



# PROCEDURES

**PROCEDURES  
NUMBER  
SOP 100-2**

<b>Title:</b>	<b>Self-Attestation</b>		
<b>Effective:</b>	August 17, 2023	<b>Revised:</b>	N/A
<b>Supersedes:</b>	N/A	<b>Version:</b>	01

## I. PURPOSE

The purpose of this procedure is to provide guidance as it pertains to using a self-attestation as acceptable documentation when determining Workforce Innovation and Opportunity Act (WIOA) eligibility for Title I Youth, WIOA Adult, and WIOA Dislocated Worker (DW) services. Self-attestation allows applicants to self-certify eligibility information when providing documentation becomes too burdensome to obtain for WIOA eligibility purposes

## II. BACKGROUND

The Department of Labor (DOL) establishes in Training and Employment Guidance Letter (TEGL) 23-19, Change 1 and TEGL 09-22 outlines that self-attestation is an important option for populations with barriers to obtaining eligibility and reporting documents (such as disconnected youth, American Indian and Alaska Native populations, individuals experiencing homelessness, justice involved individuals, refugees, disaster impacted individuals, and others) and help ensure such populations are able to equitably access WIOA services.

## III. ACRONYMS

AJC	American Job Center
CSSF	CareerSource South Florida
EMD	Employ Miami-Dade
ISY	In-School Youth
OSY	Out of School Youth
WIOA	Workforce Innovation and Opportunity Act

## IV. PROCEDURES

An applicant is allowed to use the Self Attestation form when it has been determined and documented that the established source document cannot be obtained to prove the criteria. The applicant can attest to the criteria listed below to complete the determination of eligibility to receive WIOA services. The self-attestation can be completed on-site at the American Job Center (AJC) or uploaded into Employ Miami Dade (EMD), see **Applicant**

**Uploading Documents in Employ Miami-Dade – Attachment 1.** When using the self-attestation to document the criteria listed below the AJC and Youth Service Provider staff must add a detailed case note indicating the reason or circumstance that prevented the applicant from obtaining the actual documentation.

When a federal agency has declared a disaster there may be circumstances that causes the applicant from providing the established source documents to verify the criteria for determining WIOA eligibility, see **Training and Employment Guidance Letter 23-19, Change 1 – Attachment II.** The AJC and Youth Provider staff must conduct a reverification review within 6 months of enrollment to obtain the actual documentation for WIOA eligibility. A case note must be added to EMD documenting the efforts used to obtain the actual documentation. In the event this documentation proves that the participant was not eligible to receive WIOA services, the case must be terminated and the ineligibility must be case noted in EMD. This situation will not result in disallowed costs.

### **Eligible Categories for use of the Self-Attestation Form**

#### **1. Title I Adult**

- a. Pseudo number – This number is created when the applicant refuses to provide their social security number or the applicant is a refugee that has not been provided with a social security number. The process is as follows:
  - i. Enter “9” as the first digit;
  - ii. Enter the last two digits of the applicant’s birth year as the next two digits;
  - iii. Enter zeros as the two middle digits;
  - iv. The last four digits will be sequentially the month and day of birth.
- b. Date of birth – The date the applicant was born.
- c. Applicant with disabilities - An applicant with a physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or regarded as having an impairment, this includes Youth.
- d. Veteran status – An applicant that served in any branch in the military.
- e. Long-term unemployed - An applicant that has been unemployed for at least 27 or more consecutive weeks.
- f. Highest grade completed –When an applicant does not have the actual high school diploma/equivalency/GED or completed school in another country. (Not valid to document Associate, Bachelor or Master Degrees).
- g. Homelessness – An applicant that who meets one of the following criteria:
  - i. Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;

- ii. Is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations;
- iii. Is living in an emergency or transitional shelter;
- iv. Is abandoned in a hospital; or
- v. Is using a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, or airport.

## 2. Title I Dislocated Worker

- a. Date of actual dislocation – This is the last date the applicant worked at the job of dislocation.
- b. Displaced homemaker – (WIOA sec. 3(16)) – An applicant who has been providing unpaid services to family members in the home and who
  - i. Has been depending on the income of another family member but is no longer supported by that income; or
  - ii. Is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member; and
  - iii. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment
- c. Permanently or temporarily laid off as a consequence of a natural disaster.

## 3. Title I Youth

- a. Attending School – Attending school, which includes secondary and postsecondary school.
- b. Not Attending School – Age 16 to 24 and not attending secondary and postsecondary school.
- c. An offender – An adult or juvenile
  - i. Who is or has been subject to any stage of the criminal justice process, and for whom WIOA services under this Act may be beneficial; or
  - ii. Who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction

- d. Pregnant/Parenting - Mother or father, custodial or non-custodial. If the youth is within the WIOA youth age eligibility, the age when the youth became a parent does not factor into the definition of parenting. A pregnant individual can only be the expectant mother.
- e. Low-Income - The term "low-income individual" means an individual who
  - i. An individual that receives, or in the past 6 months has received, public assistance or is a member of a family that is receiving or in the past 6 months has received;
  - ii. Is in a family with total family income that does not exceed the higher of— the poverty line; or 70 percent of the lower living standard income level;
  - iii. Is a homeless/runaway individual;
  - iv. Receives or is eligible to receive a free or reduced price lunch.
- f. Homeless/Runaway - A homeless child or youth (as defined in Sec. 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), Pursuant to the Stewart B. McKinney Homeless Act, an individual who lacks a fixed, regular, and adequate nighttime residence. It also includes persons whose primary nighttime residence is one of the following:
  - i. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
  - ii. An institution that provides a temporary residence for individuals intended to be institutionalized.
  - iii. A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
  - iv. Runaway: Pursuant to the Runaway and Homeless Youth Act, individual under 18 years of age.
  - v. One that absents himself or herself from home or place of legal residence without permission of the parent(s) or legal guardian.
- g. Foster Youth - an individual who is 16-24 and left foster care for kinship guardianship or adoption; youth who were formerly in foster care but may have returned to their families before turning 18.

## **V. LIMITATIONS/PROHIBITIONS**

The self-attestation can be used to document the criteria listed below only when a federal agency has declared a disaster and the applicant is having difficulty in providing the documentation for determining WIOA eligibility, (except for V.7 and V.8 below).

1. Identification – Valid (unexpired) government issued identification, such as a driver license, state issued ID card, or passport, permanent resident card (unexpired).

2. Social security number – The only exception is when an applicant has elected to use a pseudo number.
3. Residential address – The physical location of where the applicant is living at the time of WIOA eligibility determination.
4. Selective Service registration – For males that were born on or after January 1, 1960.
5. Citizenship / Right to Work – To work in the U.S. the applicant must provide citizenship or the right to work status.
6. Family Size – (20 CFR 675.300) - means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:
  - a. A married couple and dependent children;
  - b. A parent or guardian and dependent children; or
  - c. A married couple.
7. Basic skills deficient (BSD) is one that is:
  - a. A youth, that has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or
  - b. A youth or adult that is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual's family, or in society.
8. Youth that requires additional assistance to enter or complete an educational program, or to secure and hold employment or an in-school youth who requires additional assistance to complete an educational program or to secure or hold employment.

## **VI. DOCUMENTING CRITERIA IN EMD**

### **A. Adult, Dislocated Worker and Youth**

1. The pseudo or social security number will be prefilled from the data entered during registration on the Contact page. Add the number and then select the verification document used at the time of WIOA eligibility determination.

### Contact Information

\* First Name:

Middle Initial:

\* Last Name (including suffix e.g. Jr., Sr., PhD, etc.):

\* Social Security Number:  [Edit SSN](#)

\* SSN Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

### SSN Verification

- Social Security Card
- DD-214 Report of Transfer of discharge
- Employment Records
- IRS Form Letter 1722
- Letter from Social Service Agency
- Pay Check Stubs
- Social Security Benefits
- W-2 Form
- Driver's License (Some States)
- Telephone Verification
- Unemployment
- Passport
- School Records
- Applicant Statement
- School/State or Federal Identification Card (Other)

Reset

2. Add the “Residential Address” and then select the verification document used at the time of WIOA eligibility determination.

### Residential Address

\* Address 1:

Address 2:

\* Zip/Postal Code:  [Find Zip Code \(Opens in new window\)](#)

\* City:

\* State:

\* County/Borough/Parish:

\* Country:

\* Address Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

### Application Address Verification

- Local WIA does not verify address
- Voter Registration Card
- Computer Printout from Government Agency
- Driver's License
- Food Stamp Award Letter
- Homeless - Primary Nighttime Residence
- Housing Authority Verification
- Insurance Policy (Residence and Auto)
- Lease
- Letter From Social Service Agency or School
- Library Card
- Medicaid/Medicare Card
- Phone Directory
- Property Tax Record
- Public Assistance Records
- Rent Receipt
- School Identification Card

3. Indicate the “**Citizenship or Right to Work**” status and then select the verification document used at the time of WIOA eligibility determination.

 **\* U.S. Citizenship Status:**

Citizen of U.S. or U.S. Territory ▼

 **\* Verify:**


[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Birth Certificate

### Citizenship Verification

- Completed and Signed I-9 Form
- Baptismal Certificate with Place of Birth
- Birth Certificate
- DD-214
- Food Stamp Records
- Foreign Passport Stamped Eligible to Work
- Hospital Birth Record
- Naturalization Certification
- Public Assistance Records
- United States Passport
- Native American Tribal Document
- Alien Registration Card Indication right to work
- Telephone Verification
- School/State or Federal ID Card
- Documentation specified on the I-9 form
- Social Security Card (Work Eligible)

4. Indicate for males born on or after January 1, 1960 the “Registered for the Selective Service” status and indicate the verification document used at the time of WIOA eligibility determination.

 \* **Registered for the Selective Service:**

 \* **Verify:**

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Internet [www.sss.gov](http://www.sss.gov)

### Selective Service Verification

- Not Applicable
- DD-214
- Selective Service Status Information Letter
- Selective Service Registration Record (form 3A)
- Selective Service Verification Form
- Stamped Post Office Receipt of Registration
- Internet [www.sss.gov](http://www.sss.gov)
- Selective Service Registration card
- Additional Doc if it validates Selective Service Registration
- Applicant Statement

Reset

**Selective Service Registration Number:**

**Selective Service Registration Date:**





5. Indicate if the applicant has a “**Disability**” and complete the questions based on the selection and then select the verification document used at the time of WIOA eligibility determination.

Specify if the individual is **Considered to have a disability**. Selecting Yes will display disability checkboxes and additional questions (see figure below). If you select Yes:

- a. Verify the disability – click Verify link and select the Disability Verification method.
- b. Check the appropriate **Category of Disability** boxes.
- c. Make selections for each item listed for received services.

**Considered to have a disability:**  Yes  No  Did not self-identify

**Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) | [Print Barcode](#) ]  
✓ Medical records

The following information should be completed only when the individual has self-identified they have a disability.

**Category of Disability:**

- Physical/Chronic Health Condition
- Physical/Mobility Impairment
- Mental or Psychiatric Disability
- Vision-related disability
- Hearing-related disability
- Learning Disability
- Cognitive/Intellectual disability
- Participant did not disclose type

**Received services from a State Development Disabilities Agency (SSDA):**  LSMHA  No  Unknown

**Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) Waiver:**  HCBS Waiver  No  Unknown

**Disability Work Setting (CIE):** None Selected

**Type of customized Employment Services Received:** None Selected

**Received Disability Financial Capability:** None Selected

**Section 504 Plan:**  Yes  No  Unknown

**Received Services from Vocational Rehabilitation:**  Yes  No  Unknown



\* **Considered to have a disability:**

Yes  No  Did not self-identify



**Verify:**

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

### Disability Verification

- Letter from drug or alcohol rehabilitation agency
- Medical records
- Social service records/referral
- Physician's statement
- Psychiatrist's statement
- Psychologist's diagnosis
- Rehabilitation evaluation
- School records
- Sheltered workshop certification
- Workers' Compensation record
- Social Security Administration disability records
- Veterans Administration letter/records
- Vocational Rehabilitation letter
- Applicant Statement
- Social Service Records/Referral

Reset

6. Indicate the “**Veteran**” status and then select the verification document used at the time of WIOA eligibility determination. Answers in each section determine which questions display in the next section.

- 1 In the Spouse or Caregiver of a Military Member section, answer **Are you the spouse of a member of the armed forces who is on active duty?**

**Spouse or Caregiver of a Military Member**

Are you the spouse of a member of the armed forces who is on active duty?  Yes  No

**Military Service**

\* Are you currently in the U.S. Military or a Veteran?  Yes  No

\* Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?  Yes  No

**Transitioning Service Members**

Please indicate your transitioning type and transitioning service member discharge date.

\* Transitioning Service Member Type:

\* Projected Discharge Date:  Today

Check the box to indicate this is a partial application. This will allow navigation to any page that is available. Eligibility will not be fully determined nor will the application be marked as removed and any missing information is provided.

Exit Wizard << Back Next >>

*Veteran Page - Transitioning Service Members Selections*

- 2 In the Military Service section, answer **Are you currently in the U.S. Military or a Veteran?**
  - a. If *No*, no other questions will display. Click **Next** to move to the Employment page.
  - b. If *Yes*, answer **Are you within 24 months of retirement or 12 months of discharge from the military?**
    - ♦ If *Yes*, the Transitioning Service Members section displays (see figure above).
    - ♦ If *No*, the Veteran Information section displays (see figure on next page).
- 3 If applicable, in the Transitioning Service Members section, make selections/changes as required:
  - a. Select the **Transitioning Service Member Type**.
  - b. Enter the **Projected Discharge Date**.
- 4 If applicable, in the Veteran Information section, make selections/changes as required:
  - a. Enter the **Most recent Active Duty Begin Date** and **End Date**.
  - b. Answer **Do you have prior service dates?**
    - ♦ If *Yes*, enter **Active Duty Begin Dates** and **End Dates** for each applicable tour of duty.

**Veteran Information**

Please enter the information below regarding the individual's past military service.

\* Most recent Active Duty Begin Date: 01/01/2010 Today

\* Most recent Active Duty End Date: 01/01/2011 Today

\* Do you have prior service dates?  Yes  No

\* Disabled Veteran: No

Received Services from Veterans Voc. Rehab. (Chapter 31):  Yes  No  Unknown

Homeless Veteran:  Yes  No

\* Enrolled in Homeless Veterans' Reintegration Program:  Yes  No

\* Veteran Status  Yes <= 180 days  Yes, Eligible Veteran  Yes, Other Eligible Person  No

\* Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) | [Print Barcode](#)  
 DD 214  
[Obtain DD214](#)

Check the box to indicate this is a partial application. This will allow navigation to any page to fill out any information that is available. Eligibility will not be fully determined nor will the application be marked complete until the partial flag is removed and any missing information is provided.

[Exit Wizard](#) << Back Next >>

*Veteran Page - Veteran Information Selections*


- c. Select the **Disabled Veteran** status from the drop-down.
- d. Identify if the individual **Received Services from Veterans Voc. Rehab.**
- e. Identify if the individual is a **Homeless Veteran**.
- f. Identify if the individual is **Enrolled in Homeless Veterans' Reintegration Program**.
  - ♦ If Yes, and this displays an additional field for **Homeless Veteran Reintegration Program Grantee**, select the grantee number, if available.
- g. Select the **Veteran Status**.
- h. Verify the Veteran Status by clicking the Verify link and selecting the veteran status verification method from the list (e.g., DD 214); click the list again to hide it.


**Note:** *If your site includes Document Management, you can click a Scan, Upload, or Link link to attach a copy of the verifying document. See the topic "Adding Documents "In-Context" for Verification" in Chapter 30 – Manage Documents for more on attaching documents.*

*You can also click the Obtain DD 214 link to access a federal veterans' site for requesting military service records.*

7. Indicate the “**Highest Grade completed**”, answer the subsequent questions and then select the verification document used at the time of WIOA eligibility determination.

 \* **Highest school grade completed:**

 \* **High school diploma or equivalent received:**  Yes  No


 \* **Highest education level completed:**


 \* **Verify:**  
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
 Other Applicable Documentation, (specify)

## **Highest EduLevel Completed Verification**

Other Applicable Documentation, (specify)

**The School Status prompt below may be system-set or selections may be limited based on responses to questions above.**

 \* **School Status:**

 \* **Verify:**  
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
 Applicant Statement

## **School Status Verification**

- School records
- Applicant Statement
- Training provider verification of enrollment
- Case notes with verification of enrollment from educ inst.

8. Indicate the “**Homeless**” status and then select the verification document used at the time of WIOA eligibility determination

 \*Homeless:

Yes  No

 Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

### Homeless Verification

- Written statement from an individual providing temporary assistance
- Written statement from Social Service agency
- Applicant statement/self attestation, in limited cases

Reset

9. Indicate the “**Family Size**” and then select the verification document used at the time of WIOA eligibility determination.

 \*Family Size:

1

 \*Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

Birth certificate

### Family Size Verification

- Public assistance/social service agency records
- Birth certificate
- Decree of court
- Disabled
- Divorce decree
- Landlord statement
- Lease
- Marriage certificate
- Medical card
- Most recent tax return supported by IRS documents(e.g.form letter 1722)
- Public housing authority (if resident or on waiting list)
- Written statement from a publicly supported 24-hour care facility or institution(e.g. mental, prison)
- Applicant statement/self attestation, in limited cases
- Telephone verification
- Other Applicable Documentation, (specify)

## B. Dislocated Worker Only

1. Dislocated Worker Category for Displaced Homemaker and Dislocated Worker Grant (DWG). To verify click on the “verify link



**Category 6: Displaced Homemaker:** An individual who has been providing **unpaid services to family members** in the home **and** has been dependent on the income of another family member but is **no longer supported by that income**; or is the **dependent spouse** of a member of the Armed Forces on active duty and whose **family income is significantly reduced** because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; **and is unemployed** or **underemployed** and is experiencing difficulty in obtaining or upgrading employment.

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Category 7: The **spouse of a member of the Armed Forces** on active duty, **and** who has experienced a **loss of employment as a direct result of relocation to accommodate a permanent change in duty station** of such member.

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Category 8: The **spouse of a member of the Armed Forces** on active duty and who is **unemployed** or **underemployed** and is experiencing difficulty in obtaining or upgrading employment.

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**Category 12: Dislocated Worker Grant (DWG) eligibility:** Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets **DWG** eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1) (A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.

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**\* Verify:**

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Cat 6: Is verified in Barriers - Displaced Homemaker, Cat 12: NDWG Documentation showing proof of eligibility

### Dislocation Category Verification

- Cat 1 or 2: Separation Notice
- Cat 1 or 2: UC Records
- Cat 3: WARN notice or letter of authorization from the State WIA Admin Dept.
- Cat 4: Documentation of General Announcement
- Cat 5: Receipt of Notice of foreclosure or intent to foreclose.
- Cat 5: Proof of failure of the farm, business or ranch to return a profit during preceeding 12 months.
- Cat 5: Entry of individual into bankruptcy proceedings.
- Cat 5: Inability to make payments on loans secured by tangible business assets.
- Cat 5: Inability to obtain capital necessary to continue operations.
- Cat 5: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch or business.
- Cat 5: Other events indicative of the likely insolvency of the farm, ranch or business.
- Cat 6: Is verified in Barriers - Displaced Homemaker
- Cat 7: Case file documents active duty Armed Forces spouse employment loss related to duty station change.
- Cat 8: Case file documents active duty Armed Forces spouse is unemployed/underemployed and having difficulty obtaining/upgrading employment.
- Cat 12: NDWG Documentation showing proof of eligibility



2. Enter the actual date of layoff and add the employment in the “Dislocation Employer” section.

**\* Verify:**

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Cat 1 or 2: UC Records

**Projected Layoff Date:**

[Today](#)



**Actual Layoff Date (if date is in the future, please leave empty):**

[Today](#)

[Search Individual Employment History](#)

**\* Dislocation Employer:**



**\* Employer Address 1:**

**Employer Address 2:**

**\* Employer City:**

**\* Employer State:**

**\* Employer Country:**

**\* Employer Zip:**

**\* Dislocation Hourly Wage**



### C. Youth Only

1. In the WIOA application under the Tab “Education” under “**School Status at Youth Program eligibility**” select “in school, secondary school or less” or if post-secondary - select “in school, post-secondary school” and then select the verification document used at the time of WIOA eligibility.

**\* School Status at Youth Program eligibility:** In-school, secondary school or less

**\* Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
✓ Applicant Statement

**School Status at Youth Program Eligibility**

- School records
- Applicant Statement
- Training provider verification of enrollment
- Case notes with verification of enrollment from educ inst.

And / or if attending post-secondary.

**\* School Status at Youth Program eligibility:** In-school, post-secondary school

**\* Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
✓ Applicant Statement

**School Status at Youth Program Eligibility**

- School records
- Applicant Statement
- Training provider verification of enrollment
- Case notes with verification of enrollment from educ inst.

2. In the WIOA application under the Tab “Education” under “**School Status at Youth Program eligibility**” select “Not attending school, or secondary school dropout” and then select the verification document used at the time of WIOA eligibility.

**\* School Status at Youth Program eligibility:** Not attending school or secondary school dropout

**\* Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
✓ Applicant Statement

**School Status at Youth Program Eligibility**

- School records
- Applicant Statement
- Training provider verification of enrollment
- Case notes with verification of enrollment from educ inst.

3. In the WIOA application under the Tab “Barrier” under the individual barriers, indicate the “**Ex-offender**” status and then select the verification document used at the time of WIOA eligibility.

**\* Ex-Offender:**  Yes  No  Did not self-identify

**\* Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
 Applicant statement/self attestation, in limited cases

**Offender Verification**

- Police records
- Court documents
- Halfway house resident
- Letter of parole
- Letter from probation officer
- Applicant statement/self attestation, in limited cases
- Telephone Verification
- Documents from Juvenile/Criminal Justice
- Juvenile Justice System Case Notes

4. In the WIOA application under the Tab “Barrier” under the individual barriers, indicate the “**Pregnant/Parenting Youth**” status and then select the verification document used at the time of WIOA eligibility.

**\* Pregnant/Parenting Youth:**  Yes  No

**\* Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
 Applicant statement/self attestation, in limited cases

**Pregnant/Parenting Youth Verification**

- Physician's note
- Birth certificate
- Applicant statement/self attestation, in limited cases
- Baptismal Record
- Case Notes/Observation

5. In the WIOA application under the Tab “Barrier” under the individual barriers, indicate the “**Runaway**” status and then select the verification document used at the time of WIOA eligibility.

**\* Runaway:**  Yes  No

**\* Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
 Applicant statement/self attestation, in limited cases

**Runaway Verification**

- Written statement from Social Service agency
- Written statement from an individual providing temporary residence
- Written statement from shelter
- Applicant statement/self attestation, in limited cases

6. In the WIOA application under the Tab “Barrier” under the individual barriers, indicate the “**Foster Care Status**” and select “**Yes Currently In**” if the youth has not aged out of the program and then select the verification document used at the time of WIOA eligibility.

The screenshot shows a form with two green arrows pointing to the left. The first arrow points to the label “\* Foster Care Status:” and the second arrow points to the label “\* Verify:”. The “Foster Care Status” section has three radio buttons: “Yes, Currently In” (selected), “Yes, Aged Out”, and “No”. The “Verify” section has a link “[ Verify | Scan | Upload | Link ]” and a checked checkbox “Applicant statement/self attestation, in limited cases”. Below this is a section titled “Foster Care Verification” with five radio button options: “Statement/Referral from social services agency”, “Foster care facility resident”, “Court/Guardianship documents”, “Applicant statement/self attestation, in limited cases” (selected), and “Other Applicable Documentation (specify)”. A text input box is located below the last option.

7. If the youth has aged-out of the “**Foster Care Status**” select “**Yes, Aged Out**” and then select the verification document used at the time of WIOA eligibility.

The screenshot shows a form with two green arrows pointing to the left. The first arrow points to the label “\* Foster Care Status:” and the second arrow points to the label “\* Verify:”. The “Foster Care Status” section has three radio buttons: “Yes, Currently In”, “Yes, Aged Out” (selected), and “No”. The “Verify” section has a link “[ Verify | Scan | Upload | Link ]” and a checked checkbox “Applicant statement/self attestation, in limited cases”. Below this is a section titled “Foster Care Verification” with five radio button options: “Statement/Referral from social services agency”, “Foster care facility resident”, “Court/Guardianship documents”, “Applicant statement/self attestation, in limited cases” (selected), and “Other Applicable Documentation (specify)”. A text input box is located below the last option.

## VII. EXCEPTIONS

Exceptions to this policy, or any part thereof, must be approved in writing by the South Florida Workforce Investment Board (SFWIB) Executive Director.

## VIII. DEFINITIONS

Self-Attestation – A written or electronic/digital declaration of information for a particular data element signed and dated by the participant. Electronic signatures or a submission from the applicant such as an email, text, or unique online survey response is considered an electronic signature or verification; it must be participant generated and traceable to the participant.

## IX. RESOURCES

[Applicant Uploading Documents in Employ Miami-Dade - Attachment 1](#)



Applicant  
Uploading Document

[Training and Employment Guidance Letter 09-22](#)

[Training and Employment Guidance Letter 19-16](#)

[Training and Employment Guidance Letter 23-19, Change 1](#)



TEGL 23-19, Change  
1 - Attachment I.pdf

[TEGL 23-19, Change 1 – Attachment I](#)



TEGL 23-19, Change  
1 - Attachment II.pdf

[TEGL 23-19, Change 1 – Attachment II](#)



TEGL 23-19, Change  
1 - Attachment III.pdf

[TEGL 23-19, Change 1 – Attachment III](#)