

**WORKFORCE INNOVATION &
OPPORTUNITY ACT (WIOA)
GENERAL ELIGIBILITY
DOCUMENTATION CHECKLIST**



Date: _____

Staff Name: _____

Customer Name: _____

SSN: _____ - _____ - _____

<p>BIRTH DATE / AGE</p> <p>____ / ____ / ____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Unexpired Driver's License <input type="checkbox"/> Unexpired DMV ID <input type="checkbox"/> Unexpired Federal, State or Local Government Issued ID <input type="checkbox"/> Unexpired Passport or Passport Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Record Of Birth <input type="checkbox"/> DD-214 Form <input type="checkbox"/> Baptismal or Church Record with Birth Date Listed <input type="checkbox"/> Public Assistance/Social Service Records with Birth Date Listed
<p>U. S. Work Authorization</p> <p>(Right-to-Work I-9)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> One Document From I-9 List A: _____ OR <input type="checkbox"/> One Document From I-9 List B: _____ AND <input type="checkbox"/> One Document From I-9 List C: _____
<p>SELECTIVE SERVICE</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not Applicable: Males born before 01/01/1960; or Females <input type="checkbox"/> Selective Service Website # _____ Date: _____ <input type="checkbox"/> Customer Statement & Documentation Regarding Entering the US After Age 26 <input type="checkbox"/> Veteran DD-214 (discharged or released from such service under conditions other than dishonorable) <input type="checkbox"/> Not Registered, refer to Pacific Gateway Staff
<p>VETERAN</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not a Veteran <input type="checkbox"/> DD – 214 (Can't be dishonorable) <input type="checkbox"/> Veteran, but did not have applicable documentation
<p>ELIGIBILITY PACKET</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Eligibility Application Form (4 pages) <input type="checkbox"/> Disability Questionnaire Form – Confidential (1 page) <input type="checkbox"/> Veteran or Spouse of Veteran Form (1 page) <input type="checkbox"/> Customer Complaint Procedure / Equal Opportunity is the Law (2 pages) <input type="checkbox"/> Information Release & Privacy Statement (2 pages) <input type="checkbox"/> Pacific Gateway Welcome! (1 page)
<p>INCOME VERIFICATION</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Paycheck Stubs <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment Insurance Benefits Statement <input type="checkbox"/> Not applicable
<p>PRIORITY OF SERVICE</p> <p>(check all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> English Language Learner Customer Statement <input type="checkbox"/> Veteran or Spouse of a Veteran <input type="checkbox"/> Low-income and/or public assistance recipient <input type="checkbox"/> Other barrier (please circle): Disability; Older individual (55+); Ex-Offender; Homeless Individual; Eligible Migrant and seasonal farm worker; Single Parent; Long-term unemployed (27 or more consecutive weeks); Indians, Alaska Natives & Native Hawaiians; Youth who aged out of the foster care system