



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 WDB 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, as stated in TEGL 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, in-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

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

Specify other financial assistance you have received: _____

Place of employment: _____

Dates of employment: _____

Position: _____ Rate of Pay: _____

Have you experienced barriers to employment? Yes No

If you answered "yes" to this question, please specify: Homeless Offender Other: _____

I am a transitioning service member Yes No

If you answered "yes" to this question, what is your estimated discharge date: _____

Have you been terminated, laid-off or received a notice of termination or layoff and eligible for or have exhausted unemployment benefits **and** unlikely to return to previous industry or occupation? (DW Category 1)

Yes No

Have you been terminated, laid off or received a notice of termination or layoff **and** have been employed for sufficient duration to demonstrate workforce attachment, but are not eligible for unemployment benefits due to insufficient earnings **or** the employer is Not covered under the state unemployment law, **and** unlikely to return to previous industry or occupation? (DW Category 2)

Yes No

Have you been terminated or laid off or received notice of termination or layoff from employment as a result of any permanent closure of **or** substantial layoff at a plant, facility, or enterprise? (DW Category 3)

Yes No

Are you employed at a facility in which the employer has made a general announcement that the facility will close? (DW Category 4)

Yes No If you answered "yes" to this question, what is the projected date of the facility's closure? _

Were you previously self-employed (including farms, ranchers, and fishermen) but are unemployed as a result of general economic conditions in the community of residence or because of a natural disaster? (DW Category 5)

Yes No If you answered "yes" to this question, what was the last date of self-employment? _____

If you answered "yes" to any of the above questions, please provide the name of the company from which you were laid off/terminated **and** answer the question below. _____

Are you likely to return to a previous industry or occupation? Yes No (If no, select a reason below)

- Skill oversupply (State or local supply of persons with the specific skills exceeds current demand for those skills); or
- Obsolete skills (No longer meet the minimum requirements on jobs available in your occupation); or
- Decline in Industry (Jobs in a particular industry decline because there is either negative growth or the growth is not at the rate of economic growth due to reasons such as evaporating consumer demand, and deterioration in revenue); or
- Decline in Occupation (Jobs in a particular occupation decline due to automation and technological advances that decrease the demand for human labor); or
- Local Layoff Impact (A local plant or business closing or layoff has had a significant negative impact on the availability of jobs in your primary occupation and accustomed wage/hour/skill level); or
- Physical Limitations or Disabilities (Newly acquired physical limitation or injuries occurring which limit your ability to perform the job from which you were dislocated may make you unlikely to return to the previous occupation. Must have a doctor's release to work); or
- Other Factors (Factors that can be recorded in the participant's file from written or verbal sources, including staff judgment, indicating "unlikely of returning to the previous industry or occupation.")

Are you 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 dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment or a call or order 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? (DW Category 6)

Yes No

Are you 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 the duty station of such member? (DW Category 7)

Yes No

Are you 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? (DW Category 8)

Yes

No

Are you long-term unemployed as defined as unemployed for 13 consecutive weeks or more?

Yes No

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

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.

Coordinator's Signature

Date