

District of Columbia Department of Employment Services
One-Stop Operations
Standard WIA (Training) File Checklist

Below is a list of items/documents management is requesting in the Standard ITA or non-ITA File.

Required Eligibility Documentation (WIA)

Part 1

- _____ Picture ID (driver license or non-driver's identification card)
- _____ Social Security Card (verify SSN to ensure that VOS and folders match)
- _____ Proof of DC residency (driver's license, voter's registration card, rent receipt)
- _____ Proof of Citizenship (birth certificates, US passport, voter's registration card, INS papers)
- _____ Proof of income levels/family income and size (pay stubs, W-2/within 6 months) check wages in file to match VOS (documentation on everyone in household who is working)
- _____ Proof of Dependents (copy of birth certificate or social security cards, DHS, ACEEDS record)
- _____ Proof of Selective Services Registration (*selective service document, registration card, also available on the internet @ www.sss.gov on-line verification form, males 18-26 years of age*).
- _____ Proof of Veteran's status (if applicable) DD214, other Veteran's Affairs Documents
- _____ Proof of Adult (18-72 years of age plus proof barriers) vs. Dislocated Workers (Public notice, ad, UI printout, or Layoff Notice)
Refer all persons under 22 years of age to the Youth Office
- _____ Notarized Applicant Statement (income and residency)
- _____ EEO (separate form or Common Intake form printed from VOS and signed)
- _____ Certification Signature Form (separate form or Common Intake form printed from VOS and signed)
- _____ Waiver Form (separate form or Common Intake form from printed VOS and signed)
- _____ Proof of multiple barriers to employment
 - *Low-income individuals with substantial language or culture barriers*
 - *Low-income individuals who are offenders*
 - *Low-income individuals who are homeless*
 - *Other low-income hard-to-serve-populations with special needs*
 - *School dropout*
 - *Deficient in Basic Literacy Skills*
- _____ Justification of Hard to Serve (barriers, income), if applicable

VOS Documents
Part II

- _____ Common Intake Form (use until WP application is printable. Print and sign from VOS)
- _____ Resume (objective should reflect current training interest/verify resume in VOS)
- _____ Skill sets and Qualifications (verify in VOS)
- _____ Job Search Activities (verifiable in VOS)
- _____ Individual Employment Plan (IEP verify in VOS)
- _____ WIA Application (completed in VOS, printed and signed copy in file)
- _____ WIA Activity Codes (100 series for core, 200 series for intensive and 300 series for training)
- _____ Case Notes (The following should be noted but limited to)
 - Brief description stating why self/staff assisted core services did not lead to employment
 - Proof of job search/interview efforts (verified in VOS)
 - Brief description stating why intensive services are needed with outcome (i.e. what will the customer benefit for receiving training)
 - Brief description stating why an applicant is deemed Adult or Dislocated Worker
 - Brief description for hard to service (if applicable)
 - Resume (objective should reflect current training interest/verify resume in VOS)
 - Skill Sets and Qualifications (Verify in VOS)
 - Individual Employment Plan (IEP Verify in VOS)

Assessments/Credentials/ Education
Part III

- _____ Resume (objective should reflect current training interest/verify resume in VOS)
- _____ CASAS Results (8th grade level or above: if not justification required)
- _____ Other Assessment Tools (Documents submitted by provider or other sources)
- _____ Credentials (any certification/license received prior to training, if applicable)
- _____ Proof of highest education completed (High School Diploma, GED, School Transcript or letter from school)
- _____ College Degree (BS, BA, AA, MS, MA, PhD, JD etc)

Training Request Documentation

Part IV

- _____ Training provider search of prospective providers entered into VOS
- _____ DOES Authorization Expense Form (Appropriate Field completed)
- _____ Training Justification/Recommendation Form (also add case note in VOS)
 - *Training narrative should include but not limited to the following*
 - *Reason for training*
 - *Barriers*
 - *Anticipated Outcome*
 - *Whether customer is eligible or if attempts were made for Pell Grant or other financial assistance*
- _____ Default loan status
- _____ Customer Training Payment Agreement form (if applicable training over \$8000)
- _____ Customer Letter of Training Costs Responsibility (if applicable training over \$8000)
- _____ Acceptance Letter from Provider (returned and signed DOES Authorization Expense Form) which provides in detail the curriculum, cost of training and/or supplies, books, fees, exam testing or other non tuition items.
The acceptance letter must also address if discounts. Pell Grants or other financial assistance will be provided or if attempts were made to offset the total training cost.
- _____ Notice of Participation Form (ET 410)
- _____ Time and Attendance Progress Report
- _____ Payment Request Form (ET 411)

AUTHORIZATION TO RELEASE INFORMATION FOR THE
DEPARTMENT OF EMPLOYMENT SERVICES
ONE-STOP CAREER CENTER

I, _____ SSN _____

The undersigned hereby authorize the Department of Employment Services, One-Stop Career Center or its authorized representative(s) or employee(s), bearing this release or copy thereof, to release necessary information to an employer in pursuit of employment or vocational training on my behalf.

____ Employment

____ Educational Records (including but not limited to academic achievement, attendance, athletic, personal history and disciplinary records).

____ Medical Records

____ Psychological and Psychiatric Records

I hereby release you, as custodian of such records, any school, college or university, or other educational institution; hospital or other repository of medical records; social service agency as well as parole or probation officers; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any the attempt to comply with it.

The information hereby disclosed by the authorized representative(s) or employee(s) is to be used only for job seeking purposes or vocational training, only.

Customer's Signature

Date

One-Stop Operation's Staff

Date