**TITLE 1 DISLOCATED WORKER 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 DISLOCATED WORKER** |
| Requirement | Verified | Acceptable Documentation on File |
| Category 1  |
| Laid Off AND |[ ]  Choose an item.  |
| UI Recipient or Exhaustee AND |[ ]  Choose an item. |
| Unlikely to Return |[ ]  Choose an item. |
| Category 2  |
| Laid Off AND |[ ]  Choose an item.  |
| Impacted by Permanent Closure OR |[ ]  Choose an item. |
| Impacted by Substantial Layoff  |[ ]  Choose an item. |
| Category 3 |
| Evidence of Self-Employment AND  |[ ]  Choose an item.  |
| Evidence of Business Closure |[ ]  Choose an item. |
| Category 4 |
| Employment Status AND |[ ]  Choose an item.  |
| Evidence of Dependency Change  |[ ]  Choose an item. |
| Category 5  |
| Proof of Permanent Relocation AND  |[ ]  Choose an item.  |
| Unlikely to Return |[ ]  Choose an item. |

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| **PRIORITY POPULATION** |
| Category  | Verified |
| Veteran and/or Spouse of Qualifying Veteran |[ ]
| Individual with a Disability  |[ ]
| Justice Involved |[ ]
| Basic Skills Deficient |[ ]
| Public Assistance Recipient  |[ ]

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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 |
| Family Size + Estimated Annual Income |[ ]
| 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: