**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 ofPriority 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: