

Name: _____

First Name Middle Initial Last Name

WIOA Staff must ensure that each of the following Data Elements are documented in the participant's file. WIOA Staff should refer to the MS Partnership Adult & Dislocated Worker Eligibility & Data Validation Policy & TEGL 23-19, Change 3 to determine acceptable documentation for each item.

Adult & Dislocated Worker Eligibility Data Elements			
Participant Name & Age/Date of Birth	<input type="checkbox"/> Yes	SNAP	<input type="checkbox"/> Yes
Social Security Number	<input type="checkbox"/> Yes	Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Citizenship Status/Authorized to Work in the U.S.	<input type="checkbox"/> Yes	Other Public Assistance <i>Such as General Assistance or Refugee (GA) or Cash Assistance (RCA)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Selective Service Status	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Date of Dislocation	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Low Income	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Displaced Homemaker	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		

Adult & Dislocated Worker Additional Data Elements			
Individual with a Disability	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Foster Care Youth Status at Program Entry*	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Eligible Veteran Status	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Homeless*	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Unemployment Compensation Status	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Ex-Offender Status at Program Entry*	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Long-Term Unemployed at Program Entry	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	English Language Learner*	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Basic Skills Deficiency	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Single Parent at Program Entry*	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Migrant & Seasonal Farmworker Status	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	School Status at Program Entry*	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Rapid Response	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	* Intake Application or Enrollment Form is acceptable for these data elements.	

Staff Signature	Print Name	Date
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Manager/Reviewer Signature	Print Name	Date
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