**POCONO COUNTIES WORKFORCE INVESTMENT AREA**

**WIOA PARTICIPANT ELIGIBILITY AND RECORD REVIEW**

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Adult [ ]  Dislocated [ ]  Youth [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_ APPLICATION \_\_\_\_\_ *Signed*  \_\_\_\_\_ *Dated*
2. \_\_\_\_\_ CIVIL RIGHTS/GRIEVANCE RECEIPT \_\_\_\_\_ *Signed & Dated*
3. \_\_\_\_\_ CITIZENSHIP
4. \_\_\_\_\_ SOCIAL SECURITY NUMBER
5. \_\_\_\_\_ PROOF OF RESIDENCE
6. \_\_\_\_\_ PROOF OF AGE \_\_\_\_\_ *Age*
7. \_\_\_\_\_ ELIGIBILITY *\_\_\_\_ Income \_\_\_\_ Food Stamps \_\_\_\_ Dislocated Status \_\_\_\_ Barrier*
8. \_\_\_\_\_ H.S. DIPLOMA \_\_\_\_\_ N/A
9. \_\_\_\_\_ SELF-CERTIFICATION FORM \_\_\_\_\_ N/A
10. \_\_\_\_\_ SELECTIVE SERVICE \_\_\_\_\_ N/A
11. \_\_\_\_\_ IEP/ISS \_\_\_\_\_ N/A
12. \_\_\_\_\_ TABE TEST \_\_\_\_\_ N/A
13. \_\_\_\_\_ I-9 \_\_\_\_\_ *Signed & Dated* \_\_\_\_\_ N/A
14. \_\_\_\_\_ W-4 \_\_\_\_\_ N/A
15. \_\_\_\_\_ WORKING PAPERS \_\_\_\_\_ N/A
16. \_\_\_\_\_ SUMMER MANUAL/LMO RECEIPT \_\_\_\_\_ N/A

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 REVIEWER’S SIGNATURE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE