



**MID-CAROLINA  
WORKFORCE & TALENT  
DEVELOPMENT**

**Policy Letter #15**

**TO: All Mid-Carolina Workforce Development Service Providers**

**FROM: Matthew Fowler, Director**

**SUBJECT: Self-Attestation**

**PURPOSE**

This policy provides guidance on the use of self-attestation to document eligibility for Workforce Innovation and Opportunity Act (WIOA) enrollment. The Mid-Carolina Workforce Development Board requires that contractors for all WIOA programs acquire appropriate documentation for eligibility for all applicable areas of criteria that participants meet.

**POLICY**

WIOA program services shall only be provided to eligible young adults, adults, and dislocated workers that have met certain federal eligibility requirements prior to enrollment into WIOA programs. Each eligibility criteria indicated as applicable to the applicant needs to have corresponding **verification** documentation in the participant file.

Self-attestation (also referred to as a participant or applicant statement) occurs when a participant (or applicant) states his or her status for a particular data element, such as a pregnant or parenting young adult, and then signs and dates a form acknowledging this status. The key elements for self-attestation are:

- a) A participant (applicant) identifying his or her status for a permitted data element and
- b) Signing and dating a form attesting to this self-identification (with a disclaimer concerning the self-identification)

Specific to WIOA **Young Adult's** eligibility, self-attestation is allowed to verify eligibility items that, in some cases, may not be easily verified, such as homelessness, or may cause undue hardship for individuals to obtain. Self-attestation is allowed for all of the barriers for WIOA young adult eligibility (e.g., homeless individual and/or runaway youth, offender, pregnant or parenting youth, youth who needs additional assistance, and drop-out) *except* for the basic skills deficient barrier and factors that impact family size for calculation of low income, such as whether a youth is dependent or not.

In the best interest of participants who could potentially be at risk of a forced exit from WIOA if supporting documentation cannot be provided, applicants for WIOA must exhaust all options available to them in providing supporting documentation for the eligibility of programs. Although self-attestation is acceptable, service providers should ensure that they only use self-attestation for allowable data elements and that the statement is accompanied by a timely sampling of participants' actual supporting documentation to ensure the accuracy of their statements. In those instances where obtaining documentation is too burdensome to applicants seeking enrollment into WIOA programs, a self-attestation form may be accepted at the discretion of the service provider (Attachments A and B). Case notes must include an explanation of why self-attestation was accepted in lieu of third-party verification.

Periodic monitoring will incorporate a random sampling methodology to validate the accuracy of the self-attestation process.

Attachment A- Self-Attestation Form

**Creation Date**

July 2022



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## SELF-ATTESTATION

Applicant's Name: \_\_\_\_\_ State ID Number: \_\_\_\_\_

### EMPLOYMENT INFORMATION

**Employment Status**

- I am employed.
- I am employed but received notice of termination of employment or military separation is pending.
- I am not employed.

### EDUCATION INFORMATION

**School Status**

- I am not attending school.

**Highest education level completed:**

- High School Diploma
- High School Equivalency (GED)
- High School Certificate of Attendance/Completion (Individual with disability)
- Completed 1 or more years of post-secondary
- Attained a post-secondary technical or vocational certificate (non-degree)
- Attained an Associate Degree
- Attained a bachelor's degree
- Attained a degree beyond a bachelor's degree
- No Education Level Completed

### FAMILY SIZE AND INCOME INFORMATION

My family size is \_\_\_\_ (number of individuals living in a single residence related by blood, marriage, or decree of court)

Name	Age	Relationship to Applicant
		Applicant

**Applicant - Check any of the following that apply:**

- I have had no income in the last six months
- I have received financial support from family members and friends.
- I have worked odd jobs during the past 6 months and earned \$ \_\_\_\_\_.
- I was self-employed during the past 6 months and earned \$ \_\_\_\_\_.
- I have received cash gifts.
- I am unemployed, but I have had employment during the last 6 months.

**Other Adult Family Member(s) or Spouse - Check any of the following that apply:**

- I have had no income in the last six months
- I have received financial support from family members and friends.
- I have worked odd jobs during the past 6 months and earned \$ \_\_\_\_\_.
- I was self-employed during the past 6 months and earned \$ \_\_\_\_\_.

Signature of Adult Family Member or Spouse \_\_\_\_\_ Date \_\_\_\_\_

**BARRIERS**

**Ex-Offender**

**Homeless**

**Displaced Homemaker** (Defined Under Cat 6 of Dislocated Worker)

- I am an offender.
- I am homeless.
- I am a Displaced Homemaker.

**YOUTH PROGRAM PARTICIPANTS**

**Additional Assistance for Youth Eligibility – Board Approval Required**

I require additional assistance to complete an educational program or to secure employment because:

- I have poor attendance patterns in an educational program during the last 12 calendar months.
- I have been expelled from school within the last 12 calendar months.
- I have been suspended from school within the last 12 calendar months.
- I have below average grades of less than a “C” grade point average.
- I have previously been placed in out-of-home care (foster care, group home, or kinship care) for more than 6 months between the ages of 14-21.
- I have one of more parents currently incarcerated.
- I have dropped out of a post-secondary education program during the past 12 months.
- I have a poor work history, to include no work history, or have been fired from a job in the past 6 months.
- I have dropped out of a post-secondary educational program during the past 12 calendar months.
- I have previously been placed in out-of-home care (foster care, group home, or kinship care) for more than 6 months between the ages of 16 -21.
  
- I am in an out-of-home placement.
- I am age 16 and over and receiving services/payments through Section 477 of the Social Security Act.
- I am receiving free/reduced lunch.
- I am pregnant or parenting for one or more dependents under age 18.
- I am a runaway youth under the age of 18.
- I am within compulsory school age and did not attend the most recent school year calendar quarter.

I certify that the information recorded on this form is true and accurate. I understand that the above information, if misrepresented may be grounds for immediate termination from the WIOA program.

Participant enrollment information must be dated within 30 days of the WIOA program application date.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Career Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## SELF-ATTESTATION

Applicant's Name: \_\_\_\_\_ State ID Number: \_\_\_\_\_

### DISLOCATED WORKER INFORMATION

Dislocated Worker Status (Does not apply to those who voluntarily quit, were terminated or fired for cause)

The following applies to my situation:

- Category 1:** Terminated or laid off, or has received notice of termination or layoff, **and is eligible for or exhausted entitlement to UC, and is unlikely to return to previous industry or occupation.**
- Category 2:** Terminated or laid off, or has received notice of termination or layoff, **and** has been employed for sufficient duration (based on state policy) to demonstrate attachment, but **is not eligible for UC due to insufficient earnings, or the employer is not covered under a State UC law, and is unlikely to return to previous industry or occupation.**
- Category 3:** Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of **permanent closure** of or **substantial layoff** at a plant, facility or business.
- Category 4:** Individual is **employed** at a facility at which the employer has made a **general announcement that such facility will close**. Enter the date the facility will close (if known) in the Projected Layoff Date.
- Category 5:** Individual was **previously self-employed** (including farmers, ranchers and fishermen) but is unemployed as a result of general economic conditions in the community of residence or because of **natural disaster**. Record the last date of self-employment in the Actual Layoff Date.
- 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 spouse of a member of the Armed Forces on active duty and whose **family income is significantly reduced** due to a deployment, or a call to active duty, or 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 ID National programs, Sec. 170 National Dislocated Worker grants, relating to Sec. 170 (b) (1) (A) workers affected by major economic dislocations OR Sec. 170 (b) (1) (B) workers affected by an emergency or major disaster.
- Category 13:** State-Defined Dislocated Worker Eligibility

I certify, under penalty of perjury, that the information stated above is true and accurate. I understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from this program and/or penalties as specified by law.

Participant enrollment information must be dated within 30 days of WIOA program application date.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Career Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_