

**Adult Eligibility Checklist**

When you submit the Adult Eligibility Checklist with your Required Documents, please make sure: complete both pages off this checklist, fill in the Date Completed where asked and place a check-mark next to the document you are submitting.

**Applicant Name:** \_\_\_\_\_

**What WIOA Funded Service are you interested in (Please only select one)?**

- Earn and Learn                       Customized Employment Assistance                       Training Services

Step 2. Fill-Out Required Documents	
WIOA Adult Eligibility Checklist	Date Completed:
Signed: WIOA Eligibility Application	Date Completed:
Signed: Grievance & Complaint Policy	Date Completed:
Registered on WorkSource Georgia Portal (worksorcegaportal.com)	Date Completed:

Step 3. Gather Required Documents			
A. Citizen/Worker Status: Either ONE document from list "1" OR ONE document from List "2" AND List "3"			
<p style="text-align: center;"><u>List 1</u></p> <p style="text-align: center;">Proves Citizenship &amp; Employment</p> <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Unexpired Foreign Passport with I-551 Stamp <input type="checkbox"/> Permanent Resident Alien Card <input type="checkbox"/> Registration Receipt Card <input type="checkbox"/> Unexpired Employment Authorization Document	<b>OR</b>	<p style="text-align: center;"><u>List 2</u></p> <p style="text-align: center;">Prove Citizenship</p> <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> Native American Tribal Document	<b>AND</b>
		<p style="text-align: center;"><u>List 3</u></p> <p style="text-align: center;">Proves Employment Eligibility</p> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Valid I-197 <input type="checkbox"/> US Citizen ID Card <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Certificate of birth abroad <input type="checkbox"/> Department of Homeland Security	

Please select "ONE" item from EACH column			
B. Age	C. Social Security Number	D. Residency	E. Selective Service Males Born After 1/1/1960
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> DACA Work Permit <input type="checkbox"/> DD-214/ Military ID <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> INS Document/Passport <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> School Record or ID	<input type="checkbox"/> DD- 214 <input type="checkbox"/> Paystub <input type="checkbox"/> Public Assistance Record <input type="checkbox"/> Social Security Card <input type="checkbox"/> UI Wage Record <input type="checkbox"/> W-2 Statements <p style="text-align: center;">Please make sure the document submitted shows your entire social security number.</p>	<input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Car Insurance Policy <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Driver's License <input type="checkbox"/> Letter from Homeless Shelter <input type="checkbox"/> Self-Attestation Letter <input type="checkbox"/> Rental Contract	<input type="checkbox"/> Acknowledgement Letter <input type="checkbox"/> DD-214 <input type="checkbox"/> Form 3A <input type="checkbox"/> Stamped Receipt of Registration Card <input type="checkbox"/> Verification Form <input type="checkbox"/> Status Information Letter <p>Check your status at <a href="http://www.sss.gov/home/verification">www.sss.gov/home/verification</a></p>

<b>F. Proof of Low-Income Status</b>				
Please select ONE document from "List 1" OR ONE document from "List 2" AND complete "List 3"				
<p style="text-align: center; margin: 0;"><u>List 1</u></p> <p style="text-align: center; margin: 0;">Proof of Public Assistance</p> <p>Verification Letter for:</p> <p><input type="checkbox"/> TANF from DFCS</p> <p><input type="checkbox"/> SNAP from DFCS</p>	OR	<p style="text-align: center; margin: 0;"><u>List 2</u></p> <p style="text-align: center; margin: 0;">Proof of Income (6 Months)</p> <p><input type="checkbox"/> Alimony Agreement</p> <p><input type="checkbox"/> Veteran's Administration Award Letter</p> <p><input type="checkbox"/> Pay Stubs</p> <p><input type="checkbox"/> Pension/Annuity Statement</p> <p><input type="checkbox"/> Public Assistance Verification</p> <p><input type="checkbox"/> Social Security Benefits Letter</p> <p><input type="checkbox"/> Unemployment Insurance Documents</p> <p><input type="checkbox"/> Worker's Compensation</p> <p><input type="checkbox"/> Self- Attestation</p> <p><input type="checkbox"/> Social Security Disability Insurance</p>	AND	
		<p style="text-align: center; margin: 0;"><u>List 3</u></p> <p style="text-align: center; margin: 0;">Family Size</p> <p style="text-align: center; margin: 0;">Complete the Family Composition of Income for Adult Eligibility on the WIOA Eligibility Application</p>		

Do Not Complete Below This Line

---

<b>For Staff Use Only</b>	
The signatures below confirm that the eligibility application is complete and required documentation listed on this form is included in the participant's WorkSource Portal File.	
<b>Original Eligibility Determination</b>	
Print Name:	Date Completed:
Signature:	
<b>Secondary Review</b>	
Print Name:	Date Completed:
Signature:	