

**WIOA Dislocated Worker Eligibility Checklist**

When you submit the Dislocated Worker Checklist with your Required Documents, please make sure: complete both pages off this checklist, fill in the Date Completed where asked and place a checkmark 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 Dislocated Worker Eligibility Checklist	Date Completed:
Signed: WIOA Eligibility Application	Date Completed:
Signed: Grievance & Complaint Policy	Date Completed:
Registered on WorkSource Georgia Portal (worksorcegportal.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"			
<u>List 1</u> <b>Proves Citizenship &amp; Employment</b> <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>	<u>List 2</u> <b>Prove Citizenship</b> <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>
		<u>List 3</u> <b>Proves Employment Eligibility</b> <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>B. Age</b> <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	<b>C. Social Security Number</b> <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 Please make sure the document submitted shows your entire social security number.	<b>D. Residency</b> <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	<b>E. Selective Service Males Born After 1/1/1960</b> <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 Check your status at <a href="http://www.sss.gov/home/verification">www.sss.gov/home/verification</a>

F. Dislocated Worker Status			
Please submit One Document from One List (1-7) to prove your Dislocated Worker Status			
<u>List 1</u> Terminated or Laid Off, or Notice of Termination Layoff	OR	<u>List 2</u> Plant Closure/Mass Layoff	OR
<input type="checkbox"/> Separation Notice or Layoff Letter due to lack of work <input type="checkbox"/> Employer Letter Notice <input type="checkbox"/> Georgia Department of Labor Claims Examiner's Determination Letter <input type="checkbox"/> WARN Notice with Name Listed		<input type="checkbox"/> Separation Notice/Layoff Letter <input type="checkbox"/> Employment Letter or Notice <input type="checkbox"/> Georgia Department of Labor Claims Examiner's Determination Letter <input type="checkbox"/> WARN Notice/Name Listed <input type="checkbox"/> News Article	
<u>List 3</u> Unlikely to Return to Previous Industry or Occupation	OR	<input type="checkbox"/> State or locally developed Labor Market Information <input type="checkbox"/> 90-day documented job search <input type="checkbox"/> DD-214 <input type="checkbox"/> Limited Job Orders (GLME) <input type="checkbox"/> Document from Physician or other applicable professional	
<u>List 4</u> Displaced Homemaker	OR	<u>List 5</u> Veteran	OR
<input type="checkbox"/> Court Records <input type="checkbox"/> Divorce Documents <input type="checkbox"/> Bank Records <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Spouse's Layoff Notice <input type="checkbox"/> Spouse's Death Record		<input type="checkbox"/> DD-214 <input type="checkbox"/> Effective Terminate of Service Orders <input type="checkbox"/> DD - 2648 - ACAP Transition Checklist	
OR			
<u>List 7</u> Self-Employed		<input type="checkbox"/> Notice of Foreclosure <input type="checkbox"/> Entry of Bankruptcy Proceedings <input type="checkbox"/> Inability to Pay Loans	
		<input type="checkbox"/> Inability to Obtain Capital to Continue Operations <input type="checkbox"/> Proof of Insolvency	

**Do Not Complete Below This Line**

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For Staff Use Only	
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:	