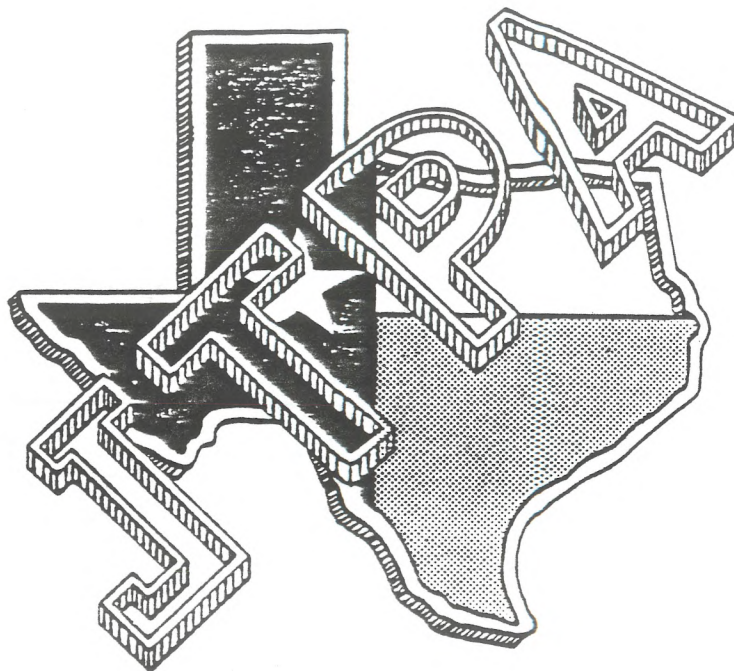


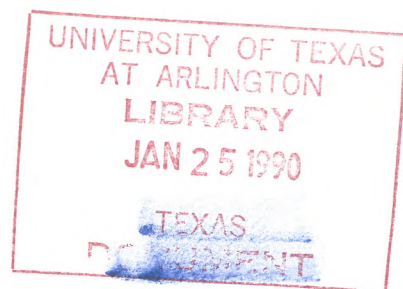
TITLE IA, IB, IVC ELIGIBILITY TECHNICAL ASSISTANCE GUIDE



A Guide To Determining Participant Eligibility - 1988



TEXAS DEPARTMENT OF COMMERCE
WORKFORCE DEVELOPMENT DIVISION



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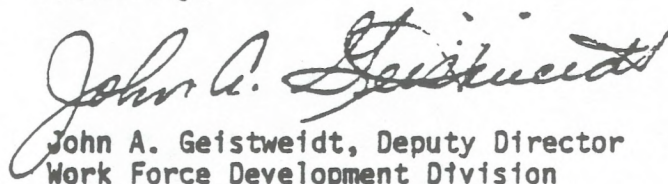
DEPARTMENT OF COMMERCE

DATE DUE

The Title IIA, IIB, IVC Eligibility Technical Assistance Guide (TAG), A Guide to Determining Participant Eligibility, is designed to assist you in establishing and maintaining an Eligibility Determination Process which facilitates compliance with the Act, Federal Regulations and the Texas Department of Commerce policy. It describes procedures for gathering applicant and participant information for the purpose of eligibility determination, verification and documentation.

It should be made clear that if the procedures in the Eligibility TAG are followed, each contractor will have met the minimal requirements as outlined in Section 141(i) of the Job Training Partnership Act and Section 629.35 of the Department of Labor, Employment and Training Administration, Rules and Regulations.

Sincerely,


John A. Geistweidt, Deputy Director
Work Force Development Division

TITLE IIA, IIB, IVC TECHNICAL ASSISTANCE GUIDE
A Guide to Determining JTPA Participant Eligibility

Work Force Development Division
Texas Department of Commerce

July, 1988

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INTRODUCTION

Federal regulations and State policy governing the Job Training Partnership Act (JTPA) set forth certain participant eligibility requirements. The Governor is responsible for ensuring that adequate records are maintained "in sufficient detail to demonstrate compliance with the relevant eligibility criteria" (Sec. 629.35(e) of the Federal Regulations). This Technical Assistance Guide (TAG) has been developed to fulfill this responsibility and offer contractors an acceptable approach for documenting and verifying eligibility. Items included are needed to cover State JTPA eligibility determination and verification requirements. It is a requirement that each contractor verify eligibility prior to enrollment.

We wish to emphasize that the procedures set forth will meet the minimal requirements as outlined in Section 141(i) of the Job Training Partnership Act and Section 629.35 of the Department of Labor, Employment and Training Administration, Rules and Regulations.

This TAG is designed to help the JTPA contractor set up an eligibility and verification system that complies with JTPA law, Federal Regulations and Texas Department of Commerce (Commerce) policy.

The first section outlines those definitions needed in determining eligibility under Titles IIA, IIB, and IVC.

The second section identifies the process for determining eligibility through the use of Eligibility Flow Charts and the Eligibility Determination Worksheet.

Section three identifies acceptable documentation used in verifying eligibility requirements through the use of the Eligibility Documentation Log.

The eligibility determination process should be discussed with the client, clarifying the necessity for collecting eligibility documents. It is recommended that the intake office collect the eligibility documents after obtaining written permission from the applicant.

TITLE IIA, IIB, IVC
ELIGIBILITY DEFINITIONS

ELIGIBILITY DEFINITIONS

The following definitions outline the elements and categories of eligibility under the Job Training Partnership Act. How these categories are to be applied to each title under JTPA is outlined in the Eligibility Determination Worksheet.

The intake interviewer should determine eligibility for all Titles administered by the contractor.

ECONOMICALLY DISADVANTAGED

An individual who:

1. receives, or is a member of a family which receives, cash welfare payments under a Federal, State or local welfare program;

OR

2. has, or is a member of a family which has received a total family income for the six month period prior to application for the program involved (exclusive of unemployment compensation, child support payments and welfare payments) which in relation to family size, was not in excess of the higher of

- a. the poverty level determined in accordance with criteria established by the Director of Management and Budget,

OR

- b. 70 percent of the lower living standard income level

OR

3. is receiving food stamps pursuant to the Food Stamp Act of 1977;

OR

4. * qualifies as a homeless individual under section 103 of the Stuart B. McKinney Homeless Assistance Act;

OR

5. is a foster child on behalf of whom state or local government payments are made;

OR

6. is a handicapped individual 16 years of age or older whose own income meets the requirements of 1 or 2 above but who is a member of a family whose income does not meet such requirements.

* A homeless individual shall be eligible for assistance under JTPA programs only if the individual complies with income eligibility requirements otherwise applicable.

ELIGIBLE NON-CITIZEN

Permanent Resident Aliens, lawfully admitted, must prove citizenship status with an alien registration receipt card issued by the Immigration and Naturalization Service. This card is a photo ID. ID's issued prior to July 1, 1979 will be a I-151 (green card). Subsequent ID's will be I-551 (white card). All permanent resident aliens are "authorized to work."

Lawfully admitted refugees, parolees and other individuals must prove citizenship status with an annual-departure record issued by the Immigration and Naturalization Service. This record will be an I-94. If the individual is permitted to work in the U.S., their card will be stamped "Employment Authorized."

[For more complete information on classes of aliens authorized to accept employment, refer to Administrative Issuance #87-06, Supplement 2.]

FAMILY

1. Means one or more persons comprising a household in a single residence who are related to each other by blood, marriage or adoption. Two persons shall be considered related by common-law marriage if both persons attest to that fact. A stepchild or stepparent shall be considered to be related by marriage.

NOTE 1: It is possible to have more than one household in a single residence. A household should represent a family unit meeting criteria in (1) above which provides at least 50% of its own support for the 6 month income determination period.

NOTE 2: For one or more persons who were members of multiple households during the income determination period, include the maximum number of members in the household at any one time and the income from all members for each household during the time they were a part of the household.

NOTE 3: Under the definition of family used for JTPA programs, a youth under 18 years of age is considered a member of the family and as such the family's income is included for the income determination period, unless disability of minority has been removed. Youth 14 through 17 years of age who can document that they have lived alone or with unrelated persons and who provided 50% or more of their own support for the 6 month income determination period are not considered a member of the family.

2.
 - a. An individual claimed as a dependent on another person's Federal Income Tax return for the previous year shall be presumed, unless otherwise demonstrated, part of the other person's family.

NOTE: "UNLESS OTHERWISE DEMONSTRATED" requires that the individual demonstrate that he/she has provided at least 50% of their own support for the 6 month income determination period.

2.
 - b. A handicapped individual 16 years of age or older or an individual 55 years of age or older may be considered a family of one when applying for programs under the Act.
 - c. A foster child on behalf of whom state or local government payments are made is considered a family of one when applying for programs under the Act.
3. Questions have arisen regarding the "family" status of youth, under 18 years of age, who are institutionalized in a facility providing 24 hour support. These youth are considered members of the family during the period that they are in an institution.

FAMILY - 2

In determining family income, two alternatives are allowable. First, if these institutionalized youth are applying for IIA, they might be served as part of the "10%" non-economically disadvantaged individuals with barriers to employment. (Section 203(a)(2) of the Act.)

A second option can be used for both IIA and IIB programs. If institutionalized youth are applying for JTPA, the entire family income is included only for the time the youth lived with the family during the 6 month income determination period. The only other income that would be included during the income determination period would be financial assistance provided by the family or other sources, or income received on behalf of the youth by his/her family while the youth is institutionalized.

FAMILY INCOME

All income actually received by all members of the family who were determined part of the family unit of the applicant during the income determination period. Family size shall be the maximum number of persons at any one time who were a part of the applicant's family during the 26 week determination period. For one or more persons who were members of multiple households during the income determination period, include the maximum number of members in the household at any one time and the income from all members for each household during the time they were a part of the household.

Family Income shall INCLUDE:

- A. Gross wages and salary (before deductions - to include unsubsidized portion of OJT payments);
- B. Net self-employment income (gross receipts minus operating expenses); and
- C. Other money income received from sources such as net rents, retirement and survivors insurance payments received under Title II of the Social Security Act, pensions, alimony, government retirement payments, periodic income from insurance policy annuities, lump sum retirement payments, severance pay, and other sources of income.

NOTE 1: Interest earned during the income determination period is included.

NOTE 2: Government Retirement payments are included, however veteran retirement payments may have a disability rating for a percentage of the retirement - this disability percentage is excluded.

NOTE 3: Retirement income, when received in one lump sum during the income determination period, if uninvested (i.e.: IRA, real estate, etc.) is considered INCLUDED income. However, if, during the income determination period, the applicant was employed and paying into his/her retirement fund, the amount paid into retirement from gross wages and salary during that period should be subtracted from the lump sum retirement payment received when calculating total INCLUDED income for eligibility purposes. This would prevent income paid into the retirement fund during the income determination period from being counted as income twice.

Family Income shall EXCLUDE:

- A. Non-cash income such as food stamps or compensation received in the form of food or housing;
- B. Child Support;
- C. Public assistance payment;

INCOME - 2

D. Cash payments received pursuant to a State plan approved under Titles I (Old Age Assistance), IV (Aid to Families with Dependent Children), V (Maternal and Child Health Services) or XVI (Supplemental Security Income) of the Social Security Act; or disability insurance payments received under Title II of the Social Security Act;

E. Federal, State or local unemployment benefits;

F. Payment made to participants in employment and training programs;

G. Capital gains and losses;

H. One-time unearned income, such as, but not limited to:

1) Payments received for a limited fixed term under income maintenance programs and supplemental (private) unemployment benefits plans;

2) One-time or fixed-term scholarship and fellowship grants;

3) Accident, health and casualty insurance proceeds;

4) Disability and death payments, including fixed-term (but not lifetime) life insurance annuities and death benefits;

NOTE: Social Security Disability is fixed term, however, at age 65, it may become Retirement Income and would therefore be INCLUDED income.

5) One-time awards and gifts;

6) Fixed-term workmen's compensation awards;

7) Inheritances, including fixed-term annuities;

8) Terminal leave pay;

9) Agricultural crop stabilization payments;

I. Pay or allowances received by any veteran while serving on active duty in the Armed Forces as well as payments received for participation in National Guard or Army, Navy or Air Force reserve activities and VISTA stipends, and

NOTE: Applicants who have family members who are veterans may exclude veteran pay from Family Income calculations.

J. Educational assistance and compensation payments to veterans and other eligible persons under Title 38, United States Code, Chapters 11, 13, 31, 34, 35 and 36, and

K. Loans.

FOSTER CHILD

A child on behalf of whom state or local government payments are made; and for whom a court order removing the child from the custody of the parent and specifying a managing conservator exists.

HANDICAPPED INDIVIDUAL

Any individual who has a physical or mental disability which constitutes or results in a substantial barrier to employment (JTPA Section 4(10)) and who can benefit from the JTPA program as determined by the local Service Delivery Area/JTPA staff.

Individuals meeting this criterion should be certified handicapped by an authorized agency or individual, i.e., Texas Rehabilitation Commission, Mental Health and Mental Retardation, doctors, school, etc. For purposes of determining eligibility under "handicapped", the following handicaps constitute a substantial barrier to employment:

1. Physical Disabilities:

- a. Crippled or health impaired (orthopedically handicapped): May be the result of a disease; injury to the brain or parts of it before, during, or after birth.; injuries from burns, fractures, or amputations; or health disabilities such as heart, diabetes, allergies, etc;
- b. Visually handicapped: Blind or partially sighted (visual acuity of 20/70 or less in the better eye after the best correction);
- c. Hearing impaired: Any loss of hearing sufficient to interfere with communication. Mild (25-40 db), severe (60-70 db), or profound (75+ db) loss in the better ear in the speech range; and
- d. Speech handicap: (communication disorder): A deviation in speech and/or voice to the degree that it draws attention to the manner of speech, or causes the individual to become maladjusted in his/her environment.

2. Mental Disabilities:

- a. Mentally retarded: Subaverage general intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior.

HANDICAP - 2

- b. Specific learning disabilities: A demonstrated significant discrepancy between academic achievement and intellectual abilities in one or more of the areas of oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, mathematics reasoning or spelling. And, it is determined that the discrepancy is not primarily the result of visual handicap, hearing impairment, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage. And, exists to such a degree that one cannot be adequately served in the regular classes of the public schools without the provisions of special services other than those provided under compensatory education programs.[Texas Education Code, Section 21.503(6)(7).]
- c. Emotionally maladjusted: Refers to mental disorders caused by or associated with impairment of brain tissue function and disorders of psychogenic origin, which are disorders without clearly defined physical cause or structural change in the brain. Interferes with the individual's capacity to satisfactorily and consistently meet the ordinary personal, social, or vocational demands of life.

Any mental disability must be verified by a physician or another appropriate professional (THC, MHMR, Doctor, school official, etc.).

Any person designated by Vocational Rehabilitation as having a handicap constituting a substantial barrier to his/her employment will be considered handicapped for JTPA eligibility determination purposes.

HOMELESS INDIVIDUAL

1. For purposes of JTPA eligibility, the term "homeless" or "homeless individual" includes:
 - a. an individual who lacks a fixed, regular, and adequate nighttime residence;
 - b. an individual who has a primary nighttime residence that is:
 - i. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - ii. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - iii. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
2. A homeless individual shall be eligible for assistance under JTPA programs only if the individual complies with the income eligibility requirements otherwise applicable.
3. For purposes of JTPA eligibility, the term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

SELECTIVE SERVICE REGISTRATION

Section 3(a) of the Military Selective Service Act requires that:

- male citizens, and other male persons residing in the United States
- born on or after January 1, 1960, and who have attained their eighteenth (18) birthday (without attaining their twenty-sixth (26) birthday) regardless of military service

MUST present themselves for registration.

NOTE: If the male individual was born on or after January 1, 1960, has attained his 26th birthday and has NOT registered for the selective service, he is INELIGIBLE for JTPA unless he was institutionalized until the age of 26, he was in the military and received an honorable discharge, he has a visible or obvious handicap that would permanently disqualify him from military service or an appeal is made to the Selective Service Administration and a pardon has been granted. If the applicant meets any of these criteria, record WAIVED in place of the registration number.

(See Policy Directive #84-6 and Administrative Issuance #87-11 for more information.)

VETERAN

Refer to Section 4(27)(A) of the Act. Any individual who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

NOTE: The term "active" means full-time duty in the Armed Forces, other than duty for training in the reserves or National Guard. Any period of duty for training in the reserves or National Guard, including authorized travel, during which an individual was disabled from a disease or injury incurred or aggravated in the line of duty, is considered "active" duty.

RECENTLY SEPARATED VETERAN

A veteran whose last date of discharge or release from the Armed Forces occurred within 48 months of the date of application.

DISABLED VETERAN

Refer to Section 4(27)(B) of the Act. A veteran

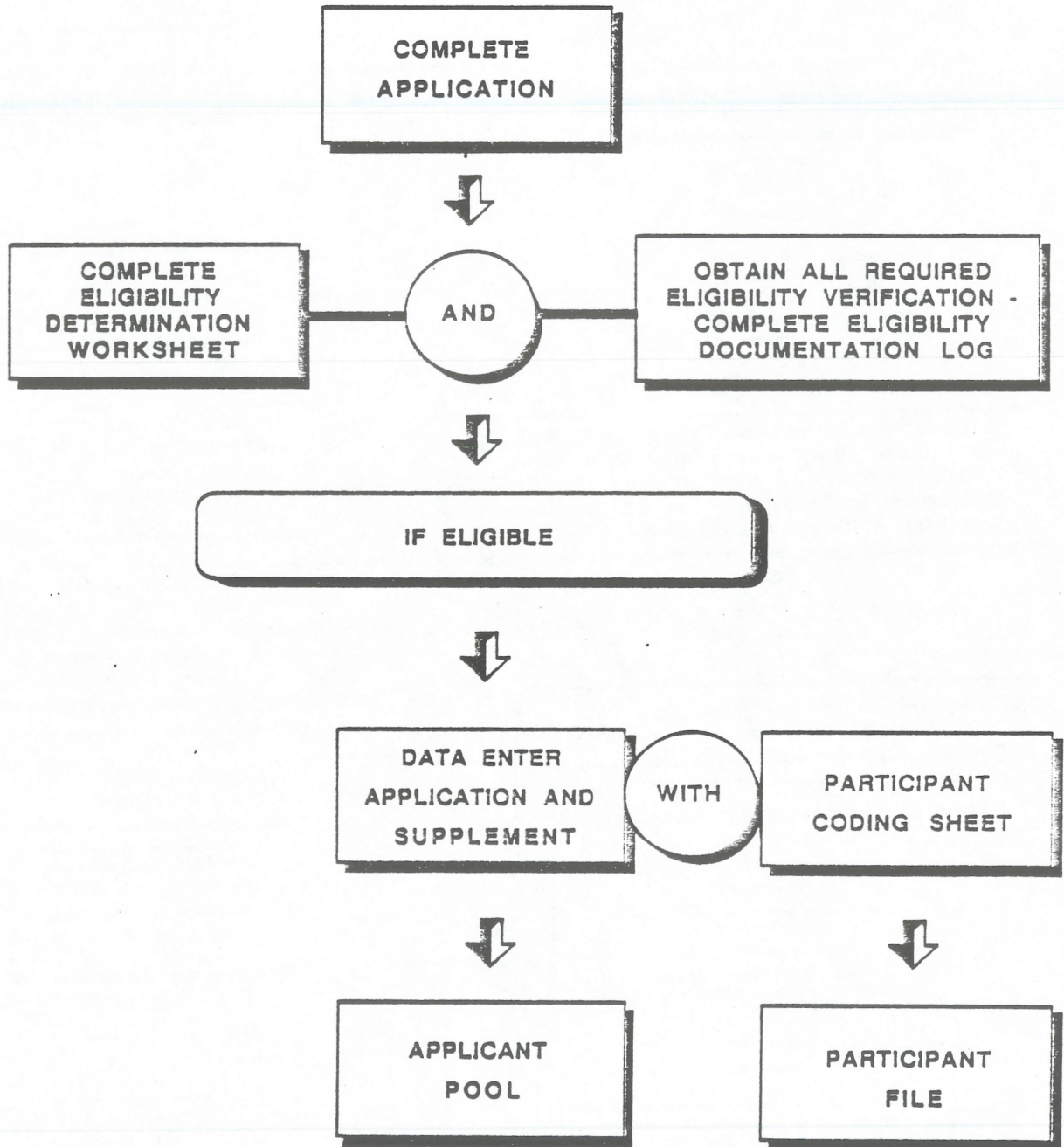
1. who is entitled to compensation under laws administered by the Veteran's Administration, or
2. an individual who was discharged or released from active duty because of a service-connected disability.

VIETNAM ERA VETERAN

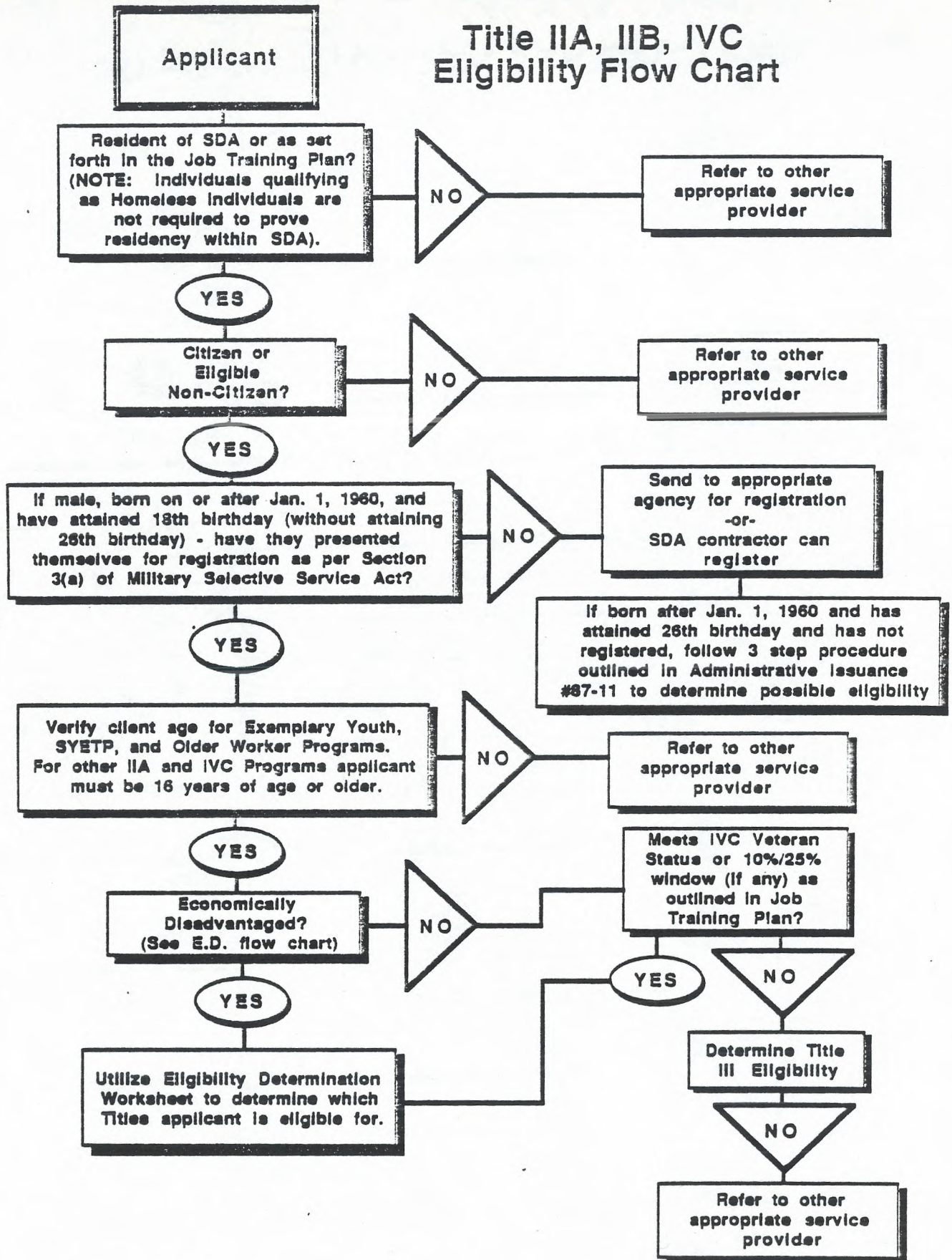
A veteran who served on Active Duty between August 5, 1964 and May 7, 1975.

TITLE IIA, IIB, IVC ELIGIBILITY
DETERMINATION

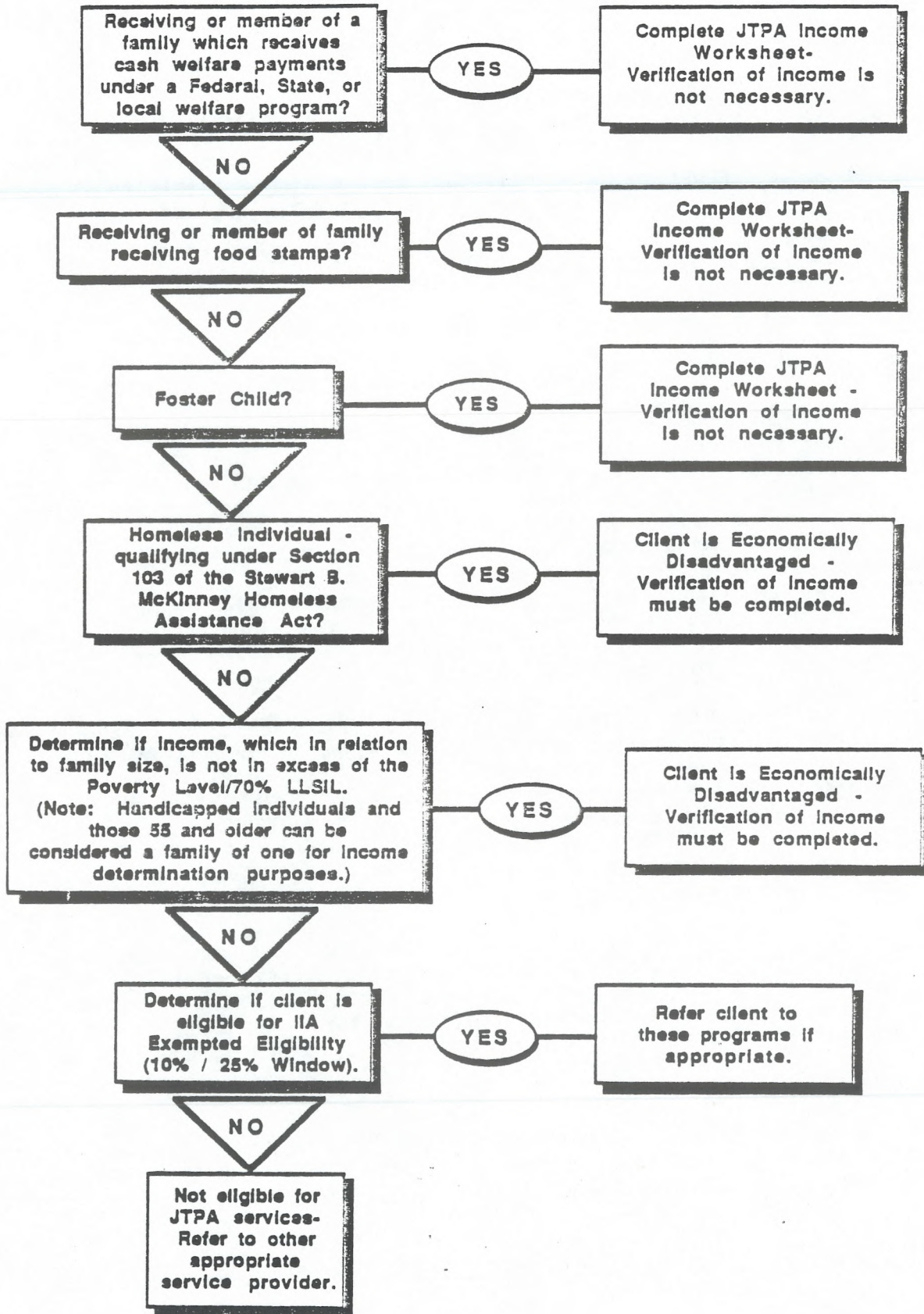
APPLICANT PROCESSING FLOW CHART



Title IIA, IIB, IVC Eligibility Flow Chart



Economically Disadvantaged Determination Flow Chart



INSTRUCTIONS FOR COMPLETING THE TITLE IIA, IIB, IVC ELIGIBILITY DETERMINATION WORKSHEET

PURPOSE: This Worksheet has been designed to assist in determining which programs under Titles IIA, IIB, and IVC the applicant will most likely be eligible for. If the applicant meets the basic eligibility requirements for one or more programs, the individual determining eligibility will know which direction to take in defining, verifying and documenting the applicant's eligibility for JTPA.

1. Applicant's Name - Record the last, first and MI.
2. SSN - Record the Applicant's Social Security number.
3. Date - Record the date the eligibility determination is completed.
4. Eligibility Criteria - Listed in this column are specific eligibility criteria. For each eligibility criterion that the applicant meets, circle the corresponding letter in the horizontal row to the right. (Example: If the applicant is a resident of the Service Delivery Area, circle all the "X"'s in the horizontal row across the form. This would indicate that the applicant met the eligibility requirements regarding residential status for all Titles. Likewise, if the applicant fell under the age group of "14 through 15", the "Y"'s indicated in the horizontal row to the right would be circled indicating age eligibility for Title IIA Pre-Employment, IIA/123 Exempted Eligibility, and Title IIB).
5. Eligibility Categories - After all appropriate criteria have been identified and circled, review each Category column and at the bottom indicate whether the applicant met (YES) or did not meet (NO) the eligibility requirements for that Category. ("ALL X" indicates that all eligibility criteria identified with an "X" must be met to establish eligibility for that Category. Likewise, "ANY Y" or "ANY Z" would indicate that one or more "Y" or "Z" identified criterion must also be met.)
6. Review/Certification - After the worksheet has been completed and, in conjunction with the Application and Eligibility Documentation Log, eligibility has been verified and documented, the certification statement should be completed indicating the related Application form date. Staff completing the form and staff reviewing the form should sign and date as indicated.

NOTE: For Selective Service -- the appropriate "X" should be circled in all cases where the applicant either meets the criterion for a Selective Service Registration or the criterion is NOT APPLICABLE.

The Title IIA, IIB, IVC Eligibility Determination Worksheet may be placed in the official participant file.

TITLE IIA, IIB, IVC
ELIGIBILITY DETERMINATION WORKSHEET

NAME _____ SSN _____ DATE _____

ELIGIBILITY CRITERIA	TITLE IIA						TITLE IIA/123 Exempted Eligib.	TITLE IIB SYETP	TITLE IVC Veteran
	ADULT & YOUTH		EXEMPLARY YOUTH PROGRAMS						
	CRT/OJT Services Holding	Work & Limited Work Exp	Entry Emplmt.	Pre-Emplmt.	School To Work Transit	Education For Emplmt.			
Resident of Service Delivery Area or as Set Forth in the Job Training Plan (except homeless individuals)	X	X	X	X	X	X	X	X	X
U.S. Citizen or Eligible Non-Citizen	X	X	X	X	X	X	X	X	X
Meets Selective Service Registration Requirements	X	X	X	X	X	X	X	X	X
Age 14 thru 15				Y			Y	Y	
Age 16 thru 21	Y	Y	Y	Y	Y	Y	Y	Y	Y
Age 22 thru 54	Y	Y					Y		Y
Age 55 or older	Y ⁿ	Y ⁿ					Y		Y
No Prior JTPA Limited Work Experience Participation		X							
Economically Disadvantaged or Family Income 70% LLS	X	X	X	X	X	X		X	
Completed Pre-Employment Skills Training			X						
Have not Recently Held Regular Part-Time or Summer Job for more than 250 hours or as Set Forth in the Job Training Plan			X						
Enrolled in a Secondary School or Institution Offering High School Equivalent Programs			X						
Met Minimum Academic and Attendance of School for Current or Recent Term			X						
Plans to Enter Full-Time Labor Market Upon High School Graduation (Senior or Dropout)					X				
Have not Attained High School Diploma/GED						Z			
Have Educational Deficiencies Despite Attainment of High School Diploma/GED						Z			

*IF MEETING IIA ELIGIBILITY, ELIGIBLE FOR IIA OLDER WORKER PROGRAM

ELIGIBILITY CRITERIA	TITLE IIA						TITLE IIA/123 Exempted Eligib.	TITLE IIB SYETP	TITLE IVC Veteran
	ADULT & YOUTH		EXEMPLARY YOUTH PROGRAMS						
	CRT/OJT Services Holding	Work & Limited Work Exp	Entry Emplmt.	Pre-Emplmt.	School To Work Transit	Education For Emplmt.			
Barriers to Employment: (IIA 10% Window)							Z		
Educationally Disadvantaged/ Section 123 25% Window							Z		
Recently Separated Veteran									Z
Disabled Veteran									Z
Vietnam Era Veteran									Z
ELIGIBLE	Yes All X Any Y No	Yes All X Any Y No	Yes All X Y No	Yes All X Any Y No	Yes All X Y No	Yes All X Y Any Z No	Yes All X Any Y Any Z No	Yes All X Any Y No	Yes All X Any Y Any Z No

I have reviewed the JTPA Application dated _____ and based on the supporting documentation indicated on the Eligibility Documentation Log and on the information provided thereon, I certify the status of this Applicant eligible for the activities checked above.

Signature of Certifier/Date: _____ Reviewed by/Date: _____

INSTRUCTIONS FOR COMPLETING THE JTPA INCOME WORKSHEET

Because this form is a basic document for establishing eligibility, it must be completed and placed in the official participant file.

IDENTIFYING INFORMATION

1. Name - Record the applicant's last, first and MI.
2. SSN - Record the applicant's social security number.
3. Date - Record the month, day and year this form is completed.

FAMILY INCOME

1. Name - List each person who is/was a family member for the last 6 months. List the applicant first. If the applicant is considered to be a family of one, list only the applicant.
2. Relationship - Record the relationship to the applicant of each person listed.
3. Age - Record the age of each person listed.
4. Income - Record the total actual income received by each individual during the last 26 weeks from all of the sources listed below in Sources of Income.
5. Sources of Income - Record what type(s) of income from the sources listed below in Sources of Income.
6. Total - Record the total FAMILY INCOME for last 6 months.

SOURCES OF INCOME

Record the amount and source of all reportable income for all family members for the prior 26 weeks. Then annualize the Total Included Income by multiplying the total figure by 2. This is the total ANNUALIZED INCOME.

Family Income means all income actually received by all members of the family who were determined part of the family unit of the applicant during the income determination period. Family size shall be the maximum number of persons at any one time who were a part of the applicant's family during the 26 week determination period. For one or more persons who were members of multiple households during the income determination period, include the maximum number of members in the household at any one time and the income from all members for each household during the time they were a part of the household.

NOTE: For applicants who report an absence of income or other means of support for the income determination period, have the applicant describe his/her specific circumstances. This may be done directly on the worksheet or an attachment may be included.

JTPA INCOME WORKSHEET

Identifying Information

Applicant's Name _____
Last
First
Middle Initial

Social Security Number - - Date _____

FAMILY INCOME

Name	Relationship	Age	Income	Source of Income (See Codes Below)
Family Members _____	Self _____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
TOTAL			\$ _____	

SOURCES OF INCOME

INCLUSIONS

1. Gross Wages/Salaries	\$ _____	
2. Self-Employment Income (Net)	\$ _____	
3. Other Money Income	\$ _____	
TOTAL	\$ _____	X 2 = \$ _____ Annualized Income

EXCLUSIONS

4. Non-Cash Income	\$ _____
5. Child Support	\$ _____
6. Public Assistance	\$ _____
7. Payments Under SS Act	\$ _____
8. Unemployment Benefits	\$ _____
9. JTPA Payments	\$ _____
10. Capital Gains/Losses	\$ _____
11. One-Time Unearned Income	\$ _____
12. Veterans Pay or Allowances	\$ _____
13. Veterans Education/ Compensation Payments	\$ _____
TOTAL	\$ _____

Authorized Signature _____ Date _____

70% LOWER LIVING STANDARD INCOME LEVEL
AND
POVERTY INCOME GUIDELINES

Middle Rio Grande and Deep East Texas (Texas Non-Metro)

Family Size	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
	5,770	7,730	9,690	11,780	13,900	16,260	18,260	20,980	+2,360

All other SDAs (Texas Metro)

Family Size	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
	5,770	7,730	10,170	12,560	14,820	17,330	19,840	22,350	+2,510

NOTE: This table combines the 70% LLSIL and Poverty Income Guidelines guidelines and indicates the higher amounts needed for calculating income eligibility.

For families larger than 8 people the "+" amount indicated should be added to the eight-people family income for each additional family member.

EFFECTIVE: 5/31/88

DIRECTIONS FOR COMPLETING THE JTPA EMPLOYMENT HISTORY WORKSHEET

PURPOSE: This Worksheet has been designed and included in this TAG to provide applicant employment history information and assist the counselor/job developer to better evaluate and develop a course of action in training and/or placing this applicant. It is strongly recommended that the completion of the JTPA Employment History Worksheet be made a part of the intake/eligibility determination process and placed in the official participant file.

1. Applicant's Name - Record the applicant's last, first, and MI.
2. Date - Record the month, day and year application for JTPA was completed.
3. SSN - Record the Applicant's Social Security number.
4. Employment History - Listing the most current job first, record the employment history of the applicant for the last three (3) years. If the applicant has been out of the work force for part or all of the previous three years, record the three (3) most significant jobs the applicant has held prior to JTPA application.
5. Counselor's signature and date - The staff member completing the worksheet should sign and date where indicated.
6. Reviewer's signature and date - The staff reviewing the worksheet should sign and date where indicated.
7. Page Number - The page number should be identified along with the total number of worksheets used to complete the applicant's work history (example: Page 1 of 3).

JTPA EMPLOYMENT HISTORY WORKSHEET

IDENTIFYING INFORMATION

APPLICANT'S NAME _____ APPLICATION DATE _____
 LAST FIRST MI MO DA YR

SOCIAL SECURITY NO. _____

EMPLOYMENT HISTORY (LIST MOST CURRENT JOB FIRST)

COMPANY NAME _____
 SUPERVISOR'S NAME _____
 STREET ADDRESS _____
 CITY, STATE _____
 AREA CODE (____) PHONE NUMBER _____
 STARTING DATE _____
 MO DA YR
 ENDING DATE _____
 MO DA YR
 WORKING TITLE _____
 DUTIES _____
 AVG. WAGE/HR \$ _____ . _____ AVG. HRS/WEEK _____
 FULL-TIME PART-TIME
 REASON FOR TERMINATION _____

COMPANY NAME _____
 SUPERVISOR' NAME _____
 STREET ADDRESS _____
 CITY, STATE _____
 AREA CODE (____) PHONE NUMBER _____
 STARTING DATE _____
 MO DA YR
 ENDING DATE _____
 MO DA YR
 WORKING TITLE _____
 DUTIES _____
 AVG. WAGE/HR \$ _____ . _____ AVG. HRS/WEEK _____
 FULL-TIME PART-TIME
 REASON FOR TERMINATION _____

COMPANY NAME _____
 SUPERVISOR'S NAME _____
 STREET ADDRESS _____
 CITY, STATE _____
 AREA CODE (____) PHONE NUMBER _____
 STARTING DATE _____
 MO DA YR
 ENDING DATE _____
 MO DA YR
 WORKING TITLE _____
 DUTIES _____
 AVG. WAGE/HR \$ _____ . _____ AVG. HRS/WEEK _____
 FULL-TIME PART-TIME
 REASON FOR TERMINATION _____

COMPANY NAME _____
 SUPERVISOR' NAME _____
 STREET ADDRESS _____
 CITY, STATE _____
 AREA CODE (____) PHONE NUMBER _____
 STARTING DATE _____
 MO DA YR
 ENDING DATE _____
 MO DA YR
 WORKING TITLE _____
 DUTIES _____
 AVG. WAGE/HR \$ _____ . _____ AVG. HRS/WEEK _____
 FULL-TIME PART-TIME
 REASON FOR TERMINATION _____

SIGNATURE OF COUNSELOR/DATE _____

SIGNATURE OF REVIEWER/DATE _____

TITLE IIA, IIB, IVC
ELIGIBILITY VERIFICATION DOCUMENTATION

VERIFICATION/DOCUMENTATION

- A. **PURPOSE.** This Section includes examples of acceptable documentation for eligibility determination and verification of eligibility. This information should be used by contractors to evaluate the Eligibility Determination Process.

- B. **GENERAL INSTRUCTIONS.** The procedures and forms included in this section have been developed for use in complying with verification/documentation requirements. The eligibility verification and documentation process includes the Eligibility Documentation Log and copies of standard eligibility verification documents used to substantiate the eligibility of an applicant. A determination shall be made of the applicant's eligibility for each JTPA title based upon information in the completed and signed Application form and the documentation collected by the contractor to substantiate eligibility PRIOR to enrollment into JTPA.

INSTRUCTIONS FOR COMPLETING THE TITLE IIA, IIB, IVC ELIGIBILITY DOCUMENTATION LOG

PURPOSE: The Eligibility Documentation Log was designed to identify acceptable documentation sources for eligibility determination and verification, and provide a method for tracking or logging those documents collected and used in verifying participant eligibility.

1. Applicant's Name - Record the last, first and MI.
2. SSN - Record the applicant's social security number
3. Date - Record the month, day and year eligibility documentation is completed.
4. Sources of Documentation - The sources of documentation are identified on the Eligibility Documentation Log. As a general rule, the appropriate document (birth certificate, card, letter, etc.) should come from a preferred source. If the preferred source of documentation is not available, an alternate choice may be used. Since the burden of proof and the responsibility for eligibility is with the grant recipient, liability for ineligible participants increases each time a less acceptable source is used. The contractor can also make a phone call to agencies or other sources for appropriate information. This information, along with the name, title and agency of the source must be written in the file and initialed by the interviewer. All phone contacts of a preferred source are considered alternate sources (with the exception of Selective Service registration verification).

Staff members completing the Log should check the box to the left of each documentation source collected and used in verifying the eligibility of the applicant. It is required that each contractor verify eligibility PRIOR to enrollment.

5. Counselor's Signature and Date - The staff member verifying all documentation should sign and date where indicated.
6. Reviewer's Signature and Date - The staff member reviewing this information should sign and date where indicated.

The Eligibility Documentation Log and copies of those documentation sources identified on the Log must be placed in the official participant file.

TITLE IIA, IIB, IVC
ELIGIBILITY DOCUMENTATION LOG

NAME _____ SSN _____ DATE _____

(To be used in conjunction with Titles IIA, IIB, and IVC Eligibility Policy, Definitions and Instructions)

ELIGIBILITY CRITERIA	PREFERRED SOURCE OF DOCUMENTATION	ALTERNATE SOURCE OF DOCUMENTATION	OTHER
1. US Citizen/Eligible Non-Citizen	<input type="checkbox"/> Local governments <input type="checkbox"/> Bur. of Vital Statistics <input type="checkbox"/> INS Documentation <input type="checkbox"/> Passport <input type="checkbox"/> Hospital <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Foreign Ser. Documen. <input type="checkbox"/> Social Security Letter with printout <input type="checkbox"/> DHS Referral form	<input type="checkbox"/> School records <input type="checkbox"/> Armed Forces (reflecting citizenship status) <input type="checkbox"/> Church records <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
2. Residence	<input type="checkbox"/> DHS Referral form <input type="checkbox"/> Utility company <input type="checkbox"/> Credit Card company <input type="checkbox"/> Landlord <input type="checkbox"/> Rent receipt <input type="checkbox"/> Lease Agreement	<input type="checkbox"/> City Telephone Directory <input type="checkbox"/> County records <input type="checkbox"/> School records <input type="checkbox"/> DPS I-D Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Bank Statements <input type="checkbox"/> Government letters <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
3. Selective Service Registration	<input type="checkbox"/> Selective Service Letter/Card <input type="checkbox"/> 1-800 phone verification <input type="checkbox"/> Selective Service Waiver Documentation	<input type="checkbox"/> Selective Service Application completion	<input type="checkbox"/> _____ _____
4. Birthdate/Age	<input type="checkbox"/> Local governments <input type="checkbox"/> Bur. of Vital Statistics <input type="checkbox"/> INS. Documentation <input type="checkbox"/> Passport <input type="checkbox"/> Hospitals <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Foreign Service Doc. <input type="checkbox"/> Social Security Letter with printout <input type="checkbox"/> DHS Referral form	<input type="checkbox"/> School records <input type="checkbox"/> Armed Forces records <input type="checkbox"/> Church records <input type="checkbox"/> Driver's License <input type="checkbox"/> DPS I-D Card <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____

*Telephone verification of a Preferred Source

ELIGIBILITY CRITERIA	PREFERRED SOURCE OF DOCUMENTATION	ALTERNATE SOURCE OF DOCUMENTATION	OTHER
5. Economically Disadvantaged			
A. Public Assistance	<input type="checkbox"/> DHS Referral form <input type="checkbox"/> Other TDHS documentation <input type="checkbox"/> Social Security Adm. <input type="checkbox"/> Administering Government Agency	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
B. Food Stamp Recipient	<input type="checkbox"/> DHS Referral form <input type="checkbox"/> Other TDHS documentation	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
C. Foster Child	<input type="checkbox"/> State or local government providing support, and court documentation identifying custody. <input type="checkbox"/> Social Security Title IV-E support; and court documentation identifying custody.	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
D. Homeless Individual**	<input type="checkbox"/> Supervised public/private temporary shelter <input type="checkbox"/> Salvation Army <input type="checkbox"/> Institution providing temporary shelter <input type="checkbox"/> Institutions/organizations providing services to homeless individuals.	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
E. Family Income			
i. Number in family	<input type="checkbox"/> Out-of-household individual: - landlord - relative - pastor - case worker - neighbor, etc.	<input type="checkbox"/> IRS Letter 1722 <input type="checkbox"/> Income Tax Return for previous year <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____

*Telephone verification of a Preferred Source

** Income Eligibility: A "homeless individual" shall be eligible for JTPA services only if the individual complies with the income eligibility requirements otherwise applicable to the JTPA program.
Exception: residency requirements for Title II include exceptions necessary to permit services to "homeless individuals" who cannot find residence within the SDA.

ELIGIBILITY CRITERIA	PREFERRED SOURCE OF DOCUMENTATION	ALTERNATE SOURCE OF DOCUMENTATION	OTHER
5. (continued) ii. Handicapped	<input type="checkbox"/> Social Services Agency <input type="checkbox"/> Physician <input type="checkbox"/> Other qualified professional	<input type="checkbox"/> Documentation of visual observation <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
iii. Income	<input type="checkbox"/> Employer(s) <input type="checkbox"/> Pay receipts	<input type="checkbox"/> Bank statements <input type="checkbox"/> TEC records <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
6. Title IIA - 10% Groups			
A. Limited English Speaking	<input type="checkbox"/> Assessment at intake <input type="checkbox"/> Relative or neighbor	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
B. Displaced Homemaker	<input type="checkbox"/> Verify work history - TEC/other sources; and <input type="checkbox"/> Verify loss of income or public assistance - TDHS/other sources; and <input type="checkbox"/> Verify difficulty in obtaining or upgrading employment - TEC/other sources	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
C. High School Dropout	<input type="checkbox"/> School records to verify no high school diploma; and <input type="checkbox"/> Verify no GED from collateral contact	<input type="checkbox"/> Collateral contact <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
D. Teenage Parent	<input type="checkbox"/> Verification that applicant is parent of child from preferred birth record sources; and <input type="checkbox"/> Collateral contact verifying applicant has custody of child	<input type="checkbox"/> Alternate Birth record sources <input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____

*Telephone verification of a Preferred Source

ELIGIBILITY CRITERIA	PREFERRED SOURCE OF DOCUMENTATION	ALTERNATE SOURCE OF DOCUMENTATION	OTHER
E. Veteran (Title IVC)			
i. Service Connected Disabled Veteran	<input type="checkbox"/> VA Disability documentation/card <input type="checkbox"/> Separation Papers (DD214) documenting disability	<input type="checkbox"/> Separation Papers (DD214) (no disability documentation) <input type="checkbox"/> Phone verification* _____	<input type="checkbox"/> _____ _____
ii. Vietnam-Era Veteran	<input type="checkbox"/> Separation Papers (DD214)	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
iii. Recently Separated Veteran	<input type="checkbox"/> Separation Papers (DD214)	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
F. Offender	<input type="checkbox"/> Department of Corrections <input type="checkbox"/> Probation officer <input type="checkbox"/> Board of Pardons and Paroles	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
G. Alcoholics/Addicts	<input type="checkbox"/> Governmental Agency <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Qualified Professional	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
7. Section 123 - 25% Window/Educationally Disadvantaged			
A. Secondary school students, ages 16-21	<input type="checkbox"/> Birthday/age documentation (Preferred); and <input type="checkbox"/> Accepted testing instrument indicating applicant functioning at below grade level in basic skills area.	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
B. High school dropout, ages 16-21	<input type="checkbox"/> Birthday/age documentation (Preferred); and <input type="checkbox"/> School records to verify no high school diploma; and <input type="checkbox"/> Verify no GED from collateral contact.	<input type="checkbox"/> Phone verification* _____ _____ <input type="checkbox"/> Collateral contact	<input type="checkbox"/> _____ _____

* Telephone verification of a Preferred Source

ELIGIBILITY CRITERIA	PREFERRED SOURCE OF DOCUMENTATION	ALTERNATE SOURCE OF DOCUMENTATION	OTHER
C. Adults, ages 22 and over	<input type="checkbox"/> Birthday/age documentation (Preferred); and <input type="checkbox"/> Accepted testing instrument indicating applicant functioning at below 8th grade level.	<input type="checkbox"/> Phone verification* _____ _____	<input type="checkbox"/> _____ _____
D. Title III Eligible in need of educational assistance	<input type="checkbox"/> See Title III Eligibility TAG		

*Telephone verification of a Preferred Source

Verifier's Signature _____

Date _____

Reviewer's Signature _____

Date _____

VERIFICATION REQUEST LETTERS

PURPOSE: The following Verification Request Letters were designed to assist the SDAs/Contractors in obtaining eligibility verification/documentation on behalf of the applicant. With the applicant's permission, these Letters may be sent by the SDA/Contractor to the information source requesting that verification/documentation be returned to the SDA/Contractor.

Complete the upper portion of this form and
SEND TO:

Bureau of Vital Statistics
Texas Department of Health
110 West 49th Street
Austin, Texas 78756-3191
(Attach check or money order
in the amount of \$7.50)

TO WHOM IT MAY CONCERN:

_____ has applied for participation
under the Job Training program. To provide services, it is necessary to verify
his/her place of birth and birthday. The applicant has stated that she/he was
born in _____, _____, Texas, on _____.
(CITY) (COUNTY) (Date of Birth)

(Father's Name)

(Mother's Name Including
Maiden Surname)

Your cooperation will be most appreciated.

(TO BE COMPLETED BY BUREAU OF VITAL STATISTICS)

* Verified By _____ Title _____ Date _____
* Place of Birth (if
different from above) _____, _____, Texas
(City) (County)
* Date of Birth (if
different from above) _____
MONTH DAY YEAR

PLEASE RETURN TO:

Contractor's Name _____

Street Address _____

City _____ State _____ Zip _____

ATTENTION: _____

* This information may be completed by the contractor if verified by
telephone contact indicating who supplied the information and when the
telephone contact was made.

7/88

Complete the upper portion of this form and
SEND TO:

County Clerk
County, Texas Zip Code

TO WHOM IT MAY CONCERN:

_____ has applied for participation
under the Job Training program. To provide services, it is necessary to verify
his/her place of birth and birthday. The applicant has stated that she/he was
born in _____, _____, Texas, on _____.
 (CITY) (COUNTY) (Date of Birth)

Your cooperation will be most appreciated.

(TO BE COMPLETED BY COUNTY CLERK'S OFFICE)

* Verified By _____ Title _____ Date _____

* Place of Birth (if
different from above) _____, _____, Texas
 (City) (County)

* Date of Birth (if
different from above) _____ MONTH _____ DAY _____ YEAR

PLEASE RETURN TO:

Contractor's Name _____

Street Address _____

City _____ State _____ Zip _____

ATTENTION: _____

* This information may be completed by the contractor if verified by
telephone contact indicating who supplied the information and when the
telephone contact was made.

JOB TRAINING PARTNERSHIP ACT
EMPLOYMENT VERIFICATION

JTPA Applicant's Name _____ Application Date _____

Employee Name _____ Relationship to Applicant _____

TO: THE EMPLOYER OF THE UNDERSIGNED

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for training and employment under the Job Training Partnership Act, verification of employment is needed. Please complete this form as soon as possible as it is required before I or a member of my family can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you.

Signature of Employee/Date

Social Security Number

* EMPLOYER INFORMATION

Position Held: _____

Employed From: _____
Month / Day / Year

To: _____
Month / Day / Year

Was the Employee Laid-Off? _____

* Signature of Representative/Title/Date

Signature of Contractor/Date

* This information may be completed by the contractor if verified by telephone contact indicating who supplied the information and when the telephone contact was made.

7/88

[Local TEC policy may vary on appropriate methods for UI Verification. Contact your local TEC office prior to using the form letter (or suggested telephone verification) below.]

JOB TRAINING PARTNERSHIP ACT
UNEMPLOYMENT INSURANCE VERIFICATION

JTPA Applicant's Name _____ Application Date _____

UI Recipient's Name _____ Relationship to Applicant _____

TO: THE TEXAS EMPLOYMENT COMMISSION

This is your authorization to release the information concerning my receipt of unemployment insurance. In order to establish eligibility for training and employment under the Job Training Partnership Act, verification of income is needed for the last 26 weeks prior to the date of JTPA application. Please complete this form as soon as possible as it is required before I or a member of my family can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you.

Signature of UI Recipient

Social Security Number

* REQUESTED INFORMATION

Please enter the total amount of Unemployment Insurance Benefits received from _____ /
_____ / _____ to _____ / _____ / _____ (Counselor must enter these dates) \$ _____
Day / Year Month / Day / Year Amount

Has the UI recipient exhausted all benefits (effective the date of application above)?

_____ Yes _____ No

* Signature of Representative/Title/Date

Signature of Contractor/Date

* This information may be completed by the contractor if the information is verified by telephone contact indicating who supplied the information and when the telephone contact was made.

JTPA VERIFICATION OF SELECTIVE SERVICE WAIVER
FOR MALES BORN ON OR AFTER JANUARY 1, 1960 AND 26 OR OLDER
AND HAVE NOT REGISTERED

APPLICANT'S NAME _____ DATE OF APPLICATION _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER _____

The above named applicant meets all other requirements and is eligible for the JTPA program. Eligibility is based on the following selective service eligibility:

_____ Institutionalized for the entire period between the ages of 18 and 26.

_____ Release Papers (Please attach a copy of the document used to verify the information).

_____ Telephone Contact

Name of Institution _____

Date Entered Institution _____

Date Released from Institution _____

Applicant's Status Verified By _____

Person Contacted _____

Job Title _____ Telephone Number _____

_____ Received an honorable discharge from the military (Please attach a copy of the document used to verify the information).

_____ Visible or obvious handicap that would permanently disqualify him from military service.

Please list handicap _____

_____ Appeal made to the Selective Service and a pardon has been granted (Please attach a copy of the document used to verify the information).

I certify that the information provided above is true and that all documentation is, to the best of my knowledge, authentic.

Signature of Counselor/Date: _____/_____

Reviewer's Signature/Date: _____/_____

GENERAL INFORMATION

LABOR MARKET INFORMATION

Texas Employment Commission
TEC Building
Economic Research & Analyses Department
1011 E. 15th Street
Austin, Texas 78778-0001

1. JTPA Newsletter (monthly)
2. Texas Labor Market Review (monthly)
3. Annual Planning Information Booklet (Statewide or SDA specific)

IRS INFORMATION

For previous years Income Tax information, call 1-800-424-1040 and request:

1. IRS Letter 1722 (allow 2 - 3 weeks).

This is a summary of Income Tax Return information for requested previous years.

2. IRS Form 4506, Request for Copy of Tax Form, (allow 6 - 8 weeks).

This is a request form to obtain complete copies of requested previous years Income Tax Returns. Limit of 4 returns at \$4.25 each.



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