



WIA 30 DAY REVIEW AND REGISTRATION PACKET CHECKLIST
ADULT AND DISLOCATED WORKER SERVICES-PART I

Applicant Name: \_\_\_\_\_ Subcode: [ ][ ][ ][ ][ ][ ]

YES N/A FORM (Original unless otherwise noted)

WIA I-B PROGRAMS

- WIA/WtW Registration Form (2 Pages)
Family Income Page(s)
Work History Page(s)
Documentation of Birthdate/Minimum Age (copies)
Documentation of Citizenship/Work Authorization (copy)
Documentation of Compliance with the Selective Service Act (copy)
Consent Form
Intake/Orientation Documentation
Equal Opportunity is the Law
Summary of Rights and Complaint and Grievance Procedures
Participant Training/Job Search Agreement

ADULT PROGRAM

- Category A: Documentation of Federal Priority for Service (≤ Pov/70% LLSIL or Otherwise Low-Income) (copies)
Cash Public Assistance Food Stamps
Family Size Family Income
Disabled Income for Family of One
Homeless Supported Foster Child
Category B: Documentation of State Priority for Service (>Pov/70% LLSIL ≤ 175% Pov) (copies)
Family Size Family Income
Category C: Documentation of Local 25% Window Priority for Service (> 175% Pov) (copy)
WIA Adult Exception Assessment

DISLOCATED WORKER PROGRAM

- Category A: Documentation of General Dislocation (copies)
Termination/Lay Off or Notice of Termination/Lay Off and
Eligibility for/Exhaustion of UI or Sufficient Attachment to Labor Force and
Unlikely to Return to Work in Prior Industry/Occupation
Category B: Documentation of Closure/Substantial Lay Off (copies)
Termination/Lay Off or Notice of Termination/Lay Off due to Business Closure or Substantial Lay Off or
General Announcement of Closure within 180 Days or
For Core Services, General Announcement of Closure After More than 180 Days
Category C: Documentation of Self Employment/Unemployed (Not Currently Available)
Self Employed and
Unemployed and
Causal Economic Conditions or Natural Disaster
Category D: Documentation of Displaced Homemaker Status (copies)
Has Been/No Longer Supported by Other Family Member Income and
Unemployed/Underemployed and Unable to Obtain/Upgrade Employment

I hereby certify that I have conducted a review of the Registration Packet for the above-named applicant and have found the Registration Form and supporting documentation to be complete, internally consistent, and reasonable and the eligibility determination to be correct.

Signature of One-Stop Operator Review Staff
MJV:mjv

Date of Registration

Date of Review
5/02



**WIA 30 DAY REVIEW AND REGISTRATION PACKET CHECKLIST  
ADULT AND DISLOCATED WORKER SERVICES-PART II**

Applicant Name: \_\_\_\_\_ Subcode:

ADULT PROGRAM  DISLOCATED WORKER PROGRAM

YES N/A FORM (Original unless otherwise noted)

**INTENSIVE SERVICES-ADULT AN DISLOCATED WORKER PROGRAMS**

- Career Planning Tool Kit or Career Assessment Survey
- Individual Employment Plan
- Status Form \_\_\_\_\_ Pages
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**TRAINING SERVICES-ADULT AND DISLOCATED WORKER PROGRAMS**

- Career Planning Tool Kit or Career Assessment Survey
- Individual Employment Plan
- Status Form \_\_\_\_\_ Pages
- Work Experience Agreement
- On-the-Job Training Agreement
- Individual Training Account Tracking Form
- Individual Training Account Contract Voucher/Agreement
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

*I hereby certify that I have conducted a review of the Intensive/Training Services Eligibility Packet for the above-named applicant and have found the Tool Kit, IEP, Status Form(s) and supporting documentation to be complete, internally consistent, and reasonable and the determination of eligibility for the proposed intensive or training services to be correct.*

\_\_\_\_\_  
Signature of One-Stop Operator Review Staff

\_\_\_\_\_  
Date of Registration

\_\_\_\_\_  
Date of Review