Cape Fear Local Policy No. P-WDB-009-2018

Subject: CFWDB Policy Self-Attestation for WIOA Eligibility

Purpose: This policy provides guidance on the use of self-attestation to document eligibility for WIOA Youth, Adult, and Dislocated Worker program enrollment. Cape Fear Workforce Development Board requires that contractors for WIOA programs acquire appropriate documentation for eligibility for all applicable areas of criteria that participants meet.

Policy: Cape Fear Workforce Development Board contractors will obtain documentation for WIOA participants to confirm eligibility for program services. Each area of qualification will be documented in the participant file, and self-attestation will only be used as an absolute last resort.

Action: Self-attestation allows customers a means to self-certify to those WIOA eligibility items that, in some cases, are not verifiable or may cause an undue hardship for individuals to obtain. Self-attestation should be used as a last resort and should not take the place of gathering documentation/verification when available from other sources. Career advisors should assist customers as needed to obtain appropriate documentation required for enrollment.

When the self-attestation form is used, documentation must include, at a minimum, the following information:

1. The applicant’s full name
2. Clear statements of the issues being documented
3. The applicant’s signature
4. Date signed
5. Career advisor’s signature will serve as witness to all self-attestation documents

Documents must be typed or written in ink. The use of white-out is prohibited. Errors should be lined through, initialed and correct information added.

Effective Date: April 20, 2018

Expiration Date: Indefinite

Contact: Cape Fear Workforce Development Board Director

Distribution: CFWDB WIOA Providers
CFWDB Staff
NC Division of Workforce Solutions

Attachment B: F-WDB-012-2018 Self-Attestation Form
CFWDB Procedure No. PR-WDB-009-2018

Subject: Self-Attestation for WIOA Eligibility Procedure

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# CFWDB Form No.: F-WDB-012-2018 Self-Attestation Form for WIOA Eligibility

## WIOA Program Self-Attestation Form  page 1 of 2

**DATE:** ____________  **PARTICIPANT NAME:** __________________________

I, ______________ (name of participant), hereby affirm that my household consists of _____ family members of which _____ are dependent children. My family members include: ____________________________

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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Participant</th>
<th>Income or No Income and Source of Income Student</th>
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Check any of the following that apply:

- [ ] I am a family of one
- [ ] I have had no income in the last six months
- [ ] I receive no financial support from family members
- [ ] I worked odd jobs doing ______________________ from ____________ to ____________ and made ____________ during that time. (Type of Work)  (Salary/Pay)
- [ ] I receive cash gifts of ____________ from ____________ who is ______________________ who provides the cash gifts to ____________ during that time. (Amount, How Often Received) (Who Provides the Cash Gifts) (Relationship to Participant)

**Dislocated Worker Applicants/Participants Only** My total individual/family income during the last six months is $ ____________.

### Employment Status - Check any of the following that apply:

- [ ] I have never worked

- [ ] I am employed. I work at ______________________ (Company/Business Name) from ____________ to the present and my job title is ______________________ and my salary/pay is $ ____________.

- [ ] I am unemployed. I last worked at ______________________ (Company/Business Name) from ____________ to ____________ and my job title was ______________________ and my salary/pay was $ ____________.

- [ ] I am self-employed. I am the ______________________ (Job Title) at ______________________ (Company/Business Name) at ______________________ (Address) which was started/opened on ____________ and my salary/pay is $ ____________ per ____________ (hour, day, week, month, year)

I attest that the information stated above is true and accurate and I further understand that the above information, if deemed to be inaccurate or misrepresented, will be grounds for immediate termination from WIOA funded programs and may result in penalties as specified by federal and state laws.

Participant Signature: __________________________  Date: ____________

Program Representative: __________________________  Date: ____________

Parent/Guardian Signature: __________________________  Date: ____________
WIOA Program Self-Attestation Form  page 2 of 2

DATE: ______________  PARTICIPANT NAME: _________________________

School Status – Check any of the following that apply:

I, ____________________________, hereby affirm that my highest education level achieved is:

☐ Attained Secondary School (High School) Diploma
☐ Attained Secondary School (High School) Equivalency (formally known as General Education Development or GED)
☐ For disabled, cert. of attendance/Certificate of Individual Education Program
☐ Completed one or more years of post-secondary education
☐ Attained a post-technical or vocational certificate
☐ Attained an Associate’s Degree
☐ Attained a Bachelor’s Degree
☐ Attained a degree beyond a Bachelor’s Degree

My highest-grade level completed was ________________________ (1st to 12th grade, any of the other selections above). The above selected category for highest education level achieved was received/completed in ________________ and was completed at ________________________ which is located in ________________ (Month/Year).

(Name of Institution/Training Provider) ____________________________________________ (City, State)

School Status - I am currently:

☐ In-School: Attending School
☐ Out of School: Not Attending School

For applicants that are attending school:

I am attending school at ________________________ in ________________________ and started on ________________.

(Name of Institution/School) ________________________ (Major, Program of Study/Course) ________________ (Begin Date)

Check all that apply below and provide a written clear statement with detailed information to support statements:

☐ Dislocated Worker Eligibility (Terminated, Laid off or Received Notice of Termination or Layoff; Displaced Homemaker; Previously Self-Employed but now unemployed; Employed at a facility which the employer has made a general announcement that the facility will close, spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed; or 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.)
☐ Homeless ☐ Highest Grade Level ☐ Family Size (complete page 1 and add statement below)
☐ Ex-Offender ☐ School Status ☐ Low/Family Income (complete page 1 & add statement below)

____________________________________________________

I attest that the information stated above is true and accurate and I further understand that the above information, if deemed to be inaccurate or misrepresented, will be grounds for immediate termination from WIOA funded programs and may result in penalties as specified by federal and state laws.

Participant Signature: __________________________ Date: ______________

Program Representative: __________________________ Date: ______________

Parent/Guardian Signature: __________________________ Date: ______________

Equal Opportunity Employer/Program
Auxiliary Aids and Services are Available Upon Request to Individuals with Disabilities

Cape Fear Form No. F-WDB-012-2019  Effective Date: 8/14/19
Page 2 of 3
ATTACHMENT B

CUSTOMER SELF-ATTESTATION

Applicant’s Full Name: _____________________________________________

Program: _________________________________________________________

Eligibility Items being verified: __________________________________________

________________________________________

Statement of Issue(s) Being Documented

Applicant’s Signature: _____________________________________________

Career Advisor’s Signature: ________________________________________