



**MID-CAROLINA
WORKFORCE & TALENT
DEVELOPMENT**

Policy Letter #15

TO: All Mid-Carolina Workforce Development Service Providers

FROM: Justin Hembree - Interim Director

SUBJECT: Participant's 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 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, as stated in TEGE No. 12-01, Attachment C, 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 eligibility (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. (TEGL 05-14, dated 8/22/14). Based on Attachment A of TEGL 28-11, self-attestation is not allowed to document the date of birth, school status, or low-income status.

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 provider contractors 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- Written Self-Attestation Form for Adults/Dislocated Workers

Attachment B- Written Self-Attestation Form for Youth

Creation Date

July 2022



NCWorks Career Center Self-Attestation for Young Adults

Name of Applicant: _____

State Identification Number: _____

Date (should match Intake date): _____

Section(s) Completed: Education Information Family Size Income
 Employment Information Barriers to Employment

Are you currently enrolled in school? Yes No

If not, what was your highest grade complete? 8 9 10 11 12 HS Diploma
GED or Equivalent Certificate Associate's Degree Other Post-Secondary Degree
1 yr College 2 yrs College 3 yrs College Bachelor's Degree
Education beyond a Bachelor's Degree

My family size is _____ (the number of individuals living in a single residence at the time of application who are related by blood, marriage, or decree of court to include spouses, parent(s) with dependent children.)

Family Member Names/Relationships: _____

Are you or anyone in your family receiving any public assistance such as Food Stamps, Medicaid, SSI, etc.? Yes No

Are you currently employed? Yes No If no, have you worked in the last 6 months? Yes No

Income earned within the last six months \$ _____

Statement of no income Yes No Cash gifts Yes No Odd jobs Yes No

Self-employment income Yes No Assistance from family and friends Yes No

Specify other financial assistance you have received: _____

Place of employment: _____

Position: _____ Rate of Pay: _____

Are you homeless or did you run away from home? Yes No

Are you pregnant or currently parenting a child? Yes No Are
you an offender? Yes No

Do you Require Additional Assistance (includes individuals that have a disability)? Yes No

If yes, please explain: _____

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

Applicant Signature

Date

By signing below, I acknowledged that I confirm the above information is true and accurate to the best of my knowledge and belief.

Parent/Guardian Signature	Date
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I certify that the information recorded on this form was provided by the individual whose signature appears above and that there is no evidence known to contradict this self-attestation. In that sense, I corroborate the Applicant's statement.

Career Advisor's Signature

Date