

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

Attachments: **Attachment A:** PR-WDB-009-2018 Self-Attestation Procedure
Attachment B: F-WDB-012-2018 Self-Attestation Form

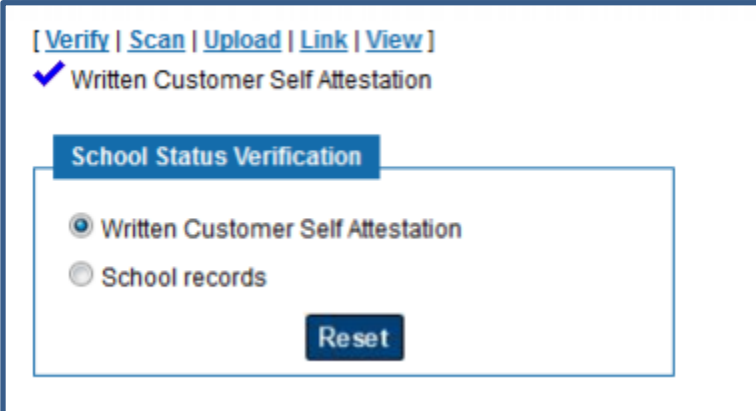
ATTACHMENT

“A”

CFWDB Procedure No. PR-WDB-009-2018

Subject: Self-Attestation for WIOA Eligibility Procedure

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



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ATTACHMENT

“B”

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

Name	Age	Relationship to Participant	Income or No Income and Source of Income/Student

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) (Start Date) (End Date) (Salary/Pay)
- I receive cash gifts of _____ from _____ who is _____.
(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 _____ from _____ to the present and my
(Company/Business Name) (Start Date)
 job title is _____ and my salary/pay is \$ _____.
- I am unemployed. I last worked at _____ from _____ to _____
(Company/Business Name) (Start Date) (End Date)
 and my job title was _____ and my salary/pay was \$ _____.
- I am self-employed. I am the _____ at _____ at _____
(Job Title) (Company/Business Name) (Address)
 which was started/opened on _____ and my salary/pay is \$ _____ per _____.
(Date) (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:
(name of participant)

- 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
(Month/Year)

completed at _____ which is located in _____.
(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)

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Participant Signature: _____ Date: _____

Program Representative: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

