**TITLE 1 ADULT ENROLLMENT CHECKLIST**

State ID: Click or tap here to enter text. Last Name: Click or tap here to enter text.

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| **GENERAL ELIGIBILITY – ALL PROGRAMS** | | |
| Requirement | Verified | Acceptable Documentation on File |
| Authorization to Work in the U.S. |  | Choose an item. |
| Selective Service Requirement Met |  | Choose an item. |
| Age/Date of Birth |  | Choose an item. |
| Social Security Number |  | Choose an item. |

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| **WIOA ADULT** | | |
| Requirement | Verified | Acceptable Documentation on File |
| Family Size/Individual Status |  | Choose an item. |
| Priority 1 | | |
| Veteran or Eligible Spouse AND |  | Choose an item. |
| Low Income, Recipient of Public Assistance, or BSD |  | Choose an item. |
| Priority 2 | | |
| Recipient of Public Assistance OR |  | Choose an item. |
| Low Income OR |  | Choose an item. |
| Basic Skills Deficient |  | Choose an item. |
| Priority 3 | | |
| Veteran or Eligible Spouse |  | Choose an item. |
| Priority 4 | | |
| Employment Status AND |  | Choose an item. |
| Employment Barrier AND |  | Choose an item. |
| Priority Enrollment Form |  | -------------------------------------------------------------- |
| Priority 5 | | |
| Priority Enrollment Form AND |  | -------------------------------------------------------------- |
| Case Note Justifying Service Need |  | -------------------------------------------------------------- |

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| --- | --- |
| *State Policy effective March 26, 2021 requires local areas to enroll 75% or more individuals into Title 1 who are recipients of public assistance, low income, or basic skills deficient (Priorities 1 and 2).* | YTD Percentage of  Priority 1 + 2 Enrollments: |
| Click or tap here to enter text. |

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| --- | --- |
| **REQUIRED FILE DOCUMENTATION AND DATA VALIDATION ELEMENTS**  ***(Not required to determine eligibility but must be in client file)*** | |
| Required File Documentation | Verified |
| Employment Status at Participation |  |
| School Status at Enrollment |  |
| Interest/Ability Profiler |  |
| Individual Employment Plan (IEP) |  |
| EO/Grievance/ROI Form Signed |  |
| Conflict of Interest Form Signed |  |
| Alternate Contact Information in Application |  |
| Case Note Documenting Eligibility and Suitability |  |

Staff Name:

Secondary Review Date:

Reviewer:

Date Reviewed: