decree of court, living in a single residence with his/her parent(s) or guardian.

Note: If a college student is not claimed as a dependent on anyone else's tax return, they are NOT a dependent child.

GUARDIAN – An individual related by blood, marriage, or decree of court, living in a single residence, where the parents are not present in the residence.

### LIVING IN A SINGLE RESIDENCE

A. Temporary, voluntary residence elsewhere – an individual is included in a single residence if they are temporarily and voluntarily living outside of the residence. This may include individuals attending school or college, or visiting relatives. It does not include involuntary temporary residence elsewhere (i.e. incarceration or placement as a result of a court order).

B. Temporary, involuntary residence elsewhere – an individual is NOT included in a single residence if they are temporarily and involuntarily living outside of the residence. This may include individuals who are incarcerated or placed as a result of a court order.

A person not meeting the definition of family is considered to be an individual (family of one). Individuals ordinarily included in the definition of family, but no longer claiming to be dependent shall complete an applicant statement attesting to individual status.

### **Family Income Shall Exclude:**

\*Unemployment compensation; \*Regular payments from social security (i.e., old-age survivors insurance); Supplemental Security Income (SSI) from SSA; Needs-based scholarship assistance, and financial assistance under Title IV of the Higher Education Act (i.e., Pell Grants Federal Supplemental Educational Opportunity Grants and Federal Work Study, (Stafford and Perkins loans like any other kind of loan are debt and not income); \*Child support payments, including foster care payments and adoption subsidies; \*Non-cash benefits such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, Food Stamps, school meals, fuel or other housing assistance; \*Wages earned by WIOA participants while in WIOA programs (except OJT participants); \*Tax refunds, gifts, loans, lump-sum inheritances, onetime insurance payments, or compensations for injury; \*Capital gains; \*Assets drawn down as withdrawals from a bank, sale of property, a house or a car; \* Income earned while a veteran was on active military duty and certain other veterans' benefits, i.e., compensation for service-connected disability, \* family compensation for service-connected death, vocational rehabilitation, and education assistance; \*Cash welfare payments under a federal, state, or local income-based public assistance program (e.g., Temporary Assistance for Needy Families (TANF), \*Emergency assistance money payments, \*Refugee Cash Assistance (PL 97-212)); \*Cash payments received under Title V of the Older American's Act; \*Payments received under the Trade Readjustment Act; \*Job Corps payments; \*U.S. Housing and Urban Development (HUD) rental assistance subsidies; \*Stipends received in the following programs: VISTA, Peace Corps, \* Foster Grandparent Program, \*YouthWorks/AmeriCorps Programs, and \* Retired Senior Volunteer Program; and \*General Assistance.

**LOW-INCOME**

**A low-income individual whose household income falls below OR who can documents one or more of the criteria below:**

- Receives, or in the past six (6) months has received, or is a member of a family that is receiving or in the past six (6) months has received, assistance through public assistance (TANF/CalWorks, SNAP/CalFresh, GA/GR, Supplemental Security Income (SSI), and Refugee Cash Assistance (RCA))
- Household Income for the last 6 months does not exceed the higher level of the poverty line or 70 % of the LLSIL
- Homeless
- Qualifies as a family of one due to a verified disability
- Veteran or spouse of Veteran who household income does not exceed 70% of the LLSIL after deducting military pay or allowances on active duty and other related Veteran benefits
- Receives or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch

**PUBLIC ASSISTANCE**

**Receives, or is a member of a family that receives food stamps or cash payments under a federal, state or local income-based public assistance program OR has been determined eligible within the last 6 months**

<u>Criteria</u>	<u>Support Documentation</u>
<ul style="list-style-type: none"><li><input type="checkbox"/> TANF / CalWORKS (Cash aid):</li><li><input type="checkbox"/> Supplemental Security Income (SSI)</li><li><input type="checkbox"/> General Assistance/Relief (GA/GR Cash Aid)</li><li><input type="checkbox"/> CalFresh / SNAP (Food Stamps)</li><li><input type="checkbox"/> Refugee Cash Assistance (RCA)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Authorization to receive cash public assistance</li><li><input type="checkbox"/> Public assistance records or check</li><li><input type="checkbox"/> Medical card showing cash grant status</li><li><input type="checkbox"/> Public assistance records</li><li><input type="checkbox"/> Cross-match with public assistance database</li><li><input type="checkbox"/> Current authorization to obtain food stamps</li><li><input type="checkbox"/> Food Stamp card with current date</li><li><input type="checkbox"/> Current food stamp receipt</li><li><input type="checkbox"/> Post marked food stamp mailer with applicable name and address</li><li><input type="checkbox"/> Statement from County Welfare Office</li></ul>

**FAMILY INCOME AND FAMILY SIZE**

**Received an income, or is a member of a family that received a total income, for the six-month period prior to the application for the program that, in relation to family size, does not exceed the higher of:**

**The poverty guidelines OR 70 % of the Lower Living Standard Income Level (LLSIL) for an equivalent period**

<u>Family Income</u>	<u>Family Size</u>
<ul style="list-style-type: none"><li><input type="checkbox"/> Pay stubs</li><li><input type="checkbox"/> Public assistance records</li><li><input type="checkbox"/> Alimony agreement</li><li><input type="checkbox"/> Award Letter from Veteran's Administration</li><li><input type="checkbox"/> Bank statements (direct deposits)</li><li><input type="checkbox"/> Compensation award letter</li><li><input type="checkbox"/> Court award letter</li><li><input type="checkbox"/> Employer statement/contact</li><li><input type="checkbox"/> Family or business financial records</li><li><input type="checkbox"/> Housing authority verification</li><li><input type="checkbox"/> Pension statement</li><li><input type="checkbox"/> Social Security benefits records</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Social Security Cards</li><li><input type="checkbox"/> Birth Certificates</li><li><input type="checkbox"/> Current Income Tax Return</li><li><input type="checkbox"/> Public Assistance Records</li><li><input type="checkbox"/> Marriage License</li><li><input type="checkbox"/> Rental Lease Agreement</li><li><input type="checkbox"/> Other</li></ul>

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> UI documents and /or printout</li><li><input type="checkbox"/> Quarterly estimated tax for self-employed person</li><li><input type="checkbox"/> Self-attestation (Customer Statement Form)</li></ul> |  |
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### HOMELESS

**Qualifies as a homeless individual, as defined in subsections (a) and (c) of Section 103 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302)**

- Written statement for the individual providing temporary residence
- Written statement from social service agency
- Written statement from a shelter
- WIOA application
- Self-attestation (Customer Statement Form)

### FOSTER

**Foster child for which state or local government payments are made on his/her behalf**

- Written confirmation from social services agency
- Case notes and Self-attestation (Customer Statement Form)

### INDIVIDUAL WITH A DISABILITY

**An individual with a disability shall be considered a family of one for eligibility purposes. Disability status as well as income must be verified.**

- Medical records
- Physician's statement
- Psychiatrist or psychologist diagnosis/statement
- Social Security Administration disability records
- Letter from drug or alcohol rehabilitation agency
- School record/official statement
- Observable condition (self-attestation with the interviewer serving as the corroborating witness)
- Rehabilitation evaluation
- Sheltered workshop certification
- Social services records/referral
- Veterans Administration letter/records
- Vocational rehabilitation letter/statement
- Worker's compensation records/statement
- Telephone verification
- Other applicable, verifiable, documentation
- Self-attestation (Customer Statement Form)

### BASIC SKILLS DEFICIENT

**Individual that is unable to compute or solve problems, read or write, or speak English, at a level necessary to function on the job, in the individual's family, or in society (WIOA Section 3[5]).**

- Lacks a high school diploma or high school equivalency and is not enrolled in post-secondary education as indicated by school records
- Enrolled in a Title II Adult Education /Literacy program as demonstrated by school records or letter
- English, reading, writing or computing skills at a 8.9 or below grade level indicated by academic assessment
- Determined to be Limited English Skills proficient through staff-documented observations
- Lacking computer literacy such as non-technical knowledge of computers and how to use them and /or familiarity and experience with computers, software, and computer systems documented in case notes

### VETERAN AND SPOUSE OF VETERAN

**Veteran** means a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Active service also includes full-time duty in the National Guard or Reserve component, other than full time duty for training.

**Spouse of veteran** means spouse who died of a service-connected disability; Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories

and has been so listed for a total of more than 90 days: Missing in action; Captured in line of duty by a hostile force; or Forcibly detained or interned in line of duty by a foreign government or power; Any veteran who has a total disability resulting from a service connected disability, as evaluated by the Department of Veterans Affairs; Any veteran who died while a disability.

Rev 3/24/17