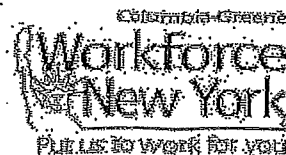


WIOA TITLE IB ELIGIBILITY VERIFICATION FORM



SELF ATTESTATION

I hereby certify, under penalty of perjury, that:

I am a citizen of the United State of America. (Initial Here) _____

In regards to the following issue: _____

_____ (Initial Here) _____

Applicant's Signature

Corroborating Witness Signature

Date

Date

INTER-AGENCY RELEASE OF INFORMATION

AGENCY: Unemployment Insurance/DOL Department of Social Services
 ACCESS-VR Questar III/BOCES Other: _____
 N/A

By signing this form, I agree to allow the Workforce Investment Office to provide information regarding my enrollment, termination and job placement to other agencies I am receiving assistance from and/or have a release of information agreement.

Applicant's Signature

Corroborating Witness Signature

Date

Date

NOTIFICATION OF RIGHTS

I have received a copy of the form that outlines the Discrimination and Grievance Procedures for WIOA Title IB programs.

Applicant's Signature

Date

STAFF NOTE: This attestation form must be documented in OSOS by making a comment that an attempt to obtain all other allowable hard copy documentation was unsuccessful and led to the applicant's statement(s).