



**Workforce Innovation & Opportunity Act (WIOA) Program – Area 12  
Eligibility Determination Checklist (Adult/DW - Participant)**

**Participant Name:** \_\_\_\_\_ **SSN (Last Four):** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**Required Documentation:**

- ☐ Create an account on our **WorkSource Georgia Online Portal:** <https://worksourcegaportal.com>
- ☐ WIOA Orientation/Assessment Date: \_\_\_\_\_
- ☐ WIOA Application
- ☐ Birth Certificate **or** Driver's License
- ☐ Social Security Card (**Must be signed**)
- ☐ Release of Information Form
- ☐ Family Composition Form
- ☐ Current Resume
- ☐ Grievance Form (*WFD Coordinator will forward Grievance Form after OJT Eligibility Packet Completed/Received*)
- ☐ OCGA Affidavit (*WFD Coordinator will forward Grievance Form after OJT Eligibility Packet Completed/Received*)
- ☐ Local Criminal Background Check
- ☐ DD214 Members 4 Form (**Veterans Only**)
- ☐ Profiler Results from [www.mynextmove.org](http://www.mynextmove.org). Go to the purple box and take the assessment. Print the 2-paged results, (The print button will be on the page with the bar graph on it).
- ☐ Selective Service Registration (**Males only, born on or after January 1, 1960**) [www.sss.gov](http://www.sss.gov)

**Please Provide One (1) Item From 1 Category Below:**

**Government/Public Assistance Income (Dated within 6 months)**

- ☐ Proof of Food Stamps (**A detailed COMPASS report with all family members listed.**)
- ☐ Temporary Assistance for Needy Families (**TANF**) Verification
- ☐ Public Assistance Records/Telephone Verification/Printout **OR** ☐ Letter from SNAP Disbursing Agency
- ☐ Social Security Benefits Records
- ☐ Official Letter from Social Security Agency (**must include Applicant's Name, Benefits # & Date**).

**Family Size and Income (If Not Supported by Public Assistance)**

- ☐ Pay Stubs (**Wages from Employment 6 months from application date**)
- ☐ Employment Income Verification Form
- ☐ Housing Authority Verification
- ☐ Current Pension Statement
- ☐ Public Assistance Records
- ☐ Social Security Benefits
- ☐ Unemployment Insurance Documents and/or printouts

**\*If needing an ITA Scholarship for training assistance, please request ITA Scholarship Packet.**

Written statements on letter head from government, education, judicial, human services or other appropriate sources must include: (a) date; (b) person/agency including name, address, and phone number; (c) information provided ensuring the potential participant's name is noted; and (d) signature of person making statement.

Received by: WIOA Staff Name/Date: \_\_\_\_\_

WIOA Staff Comments: \_\_\_\_\_