

TELEPHONE/DOCUMENT INSPECTION FORM

IDENTIFYING INFORMATION	
Applicant's Name	
Social Security Number (Last 4 Digits)	Date
WIOA ELIGIBILITY VERIFICATION BY TELEPHONE	
Name and/or Number of Document	
Eligibility Item(s) to be Verified:	
Information Verified:	
Agency Providing Verification:	
Agent Verifying Eligibility Item:	
Date and Time of Verification:	
Telephone Number of Agency Providing Verification:	
WIOA ELIGIBILITY BY DOCUMENT INSPECTION	
Name and/or Number of Document	
Eligibility Item(s) to be Verified:	
Information Verified:	
Document to be Inspected:	
Original Source of Document:	
Reason for Document Inspection <input type="checkbox"/> Remote Site Eligibility, No Copier Available <input type="checkbox"/> On Site Eligibility, No Copier Available <input type="checkbox"/> Document Cannot Be Copied	
<p>I attest that the information recorded by me on this document was obtained through telephone contact or document inspection on the above date. As indicated by the agent, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.</p> <p style="text-align: center;">OR</p> <p>I attest that the document inspection verified the primary/secondary items required to determine eligibility for the WIOA program.</p>	
Signature, Title _____	Date _____