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ALTERNATE FORMS OF DOCUMENTATION

**Case Note requirements:**

WIOA eligibility criteria may, if no other forms of documentation are available **AND** it is an approved source documentation requirement (see table), be verified by entering detailed case notes into DWD’s statewide electronic case-management system with the following information:

- Date of contact
- Person/Agency contacted including name, address, and contact number
- Eligibility items that were verified

Information recorded must be adequate to enable a monitor or auditor to trace back to the agency providing the information or the document used.

**Applicant Statement requirements:**

After review of the eligibility criteria along with possible ways to document the criteria, it was found that much of the documentation was readily available through a number of agencies or resources. Although, in some cases, definitive documentation is required, e.g., eligibility to work (I-9 requirements under IRCA) and Selective Service registration or exemption for males.

This TAG allows for limited use of Applicant Statements to document those items which, in some cases, are not verifiable or which may cause undue hardship for individuals to obtain. An Applicant Statement may be used only in the cases described below and only after all practicable attempts to secure documentation have failed, and those attempts have been documented. The following requirements must be met:

- The authorized Applicant Statement form (see page 7) must be used
- The corroborative contact or reliable witness must sign the statement attesting to the accuracy of the statement.

**Additional requirements:**

To use the Applicant Statement as documentation, the following requirements must be adhered to:

1. The DWD WIOA Applicant Statement form, or facsimile, or other form containing all of the same required information must be used.
2. A corroborative contact or witness must be included on the Applicant Statement form. The corroboration is acknowledged via witness signature. In those rare instances when an applicant cannot obtain a satisfactory witness or provide a telephone contact, the applicant needs to explain why such corroboration is not possible.

3. Use of the Applicant Statement is limited to the following instances:
   A) Family Size - when birth certificates or federal IRS Forms 1040 are not available
   B) Individual Status - Persons ordinarily included in the definition of family, but claiming to be no longer dependent, must complete an Applicant Statement attesting to their individual status. Such statements should be corroborated by the head of household in which that person resides, if possible. Individual must also show source of his/her support.
   C) Proof of income for individuals who claim no income or undocumented income – Statement must indicate means of support; e.g., unemployment compensation, for previous six month period. Statement should also indicate corroborative witness to verify indicated means of support.

EXAMPLES
Use of the sample Applicant Statement form on the following page is as follows:

If an applicant states that he/she cannot provide evidence that no income was received during the past six months, and that he/she was unemployed for that period, the blank spaces following the words "I certify, under penalty of perjury, that I..." may be completed, for example, as follows: "...have received no income from any source during the past six months, that I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends." This should be corroborated by the person(s) providing the support.

APPLICANT STATEMENT VS SELF ATTESTATION

An Applicant statement must only be used in the three situations described above and must contain a corroborative witness signature. The Applicant Statement is used for those specific eligibility requirements that, in most instances, hard documentation would have been available. Self-Attestation is a signed statement by the applicant attesting to specific data elements that allow for self disclosure. The signed Self-Attestation does not require a corroborative witness signature. Please refer to the table for the specific source documentation requirements.
WIOA APPLICANT STATEMENT

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT

___________________________________________________________

___________________________________________________________

___________________________________________________________

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANT’S SIGNATURE and DATE

CORROBORATING WITNESS SIGNATURE

APPLICANT’S ADDRESS

WITNESS’ RELATIONSHIP TO APPLICANT

OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following eligibility criteria:

___________________________________________________________

___________________________________________________________

___________________________________________________________

SIGNATURE and DATE OF CERTIFYING OFFICIAL

___________________________________________________________

Month / Day / Year

Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.
I. GENERAL ELIGIBILITY FOR ADULT AND DISLOCATED WORKER PROGRAMS

General eligibility criteria include the following data elements and definitions:

**Social Security Number**
Staff must request the applicant’s Social Security Number.

In instances where the applicant is hesitant to provide the SSN, staff should:

- Explain the State’s requirement to maintain confidentiality of their SSN and that the SSN cannot be made public.
- The State must ensure that the SSN is maintained in a secure and confidential manner.
- The States reporting system uses the SSN to match a program participant’s record with that individual’s quarterly wage record information to assess the impact of the program’s services.

When an applicant refuses to provide his or her SSN and still requests workforce services: If it is determined, the applicant is eligible to receive the services requiring an SSN, staff will: (1) Create a “pseudo SSN” in the statewide electronic case management system; (2) Proceed with enrollment; and, (3) Provide services.

Additionally, staff should document in case notes their attempts to obtain the SSN.

Participants with a pseudo SSN will be included in the outcomes for the performance measures.

Local Workforce Development Boards (Local WDBs) may use supplemental employment data to document a participant’s entry and retention in employment for those participants not covered by wage records or enrolled under a pseudo SSN, under established policy in line with their approved local plans.

**Date of Birth**

Refer to table for source documentation requirements.

**Citizenship/Eligibility to Work in the United States**

Refer to table for source documentation requirements.
**Equal Opportunity Complaint and Grievance Rights Notification**

The nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act (WIOA) prohibit discrimination against applicants, beneficiaries, and employees on the basis of race, color, national origin, age, disability, sex, religion, and political affiliation or belief, and for beneficiaries only, citizenship or participation in a WIOA financially assisted program or activity.

A copy must be provided of the *Equal Opportunity Notice* and the *Complaint & Grievance Notice* DWD-EO-15 to each employee, applicant, registrant, eligible applicant/registrant, employer, and participant; and retain original signed copies in that individual’s file. This applies to WIOA Adult and Dislocated Worker, WIOA Youth, National Dislocated Worker Grant, Trade Adjustment Assistance, and any other funded program tracked in the DWD’s statewide electronic case management system.

**Selective Service Registration**

To be eligible to receive WIOA-funded services, all males born on or after January 1, 1960 must present documentation showing compliance with the Selective Service registration requirements or exceptions, or local areas must determine that the failure to register was not knowing and willful. Selective Service registration requirements and exceptions are found in TEGL 11-11, Change 2, including acceptable documentation to determine registration status and procedures for determining whether failure to register was knowing and willful.

Staff must verify registration (for males born after 1959) on the Selective Service website and record the registration number into DWD’s statewide electronic case management system. This is considered ideal documentation, and no further documentation is required for this element.

**Determining Knowing and Willful Failure to Register:**

TEGL 11-11, Change 2 provides local areas with detailed information about requesting a Status Information Letter and the process for determining knowing and willful failure to register. The intent of the TEGL is to provide a framework for local areas to make determinations through a local process where determinations are based on the individual circumstances (e.g. questions, considerations, statements, status information letter) and relevant documentation (i.e. documentation that supports the reason for not registering or further supports the belief that it was not knowing or willful). Because circumstances vary, and will need to be considered, there is no established, proven list of acceptable documentation.
Males 25 Years and Under:
Before being enrolled in WIOA-funded services, all males who are not registered with the Selective Service and have not reached their 26th birthday must register through the Selective Service website, or provide documentation indicating they are covered by an exception (i.e., serving in the military on full-time active duty or a non-U.S. male on a valid non-immigrant visa). Males turning 18 while participating in WIOA funded services must complete Selective Service registration no later than 30 days after becoming 18 in order to continue to receive WIOA-funded services. Males between 18 and 25 years of age who refuse to register with the Selective Service must be suspended from WIOA-funded services until registered.

Males 26 Years and Over:
Before enrolling in WIOA-funded services, all males, 26 years of age or older, must provide:
- Documentation of compliance with the Selective Service registration requirement;
- Documentation showing they were not required to register; or
- If they were required to register but did not, documentation establishing their failure to register was not knowing and willful.

Eligible Veteran Status

Eligibility is based on one of the following three criteria:

- If the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.

- If the participant served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167(a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

- If the participant is: (a) the spouse of any person who died on active duty or of a service connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance is listed in one
or more of the following categories and has been so listed for more than 90 days:
(i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii)
forcibly detained or interned in the line of duty by a foreign government or power;
or (c) the spouse of any person who has a total permanent disability resulting
from a service connected disability or the spouse of a veteran who died while a
disability so evaluated was in existence.

When completing the Veteran’s Information screen during the WIOA enrollment in
DWD’s statewide electronic case management system, staff should only report an
individual as having Veteran status if they have reviewed the Veterans Employment and
Training Services (VETS) program information contained in the system. This cross
match with the VETS database is only valid if there is evidence of a staff-assisted
service delivered by a Disabled Veteran Outreach Program (DVOP) or Local Veterans
Employment Representative (LVER).

Individuals with no VETS staff-assisted service, but who can produce documentation of
Veteran status (DD-214), should also be reported as having Veteran status and
documentation must be retained in the participant’s record.

**Employment Status at Participation**

Determination of the employment status of the participant is required and includes the
following definition:

- An individual who is working in a paid, unsubsidized job or working 15 hours or
  more a week in an unpaid job on a farm or business operated by a family
  member or participant; or
- If unemployed; documentation of unemployment is required. Staff may
document unemployed status in Case Notes in DWD’s statewide electronic case
management system.

**Date of Program Entry**

Refer to table for source documentation requirements.
II. ADULT PROGRAM ELIGIBILITY CRITERIA

**WIOA Definition of Low-Income Individual (excluding Youth criteria)**

In general, the term “low-income individual” means an individual who:

1) Receives, or in the past six months has received, or is a member of a family that is receiving or in the past six months has received, assistance through the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families program (TANF), the Supplemental Security Income (SSI) program, or the State or local income-based public assistance programs.

2) Is in a family with total family income that does not exceed the higher of the two:
   - The poverty line, or
   - 70 percent of the Lower Living Standard Income Level (LLSIL);

3) Is a homeless individual (as defined in section 41403(6) of the Violence against Women Act of 1994); or

4) Is a foster child on behalf of whom State or local government payments are made; or

5) Is an individual with a disability whose own income meets the income requirement of clause 2, but who is a member of a family whose income does not meet this requirement.

**SNAP and TANF Indicators**

DWD’s statewide electronic case management system communicates with the FSD case management system through an overnight batch process. This process will identify those individuals who are currently receiving or have received SNAP and/or TANF benefits in the last six months. This indicator may be used to qualify applicants as “low-income” without the need for additional low-income documentation. This automatic indicator is visible to staff. Staff will need to place a printout of the indicator(s) in the file.

The indicator located within MoJobs can be located by selecting the following when assisting an applicant:

**My Individual Profiles>>Personal Profile>>General Information>>Staff info>Indicators**

If the individual is receiving SNAP and/or TANF, staff will see “SNAP-yes” or “TANF-yes”. If staff does not see these indicators, the individual that they are assisting does not have automatic proof of low-income, and other documentation will need to be obtained.
Family Size and Income Compared to the Poverty Line or LLSIL

To determine whether an individual is low-income in relation to the poverty line or LLSIL, it is necessary to consider family size and family income.

Determining Family Size:
For these purposes, “family” under WIOA, means two or more individuals 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 married couple, and dependent children;
- A parent or guardian and dependent children; or
- A married couple.

Even if the family of a disabled individual does not meet the income eligibility criteria, the disabled individual may be considered a low-income individual if their own income meets the income criteria. The disabled individual would be considered a family of one and only the individual’s income would be considered when determining low-income.

Defining Dependent
WIOA does not define dependent. To avoid uncertainty in making eligibility decisions regarding family size and income, please refer to IRS 26 U.S.C.152.
IRS defines “dependent” as a “qualifying child” which includes the following criteria:

- Bears a relationship to the taxpayer (i.e. child of taxpayer, or descendant of such child).
- Has not attained the age of 19 as of the close of the calendar year
- Is a student who has not attained the age of 24 as of the close of such calendar year
- Has not provided over one-half of such individual's own support for the calendar year.

Income Eligibility:
In order to determine income eligibility, use the following guidelines for family income, family composition and family size.

A stepchild or stepparent shall be considered to be related by marriage. The income period for the applicant is from six months prior to application to the date of application.
**Includable and Excludable Family Income**

Family income calculations *include* the following:
- Wages (applicant);
- Wages (mother, father or spouse, dependent child);
- Other wages (siblings or other individuals adding to the family income);
- Other personal or family income including: Net self-employment income, money from rents, alimony, and regular income from insurance policy annuities, union fund strike benefits, workers compensation, private sector disability insurance payments, dividends, interest, periodic receipts from estates or trusts, winnings from contests and/or lotteries and other taxable income;
- Unemployment compensation;
- Child support payments;
- Non-Social Security retirement, disability or death benefits;
- Student grants (non-needs-based);
- Pensions (whether private, civilian government employee, or military); and
- Old Age, Survivors, and Disability Insurance (OASDI), aka Social Security

Family income calculations *exclude* the following:
- Veterans payments (education, disability, death);
- Military pay;
- Foster payments;
- Any cash payments under a Federal, State, or local income-based public assistance program such as Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA), and Supplemental Aid to the Blind (SAB);
- Loans, Pell Grants and needs-based grants and scholarships; and
- Supplemental Security Income (SSI).
- Any allowances, earnings, or payments funded by WIOA or other DWD or Federally funded programs (e.g., SJL, DRJP, AARP, SCSEP, etc.).

**Family Size:**
Determine the family size (number) and use the “at or below Poverty Line or 70 percent LLSIL” to calculate the total previous six-month income and then double (times two), and compare it to the income limit for eligibility.

If self attestation is used, the applicant must certify that the information is true and correct. The Case Manager must also sign and date the form.
**Income Calculation Methods**

In calculating the annualized income, staff must determine the average six months gross earnings and then multiply by 2. Staff will then need to compare the applicant’s annual income and family size to the poverty line or LLSIL.

When calculating income, local areas should utilize one of the following methods as appropriate:

**Straight Pay / Salary Method:**
To determine the straight pay/salary method, staff must use pay stubs with no variation in the wages for any of the pay stubs submitted from the most recent six months of family income. Based upon the length of the pay period, (weekly, bi-weekly or monthly) the gross income is multiplied by the number of pay periods in a year. The result will be the annualized income used to determine eligibility. For example: Five pay stubs are provided with gross wages of $548.00 each; the pay stubs cover a period of three months, and the pay frequency is bi-weekly. Multiply the gross wages indicated on the pay stub by the frequency occurrence (bi-weekly): 13 X $548 = $7,124 (income for 6 months).

**Average Pay Method:**
To determine the average pay method, staff must total the gross earnings of all the pay stubs provided and divide the result by the number of pay stubs. The result will be the average gross earnings per pay period. Staff will then determine the pay frequency and multiply the gross average earnings by the number of pay periods in a year. For example: Six pay stubs are submitted which show variations in the gross earnings. (The variations may result from overtime, lost time or work for different employers.) Staff should add the six pay stubs of $534.00, $475.00, $398.00, $534.00, $498.00, and $534.00 = $2,973.00. The pay frequency is weekly. Divide: $2,973 by 6 = $495.50 = average gross earnings. Multiply: $495.50 x 26 = $12,883 (income for 6 months).

**Year-to-Date Method:**
To determine the year-to-date method, staff must total the gross earnings of recent pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date on the pay stub. To compute the annualized income, the intake worker counts the number of pays that have occurred since January 1, and divides that number into the gross year-to-date earnings indicated on the pay stub. (After this computation, the steps are the same as for the average pay method.) The result of this computation (average gross income per pay period) is then multiplied by the number of pay periods in a year to determine the annualized gross earnings.
For example: The pay stubs gross year-to-date earnings are $13,756. The pay period ended September 30. The pay frequency is bi-weekly. The number of pays since January 1 is 19. To calculate the gross annualized income divide $13,756 by 19 bi-weekly pays = $724.00 and multiply $724.00 by 13 = $9,412 semi-annual income (based upon bi-weekly pay frequency 13 pays per half year). This amount is then multiplied by 2.

**Intermittent Work Method:**
When an applicant has not had steady work with one or more employers, she/he should supply as many pay stubs as possible and complete an Applicant Statement explaining all missing pay stubs and non-work periods during the last six months. In such cases, staff should total all wages for the six-month period and multiply the result by two, to annualize the wage income.

**No Documented Income:**
If the applicant reports no income or undocumented income, she/he should indicate other resources relied upon for support during the last six months on the Applicant Statement. Such resources may include such things as unpaid debts, gifts, loans, unemployment compensation, etc.

**Homeless Individual**

The definition of a homeless individual is a person who lacks a fixed, regular, and adequate nighttime residence. The definition includes any individual who has:
- A primary night time residence that is a publicly or privately operated shelter for temporary accommodation;
- An institution providing temporary residence for individuals intended to be institutionalized; or
- A public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

**Individual with a Disability**

The term “individual with a disability” means an individual with a disability as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). (See References: U. S. Equal Opportunity Commission: ADA Amendment Act of 2008). **An individual with a disability is NOT an automatic determination of eligibility for WIOA Adult.**
**Adult who is Basic Skills Deficient (BSD)**

WIOA defines Adult BSD as an 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. *This is not a standalone eligibility element unless specified in the Local Plan.*

**Offender**

If the participant is a person who either (a) is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes. *This definition is to assist with local determination of priority of service, and is NOT an automatic determination of eligibility for WIOA Adult.*
III. DISLOCATED WORKER PROGRAM ELIGIBILITY CRITERIA.

Note: While local areas may establish policies and procedures for one-stop centers to use in determining an individual’s eligibility as a dislocated worker, consistent with the definition at WIOA sec. 3 (15), those guidelines must not be more permissive than the State allows. (WIOA 680.130).

Criteria for Determining Eligibility for Dislocated Worker Program

Please see the Table in this guide for more detail on each criterion. The following are the categories of dislocated workers.

Category 1

- Has been terminated or laid off, or has received a notice of termination or layoff, from employment; and

- Is eligible for or has exhausted entitlement to unemployment compensation; and

- Is unlikely to return to a previous industry or occupation
  - The One-Stop Operator will maintain documentation in the client’s file that will verify that the dislocated worker is "unlikely to return to previous industry of employment or occupation". This documentation may include any of the following:

  a. Documentation of a decrease in the number of job openings in the area for the occupation or industry from which the applicant is laid off based on Labor Market Information such as O*NET® or the Missouri Economic Research & Information Center (MERIC); or

  b. Documentation that the client was laid off and has exhausted Unemployment Insurance; or

  c. Documentation provided by DWD, MERIC, or local Chambers of Commerce that demonstrates a particular occupation or industry is declining; or

  d. Documentation of a plant closing or permanent layoffs (of ten or more workers) within a 12 month period, (including the current layoff); or

  e. Documentation from DWD that there is no current job order or that there appears to be an excess of applicants for a job order for the
O*NET® code from which the applicant is laid off. **This should be used as a last resort.**
- In DWD’s statewide electronic case management system, staff must search all Internal Job orders in the local Workforce Development Area (LWDA) using the “Job Occupation” criteria and entering the O*NET® code for the occupation from which the applicant was laid off. To prove unlikely to return, documentation of this search and its yielded results must be placed into the participant’s record. For excessive applicants, documentation showing the excess of applicants must be placed into the participant’s record.

f. Any other documentation approved by DWD.

○ At least one item of documentation for (1) permanently laid off, (2) Unemployment Insurance status and (3) unlikely to return will be documented and maintained in the participant’s record.

**Category 2:**
- Has been terminated or laid off, or has received a notice of termination or lay-off, and has been employed for sufficient duration to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings or the employer is not covered under the state UC law, **and**
  - Is unlikely to return to a previous industry or occupation (**see above**)

**Category 3:**
Individual is terminated or laid off, or has received notice of termination or layoff from employment as a result of the **permanent closure** or **substantial layoff** at a plant, facility or enterprise.

Closure: company, date, verification that it was a closure. (Letter or notice of closure from the company.)

Substantial layoff: The definition of substantial layoff is equivalent to that of DWD’s definition of “Mass Layoff” for Rapid Response purposes. As of the date of this TAG, the definition is defined as any layoff affecting 25 or more workers (see **DWD Statewide Employment Transition Team Policy**).
Category 4:
Individual is **employed** at a facility at which the employer has made a **general announcement that the facility will close**.

Category 5:
Individual **was previously self-employed** (including farmers, ranchers, and fishermen), but is **unemployed** due to general **economic conditions** in the community of residence or because of **natural disaster**.

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, a call or order to active duty, 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.

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.

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.

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 I.D National programs, Sec. 170 National dislocated worker grants, relation to Sec 170(b)(1)(A) workers affected by major economic dislocations or Sec 170(b)(1)(B) workers affected by an emergency of major disaster.
**Dislocated Worker Eligibility**

An individual may not be determined eligible for the Dislocated Worker program more than five years after their date of dislocation.

During the five-year period, a dislocated worker may be determined eligible no matter what employment they may have had since their layoff, if they are determined to be in need of Dislocated Worker services in order to obtain employment leading to self-sufficiency.

Eligibility for UI is adequate proof that the individual was “terminated or laid off for Category 1.”

Eligibility for Trade Adjustment Assistance (TAA), Reemployment Services & Eligibility Assessments (RESEA), and Required Job Services (RJS) satisfies the Dislocated Worker criteria. The participant must be determined eligible for these programs, but does not necessarily need to be enrolled in the respective program in order to be considered a Dislocated Worker.

Participation in an Unemployment Insurance “Shared Work” program does not constitute eligibility to receive unemployment compensation for Dislocated Worker eligibility purposes.

A Dislocated Worker with a Missouri UI claim can access an Unemployment Verification Letter by utilizing the Division of Employment Security’s Online Claims Filing System to serve as documentation of Dislocated Worker status. Termination/layoff and eligibility for Unemployment Insurance is documented if there are payments in the “Processed Weekly Request for Payments” section. If it also shows a zero dollar amount in the “Balance” field, this is proof of an exhausted claim and satisfies documentation for “unlikely to return.”

If the Unemployment Verification Letter is not available, or does not indicate a zero balance to document “unlikely to return,” refer to the Eligibility Documentation Requirements in the Dislocated Worker Program section of the attachment, for complete eligibility criteria and acceptable documentation.

**Show Me Heroes Program**

In order to be eligible for the Show Me Heroes Program the veteran or the spouse of the veteran must be determined eligible as a dislocated worker. The Veteran must (1) meet the Federal definition of a Veteran (Title 38 USC code Chapter 42); (2) Cannot have a
dishonorable discharge; and (3) Must not be over five years from the date of discharge from active duty.

The Military Service Member must:
- Be a member of a Reserve Component of the US Armed Forces (Missouri National Guard, Army Reserve, Marine Corps Reserve, Air Force Reserve, Navy Reserve, or Coast Guard Reserve); and
- Be a Service Member that was deployed for at least four months; and
- Must not be over five years from date of discharge from a deployment.

The Spouse of a Veteran or Military Service Member must:
- Be unemployed; and
- The spouse of a member of the active duty U.S. military personnel; or
- The spouse of a member of the Active or Reserve Component of the U.S. Armed Forces (National Guard/Reserve/Active Duty) where (a) the service member must have been deployed for at least four months; and (b) the service member must not be over five years from date of discharge from a deployment.

The State of Missouri’s Show Me Heroes Program was enacted in House Bill number 1680 by the 96th General Assembly. It is located in Section 620.515.

**Date of Dislocation**
The participant's date of actual dislocation from employment is the last day of employment at the dislocation job (the last day worked).

**Date of Program Exit**
The last date the participant received services that are not self-service, information-only, or follow up services.
IV. TRAINING SERVICES

Are available to adult and dislocated workers who:

- A one-stop operator/partner determines, after an interview, evaluation, or assessment, and career planning, are:

  o Unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment through career services; and

  o In need of training services to obtain or retain employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment; and

  o Have the skills and qualifications to participate successfully in training services; and

  o Have selected a program of training services that is directly linked to the employment opportunities in the local area or the planning region, or in another area to which the individuals are willing to commute or relocate; and

  o Are unable to obtain grant assistance from other sources to pay the costs of such training, including such sources as State-funded training funds, Trade Adjustment Assistance, and Federal Pell Grants established under Title IV of the Higher Education Act of 1965, or require WIOA assistance in addition to other sources of grant assistance, including Federal Pell Grants.

All of these training eligibility requirements for training services must be met and documented. Staff may document these requirements in Case Notes in DWD’s statewide electronic case management system.

The case file must contain a determination of need for training services as determined through the interview, evaluation, or assessment, and career planning informed by local labor market information and training provider performance information; or through any other career service received. Explanations must include a clear description of the information, such as MERIC or Bureau of Labor Statistics (BLS) labor market information to prove the training chosen by the participant is linked to an employment opportunity.
The case file must also contain documentation from the Eligible Training Provider System showing that the program of study was approved on the date the training eligibility determination was made.

The record in DWD’s statewide electronic case management system should also contain case notes that meet the following guidelines:

- Record participant’s progress toward reaching the Employment Plan (EP) goals;
- Document the need for and the delivery of additional services;
- Document all contacts with the participant; and
- Report any new information pertaining to the participant’s employability.

The following payment-related documents must be retained in the case record:

- OJT or Work Experience records;
- Classroom Training records;
- Supportive Services payment records;
- Needs-Related Payments records; and
- Records of any other payments made to, or on behalf of, the participant.
V. OTHER REQUIRED DATA ELEMENTS

Other Reasons for Exit

The following reasons for exit must be entered into DWD’s statewide electronic case management system at the time of exit or during the fourth quarter measurement period following the quarter of exit:

- If the participant exits the program because he or she has become incarcerated in correctional institution or has become a resident of an institution or facility providing 24-hour support such as a hospital or treatment center during the course of receiving services as a participant.
- If the participant exits the program because of medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program.
- If the participant is deceased.
- If the participant exits the program because the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.
- (Youth participants only). If the participant is in the foster care system as defined in 45 CFR 1255.20(a), and exits the program because the participant has moved from the area as part of such a program or system.
- If the participant is a criminal offender in a correction institution under section 225 of WIOA

Type of Recognized Credential and Date Attained

Record the type of recognized diploma, degree, or certificate attained by the participant who received training services. Also, indicate if the participant received training services, but did not attain a recognized diploma, degree, or certificate. Diplomas, degree, or certificates must be attained either during participation or within one year of exit from services (other than follow-up services). Record the type of credential and the date attained in DWD’s statewide electronic case management system.

Measurable Skill Gains

Record the most recent date a Measurable Skill Gains (MSG) was received. The types of accepted MSGs are:

- Educational Functioning Level
• Postsecondary Transcript/Report Card
• Secondary Transcript/Report Card
• Training Milestone
• Skills Progression

Staff must appropriately post the MSG into DWD’s statewide case management system and must retain documentation in the participant’s record.

**Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment**

The date the participant was enrolled during the program participation in an education or training program that leads to a recognized postsecondary credential, including a secondary education program, or training program that leads to employment as defined by the core program in which the participants participates.
VI. SOURCE DOCUMENTATION REQUIREMENTS

Each criterion listed in the attached Table must be documented using one document listed under the heading: Source Documentation. The source documentation should be in the form of a copy of the relevant document. These documents must be validated using one of two types of validation: Match or Support. The validation rules are as follows:

- **Match**: The data on the worksheet must be the same as the data in the source documentation.
- **Support**: The source documentation must provide evidence that the data on the worksheet is correct.

**Types of Source Documentation**

Documentation consists of records, certificates, identification cards and other items, which may be photocopied/uploaded and included in the participants' case records. Written statements from governmental, educational, judicial, human services or other appropriate sources may be used to document eligibility. Service providers may also document eligibility through oral contact with the same resources that could provide written statements. In documenting oral contact, the following information should be included in a detailed case note in DWD’s statewide electronic case management system: a) date of contact, b) Person/Agency contacted including name, address, and contact number, and c) Eligibility items that were verified.

The primary types of documentation include the following:

- **Applicant Statement**: (See Applicant Statement requirements, pg 5).
- **State MIS**: Refers to specific, detailed information that is stored in DWD’s statewide electronic case management system that supports a data element.
- **Self-Attestation**: It is the state policy to allow self-attestation as a minimum documentation requirement for eligibility criteria unless specific documentation requirements are provided in DOL/ETA guidance. The key elements for self-attestation are:
  - An applicant identifying his or her status for a permitted data element and,
  - Signing and dating a form attesting to this self-identification.
- **Case Notes**: Refer to statements by staff that identifies, at a minimum, the following:
  - A participant’s status for a specific data element, the date on which the information was obtained and,
  - The person/agency contacted including name, address, and number.
  - The staff who obtained the information.
### VII. ELIGIBILITY and DOCUMENTATION REQUIREMENTS TABLE

#### Eligibility and Data Validation Documentation Requirements

**Section I: GENERAL ELIGIBILITY**

<table>
<thead>
<tr>
<th>Data Element/Eligibility Criteria</th>
<th>WIOA Program and Eligibility Requirements</th>
<th>Source Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number (SSN)</td>
<td>Staff must request the applicant’s Social Security Number</td>
<td><strong>Source Documentation (Must display Social Security Number)</strong></td>
</tr>
</tbody>
</table>

In instances where the applicant is hesitant to provide the SSN, staff should:
- Explain the State’s requirement to maintain confidentiality of their SSN and that the SSN cannot be made public.
- The State must ensure that the SSN is maintained in a secure and confidential manner.
- The State’s reporting system uses the SSN to match a program participant’s record with that individual’s quarterly wage record information to assess the impact of the program’s services.

When an applicant refuses to provide his or her SSN and still requests workforce services:

If it is determined the customer is eligible to receive the services requiring an SSN, staff will need to:
(1) Create a “pseudo SSN”; (2) Proceed with enrollment; and, (3) Provide services.

Additionally, staff should document in case notes their attempts to obtain the SSN.

The participants with a pseudo SSN will be included in the outcomes for the performance measures.

Local Boards may use supplemental data to document a participant’s entry and retention in employment for those participants not covered by wage records or enrolled under a pseudo SSN.

- DD-214
- Employment Records
- Social Service Agency Records
- Public Assistance Records
- Social Security Benefits
- Social Security Card
- W-2 Form
- Proof of UI eligibility
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### Eligibility and Data Validation Documentation Requirements

#### Section I: GENERAL ELIGIBILITY

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<tbody>
<tr>
<td><strong>Date of Birth</strong></td>
<td>Documentation of date of birth is required for General Eligibility for all programs. The applicant must be 18 years or older at the time of participation in the WIOA Adult program.</td>
<td><strong>Source Documentation (Must display Date of Birth)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Driver License (current or expired)</td>
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<tr>
<td></td>
<td></td>
<td>• Federal-, State- or locally issued government ID Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Birth Certificate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• DD-214, Report of Transfer or Discharge papers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Passport</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Public Assistance/Social Service Records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• School Records or ID Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Work Permit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Record of Birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Proof of UI eligibility</td>
</tr>
</tbody>
</table>

**Validation Type:** Match
## Eligibility and Data Validation Documentation Requirements

### Section I: GENERAL ELIGIBILITY

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</thead>
</table>
| Eligible to Work in the United States | Citizenship/Alien Status documentation is required for General Eligibility. Participation in programs and activities financially assisted in whole or in part under WIOA shall be open to citizens and nationals of the U.S., lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the Attorney General to work in the U.S. | • DD-214  
• Alien Registration Card/Work Permit  
• Birth Certificate  
• Food Stamp Records  
• Foreign Passport (stamped eligible to work)  
• I-9 Supporting Documentation  
• Hospital Record of Birth  
• Naturalization Certification  
• Public Assistance Records  
• U.S. Passport  
• Proof of UI eligibility  
Validation Type: Match |
## Eligibility and Data Validation Documentation Requirements

### Section I: GENERAL ELIGIBILITY

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<tr>
<td>Equal Opportunity (EO) and Complaint &amp; Grievance Rights Notification</td>
<td>All employees, former employees, customers, non-customers or employers must be made aware of their equal opportunity rights and responsibilities, as well as their complaint and grievance rights under the Workforce Innovation and Opportunity Act. In order to ensure equal opportunity for customers within the Workforce System, the Missouri Division of Workforce Development (DWD) and all of its sub-recipients must provide initial and continuing notice that they do not discriminate on any prohibited grounds, and that there is a process to resolve any complaints or grievances.</td>
<td>Job Center staff must provide a copy of the <em>Equal Opportunity Notice</em> and the <em>Complaint &amp; Grievance Notice</em> DWD-EO-15 to each employee, applicant, registrant, eligible applicant/registrant, employer, and participant; and retain original signed copies in the participant’s record.</td>
</tr>
</tbody>
</table>
### Eligibility and Data Validation Documentation Requirements
#### Section I: GENERAL ELIGIBILITY

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| Selective Service Registration    | Selective Service registration documentation is required for General Eligibility. | Staff must verify registration (for males born after 1959)  
  - Selective Service website and record the registration number into DWD’s statewide electronic case management system.  
  - If the registration number is not found, follow the guidance on pages 9-10 of this TAG.  

Reference:  
- U.S. Selective Service Verification website: [www.sss.gov](http://www.sss.gov)  

Validation Type: Support
### Eligibility and Data Validation Documentation Requirements

#### Section I: GENERAL ELIGIBILITY

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<tbody>
<tr>
<td>Eligible Veteran Status</td>
<td>Eligibility is based on one of three criteria:</td>
<td>Eligible Veteran status is a required data element to be recorded in DWD’s statewide electronic case management system.</td>
</tr>
</tbody>
</table>
|                                   | 1. If the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged from such service under conditions other than dishonorable. | • DD-214  
• Cross-Match with Veterans Data  
• Letter from the Veterans Administration |
|                                   | 2. If the participant served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167(a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge. | Validation Type: Support |
|                                   | 3. If the participant is: (a) the spouse of any person who died on active duty or of a service connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance is listed, pursuant to 38 U.S.C 101 in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service connected disability or the spouse of a veteran who died while a disability so evaluated was in existence. | |

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*Adult and Dislocated Worker Program Eligibility and Documentation Technical Assistance Guide — January 2019*
## VII. ELIGIBILITY and DOCUMENTATION REQUIREMENTS TABLE

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| **Employment Status at Participation** | An individual who is working in a paid, unsubsidized job or working 15 hours or more a week in an unpaid job on a farm or business operated by a family member or participant; or  
If unemployed; documentation of unemployment is required. Staff may document unemployed status in Case Notes in DWD's information management system. | Employment status at participation is a required data element.  
- Pay stub  
- Case notes recording the information collected from participant to show either employed or unemployed.  
- Signed intake form or signed WIOA Application (self-attestation)  
Validation Type: Support |
| **Date of Program Entry** | Date on which an individual became a participant as referenced in 20 CFR 677.150 satisfying applicable programmatic requirements for the provision of services. | One of the following:  
- Individual Employment Plan  
- Electronic Records  
- Signed intake form (eligibility determination or program enrollment form) or signed WIOA Application  
Validation Type: Match |
<table>
<thead>
<tr>
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<th>Source Documentation Requirements</th>
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</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>Determined when an individual received an income or is a member of a family that received an income for the six-month period prior to application for the program that in relation to family size does not exceed the higher of • the poverty line or • 70 percent of the lower living standard income. “Family” under WIOA means two or more individuals 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 married couple, and dependent children; • A parent or guardian and dependent children; or • A married couple.</td>
<td>• Alimony Agreement • Applicant statement (see specific requirements on pg 5) • Award letter from veteran’s administration • Compensation award letter • Court award letter • Pension statement • Employer statement/contact, • Family or business financial records • Housing authority verification • Pay stubs • Public assistance record printout 1. DWD’s statewide electronic case management indicator for TANF (printout) 2. DWD’s statewide electronic case management indicator for SNAP (printout) • Quarterly estimated tax for self-employed persons • Social Security benefits • UI documents Validation Rule: Support</td>
</tr>
</tbody>
</table>
### Eligibility and Data Validation Documentation Requirements

**Section II. WIOA ADULT PROGRAM**

<table>
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<tr>
<th>Data Element/Eligibility Criteria</th>
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</tr>
</thead>
</table>
| **Temporary Assistance to Needy Families (TANF)** | If the applicant is a person who is listed on the grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program. | • Public Assistance Records  
• Missouri Department of Social Services’ Missouri Benefits Center website printout  
• DWD’s statewide electronic case management indicator for TANF (printout)  

**Validation Type:** Support
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Other Public Assistance Recipient:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Refugee Cash Assistance          | If the applicant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), Supplemental Nutrition Assistance Program (SNAP). Do not include foster child payments. | • Public Assistance Records  
• Missouri Department of Social Services’ Missouri Benefits Center website printout  
• DWD’s statewide electronic case management indicator for SNAP (printout)  
Validation Type: Support |
| SNAP                             |                                          |                                   |
## Eligibility and Data Validation Documentation Requirements

### Section II. WIOA ADULT PROGRAM

<table>
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</table>
| Family Size and Income           | Determined when an individual received an income or is a member of a family that received an income for the six-month period prior to application for the program that in relation to family size does not exceed the higher of the poverty line or 70 percent of the lower living standard income.  

“Family” under WIOA means two or more individuals 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 married couple, and dependent children;
- A parent or guardian and dependent children; or
- A married couple.  

**NOTE**: Even if the family of a disabled individual does not meet the income eligibility criteria, the disabled individual may be considered a low-income individual if their own income meets low income criteria. The disabled individual would be considered a family of one and only the individual's income would be considered when determining low-income. | • Applicant Statement *(see specific requirements on pg 5)*  
• Pay Stubs  
• Award Letter from Veterans Administration  
• Compensation Award Letter  
• Court Documentation (Alimony Agreement, Court Award Letter)  
• Employer Statement/Contact  
• Housing Authority Verification  
• Social Security Benefits  
• Unemployment Insurance Documents  
• Birth Certificate  
• IRS Form Letter 1722  
• Lease or Landlord Statement  
• Marriage Records  
• Medical Records  
• Statement from a Public Care Facility (mental hospital, prison)  
• Tax Return Supported by IRS Documents  

**Validation Rule**: Support
Eligibility and Data Validation Documentation Requirements
Section II. WIOA ADULT PROGRAM

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<tbody>
<tr>
<td>Homeless Individual</td>
<td>If the applicant is an individual aged 16 to 24 who meets the criteria defined in sec. 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), a homeless child or youth aged 16-24 who meets the criteria defined in sec. 752(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 1143a(2)) or a runaway. Homeless is defined as an individual who lacks a fixed, regular, and adequate nighttime residence; and includes an individual who: • is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; • is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations; • is living in an emergency or transitional shelter; • is abandoned in a hospital; or • is awaiting foster care placement; or • is using a primary nighttime residence is a public or private place not designed for a regular sleeping accommodation for human beings; or • is living in cars, parks, public spaces, abandoned buildings, substandard housings, bus or train stations, or similar settings. For additional guidance see: <a href="http://nche.ed.gov">http://nche.ed.gov</a></td>
<td>• Written statement from: (1) An individual providing residence, (2) A shelter, or (3) A social service agency • Signed intake form or signed WIOA Application (self attestation) Validation Type: Support</td>
</tr>
</tbody>
</table>
## Eligibility and Data Validation Documentation Requirements

### Section II. WIOA ADULT PROGRAM

<table>
<thead>
<tr>
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<th>Source Documentation Requirements</th>
</tr>
</thead>
</table>
| Foster Child:                     | Is a foster child on behalf of whom State or local governments payments are made | • Applicant Statement (see specific requirements on pg 5-individual status)  
• Social Service Agency  

Validation Rule: Support |
| Individual with a Disability:     | The term “individual with a disability” means an individual with a disability as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). | • Applicant Statement (see specific requirements on pg 5-individual status)  
• Child Study Team  
• Drug or Alcohol Rehabilitation Agency  
• School Records  
• Sheltered Workshop Certification  
• Social Service Agency  
• Social Security Benefits  
• Vocational Rehabilitation Letter  
• Workers Compensation Records  

Validation Rule: Support |
<table>
<thead>
<tr>
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</thead>
</table>
| Adult who is Basic Skills Deficient | Basic Skills Deficient is defined as in individual (A) who is a youth, that the individual has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or (B) who is a youth or adult, that the individual 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. | • Standardized assessment test  
• School Records  
• Other documentation of the applicant’s inability to function on the job, in the individual’s family, or in society (i.e. WorkKeys Bronze level or lower) |

Validation Type: Support
<table>
<thead>
<tr>
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<th>Source Documentation Requirements</th>
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</thead>
<tbody>
<tr>
<td>Offender</td>
<td>If the applicant is a person who either:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is or has been subject to any stage of the</td>
<td>• Documentation from juvenile or adult criminal justice system</td>
</tr>
<tr>
<td></td>
<td>criminal justice process and for whom</td>
<td>• Documented phone call with court or probation representatives</td>
</tr>
<tr>
<td></td>
<td>services under this Act may be beneficial; or</td>
<td>• Signed WIOA Application form/self attestation</td>
</tr>
<tr>
<td></td>
<td>• Requires assistance in overcoming artificial</td>
<td></td>
</tr>
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<td></td>
<td>barriers to employment resulting from a</td>
<td></td>
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<td></td>
<td>record of arrest or conviction.</td>
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</tr>
</tbody>
</table>

*This definition is to assist with local determination of priority of service, and is NOT an automatic eligibility for WIOA Adult.*

Validation Type: Support
## VII. ELIGIBILITY and DOCUMENTATION REQUIREMENTS TABLE

### Eligibility and Data Validation Documentation Requirements

#### Section III. DISLOCATED WORKER PROGRAM

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<th>Source Documentation Requirements</th>
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</thead>
<tbody>
<tr>
<td>Permanent Layoff</td>
<td><strong>Category 1 - Permanent Layoff:</strong></td>
<td><strong>Category 1. Permanent Layoff:</strong></td>
</tr>
<tr>
<td></td>
<td>Has been terminated or laid off, or has received a notice of termination or layoff, from employment; and Is eligible for, or has exhausted entitlement to, unemployment compensation; or has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and Is unlikely to return to a previous industry or occupation.</td>
<td>Any one of the following three elements adequately document Category A eligibility: Copy DD-214, form 4 with any discharge reason (except dishonorable or retired) within the past 5 years placed in the participant file. RESEA and RJS Eligible: • Case note in DWD’s statewide electronic case management system. Trade Eligible: • Case note in DWD’s statewide electronic case management system. Or, documentation from all three of the categories below: Lay-off status: • Proof of UI eligibility; or • Employer lay-off letter or notice; or, • Employer phone contact (case note contact, see pg 5 for specific requirements) Unemployment Insurance status: • Unemployment benefits print out or bank deposit record indicating UI deposit; or • Unemployment Verification Letter from DES Online Claim Filing System</td>
</tr>
</tbody>
</table>
### Eligibility and Data Validation Documentation Requirements

#### Section III. DISLOCATED WORKER PROGRAM

<table>
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<tr>
<th>Data Element / Eligibility Criteria</th>
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<th>Source Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Layoff (continued)</td>
<td>Category 1 - Permanent Layoff, continued</td>
<td>Category 1. Permanent Layoff, <em>continued</em></td>
</tr>
</tbody>
</table>

Unlikely to return to previous occupation or industry:
- Exhausted Unemployment Insurance (DES Online Claim Filling System, zero $ amount in the “Balance” field or other UI record); or,
- O*NET shows declining occupation or industry
- Closure or permanent layoff in similar industry (10 or more workers, in the region, past 12 months); or,
- Decreased job openings or no job openings for an occupation or industry in the region; or,
- Excessive Applicants for an occupation (more than 10 applicants in the region for each opening).
- MERIC or local Chambers of Commerce shows occupation or industry is declining in the region; or,
- Other approved by the Local Board and DWD.

**Validation Type:** Support
## Eligibility and Data Validation Documentation Requirements

### Section III. DISLOCATED WORKER PROGRAM

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Permanent Layoff (continued)</strong></td>
<td><strong>Category 2 - Permanent Layoff:</strong></td>
<td><strong>Category 2- Permanent Layoff</strong></td>
</tr>
<tr>
<td></td>
<td>Has been terminated or laid off, or has received a notice of termination or layoff, from employment; <strong>and</strong></td>
<td>Insufficient earnings:</td>
</tr>
<tr>
<td></td>
<td>Has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; <strong>and</strong></td>
<td>- Documentation from DES indicating ineligibility due to insufficient earnings.</td>
</tr>
<tr>
<td></td>
<td>Is unlikely to return to a previous industry or occupation</td>
<td>Employer not covered:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Evidence that the employer was not covered under a State unemployment compensation law.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unlikely to return to previous occupation or industry:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Exhausted Unemployment Insurance (DES Online Claim Filling System, zero $ amount in the “Balance” field or other UI record); or,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- O*NET shows declining occupation or industry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Closure or permanent layoff in similar industry (10 or more workers, in the region, past 12 months); or,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Decreased job openings or no job openings for an occupation or industry in the region; or,</td>
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<td></td>
<td></td>
<td>- Excessive Applicants for an occupation (more than 10 applicants in the region for each opening).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- MERIC or local Chambers of Commerce shows occupation or industry is declining in the region; or,</td>
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<tr>
<td></td>
<td></td>
<td>- Other approved by the Local Board and DWD</td>
</tr>
</tbody>
</table>

**Validation Type:** Support
<table>
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</table>
| Permanent Closure or Substantial layoff | Category 3 - Permanent Closure or Substantial Layoff:  Has been terminated or laid off, or has received a notice of termination or lay-off from employment, as a result of any permanent closure of, or any substantial lay-off at, a plant, facility, or enterprise  
Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or  
For purposes of eligibility to receive services other than training services, career services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close  
Substantial layoff: The definition of substantial layoff is equivalent to that of DWD’s definition of “Mass Layoff” for Rapid Response purposes. As of the date of this TAG, the definition is defined as any layoff affecting 25 or more workers (see DWD Statewide Employment Transition Team Policy). | Category 3- Permanent Closure or Substantial Layoff:  Closure:  • Documentation of employment at company; and  • Letter or notice of closure from the company; or  • Employer phone contact (case note contact); or  • News article; or  • Other documentation approved by DWD  
Employed at time of closure:  • Documentation of employment at company; and  • Employer lay-off letter or notice; or  • Employer phone contact (case note contact); or  • Other documentation approved by DWD  
Permanently laid off due to Substantial layoff:  • Documentation of employment at company; and  • Employer lay-off letter or notice; or  • Employer phone contact (case note contact); or  • Other documentation approved by DWD  
Validation Type: Support |
### Eligibility and Data Validation Documentation Requirements

#### Section III. DISLOCATED WORKER PROGRAM

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<tr>
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</tr>
</thead>
</table>
| **General Announcement that facility will close** | **Category 4 - General Announcement that facility will close:**  
Individual is employed at a facility at which the employer has made a general announcement that the facility will close.  
If the facility’s closure is not within 180 days, the participant is eligible for Dislocated Worker services with the exception of training. | **Category 4- General Announcement**  
Employed at time of closure:  
- Documentation of employment at company; **and**  
- Employer letter or notice; or  
- Employer phone contact (case note contact)  

**Validation Type:** Support |
### Eligibility and Data Validation Documentation Requirements

#### Section III. DISLOCATED WORKER PROGRAM

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Employed</strong></td>
<td>Category 5 - Self-Employed Dislocation:</td>
<td>Category 5 - Self-Employed:</td>
</tr>
<tr>
<td></td>
<td>Self-Employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.</td>
<td>1. Evidence of self-employment:</td>
</tr>
<tr>
<td></td>
<td>At least two items must be documented to verify eligibility under this category. There must be adequate documentation which clearly shows that the applicant (1) was self-employed and (2) is now unemployed.</td>
<td>• Business tax return</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Business license</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any other legal document which shows self-employment and which could be verified by phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Evidence of business failure:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Due to natural disasters (Insurance records, Disaster Declaration, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Due to bankruptcy or foreclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Due to inability to secure capital necessary to continue a farm operation or other business.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Due to general economic conditions. In some instances, a self-employed person has not filed bankruptcy or other official evidence of business failure, but is willing to attest that he/she is no longer in business. In those instances, additional documentation may be necessary.</td>
</tr>
</tbody>
</table>

**NOTE:** One item under “2. Evidence of business failure” must be documented to prove business failure. If failure was due to general economic conditions, the documentation must include evidence of the following: (continued)
### VII. ELIGIBILITY and DOCUMENTATION REQUIREMENTS TABLE

#### Section III. DISLOCATED WORKER PROGRAM

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Employed, continued</strong></td>
<td><strong>Category 5 - Self-Employed Dislocation: continued</strong></td>
<td><strong>Category 5- Self-Employed, continued</strong></td>
</tr>
</tbody>
</table>

1. Failure of one or more businesses to which the self-employed individual supplied a substantial proportion of products or services;
2. Failure of one or more businesses from which the self-employed individual obtained a substantial proportion of products or services;
3. Substantial layoff(s) from or permanent closure(s) of one or more plants or facilities that support a significant portion of the State or local economy; and/or
4. Depressed price(s) or market(s) for the article(s) produced by the self-employed individual.

**Allowable Documentation:**
- Applicant Statement *(see specific requirements on pg 5)*
- Bank Loan Denial Letter (inability to secure capital)
- Bankruptcy or foreclosure Records
- Disaster Declaration, if due to natural disaster
- Insurance Records

**Validation Type:** Support
## Eligibility and Documentation Requirements Table

### Section III. DISLOCATED WORKER PROGRAM

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Displaced Homemaker</strong></td>
<td><strong>Category 6 - Displaced Homemaker:</strong></td>
<td><strong>Category 6- Displaced Homemaker:</strong></td>
</tr>
<tr>
<td></td>
<td>An individual who has been providing unpaid services to family members in the home and who—</td>
<td>Has been dependent on the income of another family member, but is no longer supported by that income; or</td>
</tr>
<tr>
<td></td>
<td>Has been dependent on the income of another family member but is no longer supported by that income; or—</td>
<td>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, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; and—</td>
</tr>
<tr>
<td></td>
<td>Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</td>
<td>Military deployment of spouse:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Military record of deployment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unemployed or under-employed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Applicant Statement (see specific requirements on pg 5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pay stubs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Public Assistance Records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Unemployment Insurance Records (accompanied with an applicant statement)</td>
</tr>
</tbody>
</table>

**Validation Type:** Support
## Eligibility and Data Validation Documentation Requirements

### Section III. DISLOCATED WORKER PROGRAM

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</tr>
</thead>
</table>
| Spouse of an Armed Forces Member    | Category 7 - Spouse of an Armed Forces Member: Is 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. | Category 7. Spouse of an Armed Forces Member:  
- Copy of the Permanent Change Station orders  
- DD-214 of the Armed Forces member  
- Applicant Statement ([see specific requirements on pg 5](#))  
- Pay stubs  
- Public Assistance Records  
- Unemployment Insurance Records (accompanied with an applicant statement)  
  
  **Validation Type:** Support |
### Eligibility and Data Validation Documentation Requirements

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</thead>
</table>
| Spouse of an Armed Forces Member    | Category 8 - Spouse of an Armed Forces Member: Is 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. | Category 8-Spouse of an Armed Forces Member:  
- Copy of the Permanent Change Station orders  
- DD-214 of the Armed Forces member  
- Applicant Statement (see specific requirements on pg 5)  
- Pay stubs  
- Public Assistance Records  
- Unemployment Insurance Records (accompanied with an applicant statement)  

Validation Type: Support
<table>
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</thead>
<tbody>
<tr>
<td>Dislocated Worker Grant (DWG)</td>
<td><strong>Category 12 – Dislocated Worker Grant (DWG)</strong>&lt;br&gt;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, relation to Sec 170(b)(1)(A) workers affected by major economic dislocations or Sec 170(b)(1)(B) workers affected by an emergency of major disaster.</td>
<td><strong>Category 12. Dislocated Worker Grant:</strong>&lt;br&gt;• Refer to applicable DWG manual or DWD guidance.&lt;br&gt;&lt;br&gt;<strong>Validation Type:</strong> Support</td>
</tr>
<tr>
<td>Data Element/Eligibility Criteria</td>
<td>WIOA Program and Eligibility Requirements</td>
<td>Source Documentation Requirements</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| Date of Actual Dislocation       | The participant’s date of actual dislocation from employment is the last day of employment at the dislocation job (the last day worked). | • Verification from employer  
• Rapid Response list  
• Notice of layoff  
• Self-attestation  

**Validation Type:** Match |

| Date of Program Exit            | The last date the participant received services that are not self-service, information-only, or follow up services.  
Record this last date of receipt of services only if there are no future services that are not self-service, information-only, or follow up services planned from the program. | One of the following:  
• A copy of the letter sent to the individual indicating that the case was closed  
• Electronic Records  
• Attendance Records  
• WIOA exit documentation  
• Review of service records identifying the last qualifying service (and lack of planned gap)  

**Validation Type:** Support |
### Eligibility and Data Validation Documentation Requirements

#### Section V: OTHER REQUIRED DATA ELEMENTS

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</table>
| Other Reasons for Exit (which remove the participant from performance reporting) | WIOA Adult and Dislocated Worker | • Information from partner services MIS systems  
• Information from institution or facility  
• Applicant statement (see specific requirements on pg 5)  
• Case Notes with accompanying documentation (i.e. obituary, military records)  
• WIOA exit forms  

**Validation Type:** Support |

- At the time of exit or during fourth quarter measurement period following the quarter of exit:
  
  1. If the participant exits the program because he or she has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support such as a hospital or treatment center during the course of receiving services as a participant.
  
  2. If the participant exits the program because of medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program.
  
  3. If the participant is deceased.
  
  4. If the participant exits the program because the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.
  
  5. If the participant is a criminal offender in a correction institution under section 225 of WIOA.
<table>
<thead>
<tr>
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</thead>
</table>
| Type of Recognized Credential     | Type of recognized diploma, degree, or credential consisting of an industry-recognized certificate or certification, a certificate of completion of a Registered Apprenticeship, a license recognized by the State or Federal Government, or an associate or baccalaureate degree attained by the participant who received education or training services. | - Copy of credential (e.g., certificates, diplomas, license)  
- Transcripts/School Records  
- Follow-up survey from program participant  
- Case Notes documenting information obtained from education or training provider.  

Validation Rule: Match |

PIRL Element: 1800

Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of exit.

This data element applies to both the Credential Rate indicator and the Measurable Skills Gain indicator for all programs.
## VII. ELIGIBILITY and DOCUMENTATION REQUIREMENTS TABLE

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</tr>
</thead>
<tbody>
<tr>
<td>Date Attained Recognized Credential</td>
<td>Record the date on which the participant attained a recognized credential.</td>
<td>• Copy of credential (certificates, diplomas, license)</td>
</tr>
<tr>
<td></td>
<td>In cases where schools only list the month and year on the certificate, it is acceptable proof of Date Attained.</td>
<td>• Transcripts/School Records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow-up survey from program participant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Case Notes documenting information obtained from education or training provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Validation Rule:</strong> Match</td>
</tr>
</tbody>
</table>

**PIRL Element:** 1801

<table>
<thead>
<tr>
<th>Date of Most Recent Measurable Skill Gains: Educational Functioning Level (EFL)</th>
<th>Record the most recent date the participant who received instruction below the postsecondary education level achieved at least one EFL. EFL gain may be documented in one of three ways:</th>
<th>Source Documentation Requirements</th>
</tr>
</thead>
</table>
| | • Comparing pre-test to post-test  
| | • Completion of secondary school credits  
| | • Participants who exit the program and enroll in postsecondary education or training during the program year. | • Pre and post test results measuring EFL gain  
| | | • Adult High School transcript showing EFL gain through the awarding of credits.  
| | | • Postsecondary education or training enrollment determined through data match, survey documentation, or case notes. |
| | | **Validation Type:** Match |

**PIRL Element:** 1806
### Date of Most Recent Measurable Skill Gains: Postsecondary Transcript/Report Card

<table>
<thead>
<tr>
<th>Data Element/Eligibility Criteria</th>
<th>WIOA Program and Eligibility Requirements</th>
<th>Source Documentation Requirements</th>
</tr>
</thead>
</table>
| Date of Most Recent Measurable Skill Gains: Postsecondary Transcript/Report Card | The most recent date of the participant’s transcript or report card for postsecondary education who complete a minimum of 12 hours per semester, or for part-time students a total of at least 12 credit hours over the course of two completed consecutive semesters during the program year, that shows a participant is meeting the State unit’s academic standards. | • Transcript  
• Report Card  

**Validation Type:** Match |

**PIRL Element:** 1807

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### Date of Most Recent Measurable Skill Gains: Secondary Transcript/Report Card

<table>
<thead>
<tr>
<th>Data Element/Eligibility Criteria</th>
<th>WIOA Program and Eligibility Requirements</th>
<th>Source Documentation Requirements</th>
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</thead>
</table>
| Date of Most Recent Measurable Skill Gains: Secondary Transcript/Report Card | Record the most recent date of the participant's transcript or report card for secondary education for one semester showing that the participant is meeting the State unit’s academic standards. | • Transcript  
• Report Card  

**Validation Type:** Match |

**PIRL Element:** 1808
<table>
<thead>
<tr>
<th>Data Element/ Eligibility Criteria</th>
<th>WIOA Program and Eligibility Requirements</th>
<th>Source Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Most Recent Measurable Skill Gains: Training Milestone</strong></td>
<td>The most recent date the participant had a satisfactory or better progress report towards established milestones form an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of registered apprenticeship program, etc.).</td>
<td>• Contract and/or evaluation from employer or training provider (e.g., mid and end-point OJT monitoring, progress reports from RA identified milestones, etc.)</td>
</tr>
<tr>
<td>PIRL Element: 1809</td>
<td></td>
<td><strong>Validation Type:</strong> Match</td>
</tr>
<tr>
<td><strong>Date of Most Recent Measurable Skill Gains: Skills Progression</strong></td>
<td>The most recent date the participant successfully passed an exam that is required for a particular occupation, or progress in attaining technical or occupation skills as evidenced by trade-related benchmarks such as knowledge-based.</td>
<td>• Results of knowledge-based exam or certification of completion • Documentation demonstrating progress in attaining technical or occupational skills • Documentation from training provider or employer • Copy of a credential that is required for a particular occupation and only is earned after the passage of an exam.</td>
</tr>
<tr>
<td>PIRL Element: 1810</td>
<td></td>
<td><strong>Validation Type:</strong> Match</td>
</tr>
<tr>
<td>Data Element/ Eligibility Criteria</td>
<td>WIOA Program and Eligibility Requirements</td>
<td>Source Documentation Requirements</td>
</tr>
<tr>
<td>-----------------------------------</td>
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</tr>
<tr>
<td>Date Enrolled During Program</td>
<td>The date the participant was enrolled during the program participation in an education or training program that leads to a recognized postsecondary credential, including a secondary education program, or training program that leads to employment as defined by the core program in which the participants participates.</td>
<td>• Copy of enrollment record&lt;br&gt;• File documentation with accompanying Case Note&lt;br&gt;• School Records&lt;br&gt;• Transcript/ Report Card</td>
</tr>
</tbody>
</table>
| Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment | If the participant was enrolled in postsecondary education at program entry, the date in this field should be the date of Program Entry. This includes, but is not limited to, participation in Job Corps or Youthbuild or Adult Education or secondary education programs.  
This data element applies to the MSG indicator, and specifically will be utilized to calculate the denominator. It encompasses all education and training program enrollment.                                                                                           | Validation Type: Match                                                                                                                                                           |
| PIRL Element: 1811                |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                   |