

WIOA Dislocated Worker Eligibility Checklist

When you submit the Dislocated Worker Checklist with your Required Documents, please make sure: complete both pages off this checklist, fill in the Date Completed where asked and place a checkmark next to the document you are submitting.

Applicant Name: _____

What WIOA Funded Service are you interested in (Please only select one)?

Earn and Learn

Customized Employment Assistance

Training Services

Step 2. Fill-Out Required Documents	
WIOA Dislocated Worker Eligibility Checklist	Date Completed:
Signed: WIOA Eligibility Application	Date Completed:
Signed: Grievance & Complaint Policy	Date Completed:
Registered on WorkSource Georgia Portal (worksourcegaportal.com)	Date Completed:

Step 3. Gather Required Documents			
A. Citizen/Worker Status: Either ONE document from list "1" OR ONE document from List "2" AND List "3"			
<u>List 1</u> Proves Citizenship & Employment		<u>List 2</u> Prove Citizenship	<u>List 3</u> Proves Employment Eligibility
U.S. Passport Unexpired Foreign Passport with I-551 Stamp Permanent Resident Alien Card Registration Receipt Card Unexpired Employment Authorization Document	OR	Valid Driver's License State ID U.S. Military ID Native American Tribal Document	Birth Certificate Social Security Card Valid I-197 US Citizen ID Card Native American Tribal Document Certificate of Birth Abroad Department of Homeland Security

Please select "ONE" item from EACH column			
B. Age	C. Social Security Number	D. Residency	E. Selective Service Males Born After 1/1/1960
Birth Certificate DACA Work Permit DD-214/ Military ID Driver's License/State ID INS Document/Passport Public Assistance Records School Record or ID	DD- 214 Paystub Public Assistance Record Social Security Card UI Wage Record W-2 Statements <i>Please make sure the document submitted shows your entire social security number.</i>	Property Tax Bill Current Utility Bill Car Insurance Policy Public Assistance Records Driver's License Letter from Homeless Shelter Self-Attestation Letter Rental Contract	Acknowledgement Letter DD-214 Form 3A Stamped Receipt of Registration Card Verification Form Status Information Letter Check your status at www.sss.gov/verify/

F. Dislocated Worker Status				
Please submit One Document from One List (1-7) to prove your Dislocated Worker Status				
<u>List 1</u> Terminated or Laid Off, or Notice of Termination Layoff	AND	<u>List 2</u> Unlikely to Return to Previous Industry or Occupation	OR	<u>List 3</u> Plant Closure
Separation Notice or Layoff Letter due to Lack of Work Employer Letter Notice Georgia Department of Labor Claims Examiner's Determination Letter WARN Notice with Name Listed		State or locally developed Labor Market Information 90-day documented job search DD-214 Limited Job Orders (GLME) Document from Physician or other applicable professional		Separation Notice/Layoff Letter Employment Letter or Notice Georgia Department of Labor Claims Examiner's Determination Letter WARN Notice/Name Listed News Article
<u>List 4</u> Displaced Homemaker	OR	<u>List 5</u> Veteran	OR	<u>List 6</u> Military Spouse
Court Records Divorce Documents Bank Records Public Assistance Records Spouse's Layoff Notice Spouse's Death Record		DD-214 Effective Terminate of Service Orders DD - 2648 - ACAP Transition Checklist		DD-214 if dislocation is based on discharge from the military Military orders showing change of military station
OR				
<u>List 7</u> Self-Employed				
Notice of Foreclosure Entry of Bankruptcy Proceedings Inability to Pay Loans	Inability to Obtain Capital to Continue Operations Proof of Insolvency			

Do Not Complete Below This Line

For Staff Use Only	
The signatures below confirm that the eligibility application is complete and required documentation listed on this form is included in the participant's WorkSource Portal File.	
Original Eligibility Determination	
Print Name:	Date Completed:
Signature:	
Secondary Review	
Print Name:	Date Completed:
Signature:	

For Staff Use Only: Self Sufficiency

Please select "ONE" item from one of the columns

Unlikely to Return		Underemployed (if applicable)
Separation Notice or Layoff Letter due to lack of work	State or locally developed Labor Market Information	Alimony Agreement
Employer Letter or Notice	90-day documented job search	Veteran's Administration Award Letter Pay Stubs
Georgia Department of Labor Claims Examiners	Limited Job Orders (GLME)	Pension/Annuity Statement Worker's Compensation
DD-214	Document from Physician or other applicable professional	Other: _____
Other: _____	Other: _____	