ADULT & DISLOCATED WORKER ELIGIBILTY CERTIFICATION AND REVIEW FORM (ECRF)

GENERAL INFORMATION		
ORGANIZATION		
APPLICANT NAME	FIRST	LAST
PROGRAM TYPE	☐ Adult	☐ Dislocated Worker

SECTION 1: GENERAL ELIGIBILITY REQUIREMENTS			
ELIGIBILITY ITEM	**ELIGIBILITY DOCUMENTATION LIST SOURCES USED FROM TABLE OF DOCUMENTATION**	**1ST REVIEW INITIALS**	**2ND REVIEW INITIALS**
DATE OF BIRTH			
| | -- | | -- | |			
AGE:			
RIGHT TO WORK IN THE UNITED STATES - FORM I-9			
☐ Authorized to Work in the United States	☐ TABLE A <u>OR</u> ☐ TABLE B & C		
SELECTIVE SERVICE REGISTRATION			
☐ MALE - Born after December 31, 1959 REGISTERED ☐ MALE - Born after December 31, 1959 NOT REGISTERED ☐ FEMALE - NOT APPLICABLE ☐ EXEMPT (list exemption)	☐ Selective Service System letter/registration letter ☐ Internet verification/registration (http://www.sss.gov) ☐ Telephone verification (847) 688-6888 or toll free (888) 665-1825 ☐ DD-214, Certificate of Release or Discharge from Active Duty ☐ Self-attestation, including any required documentation		
SECTION 2: ADULT PRIORITY OF SERVICE			
☐ PRIORITY OF SERVICE DETERMINIATION	☐ 1ST - Veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient would receive first priority for services provided with WIOA adult formula funds. ☐ 2ND - Non-covered persons (that is, individuals who are not veterans or eligible spouses) who are included in the groups given priority for WIOA adult formula funds.		

	☐ 3RD - Veterans and eligible spouses who are not included in WIOA's priority groups. ☐ 4TH - Non-covered persons outside the groups given priority under WIOA.		
ELIGIBILITY ITEM	**ELIGIBILITY DOCUMENTATION LIST SOURCES USED FROM TABLE OF DOCUMENTATION**	**1ST REVIEW INITIALS**	**2ND REVIEW INITIALS**
SECTION 3: INDIVIDUAL/FAMILY INCOME			
☐ INCOME DETERMINATION: *MUST INCLUDE DOCUMENTATION*	☐ Alimony agreement ☐ Award letter from Veterans Affairs ☐ Bank statement ☐ Compensation award letter ☐ Employer statement/contact ☐ Family or business financial records ☐ Pay stubs ☐ Pension statement ☐ Public assistance records/printout ☐ Quarterly estimated tax for self-employed persons (Schedule C) ☐ UI documents and/or printout ☐ Court award letter ☐ Self-employment verification form ☐ Other official document issued by a federal, state, or local government agency such as Section 8 Housing and, indicating monetary amount of assistance ☐ Self-attestation in the absence of available documents listed above.		
SECTION 4: INDIVIDUAL STATUS/FAMILY SIZE			
INDIVIDUAL STATUS/FAMILY SIZE: *IF CONDUUCTING LOW-INCOME DETERMINATION*	☐ Self-attestation of Family Status form ☐ Birth certificate ☐ Decree of court ☐ Divorce decree ☐ Marriage certificate ☐ Disabled—If a disabled individual proves to be ineligible due to family income criteria, that individual must, for purposes of income eligibility determination, be considered an unrelated individual who is a family unit of one, consistent with the definition of low-income individual at WIOA §3(25).		
SECTION 5: LOW INCOME (IF APPLICABLE)			

☐ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	☐ Copy of CalWorks record maintained in a hard case file ☐ Copy of public assistance documentation maintained in a hard case file and referenced		
☐ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	☐ Public assistance record ☐ Letter from SNAP disbursing agency ☐ Telephone/written verification		
☐ SUPPLEMENTAL SECURITY INCOME (SSI)	☐ Copy of authorization to receive cash public assistance ☐ Public assistance record ☐ Social Security benefits ☐ Telephone verification		
☐ OTHER PUBLIC ASSISTANCE	☐ Authorization to receive cash public assistance ☐ Public assistance check ☐ Medical card showing cash grant status ☐ Refugee assistance records ☐ Local cash assistance program		
☐ HOMELESS	☐ Self-attestation appearing in CalJOBS ☐ Verbal declaration, entered into CalJOBS by Case Manager ☐ Self-attestation, referenced in CalJOBS and maintained in a hard case file ☐ Written statement from an individual or social services agency providing residence shelter, maintained in hard case file and entered into CalJOBS		
☐ INDIVIDIALS WITH DISABILITY *NOTE: DETAILED INFORMATION ABOUT DISABILITY IS NOT NECESSARY*	☐ Self-attestation form		
☐ BASIC SKILLS DEFICIENT	☐ Assessed by a generally accepted standardized test ☐ School records		
SECTION 6: DISLOCATED WORKER			
☐ TERMINIATION/LAY OFF AND UI ELIGIBILITY/UI EXHAUSTION AND IS UNLIKELY TO RETURN TO PREVIOUS INDUSTRY/OCCUPATION. ☐ TERMINIATION/LAY OFF AND UI STATUS DISLOCATED WORKER AND IS UNLIKELY TO RETURN TO PREVIOUS INDUSTRY/OCCUPATION. ☐ PERMANENT CLOSURE OF PLANT OR FACILITY	Please refer to Chapter 7, Part 1, Section B-1 for Dislocated Worker Categories and definitions.		

☐ EMPLOYED AT A FACILITY THAT WILL CLOSE ☐ PREVIOUSLY SELF-EMPLOYED BUT UNEMPLOYED DUE TO ECONOMIC CONDITIONS OR NATURAL DISASTER ☐ DISPLACED HOMEMAKER ☐ SPOUSE OF A MEMBER OF THE ARMED FORCES ☐ DISLOCATED WORKER GRANT (DWG) ELIGIBILITY			
SECTION 7: REVIEW CALJOBS FOR PRIOR OR CURRENT WIA OR WIOA ENROLLMENT			
☐ NO APPLICATION IN CALJOBS ☐ CURRENTLY ENROLLED ☐ EXPIRED APPLICATION IN CALJOBS ☐ REQUEST TO RE-ENROLL *(NEED PROGRAM SPECIALIST APPROVAL)*			

SECTION 8: ELIGIBILITY DETERMINATION SIGNATURES	
1ST REVIEW SIGNATURE:	DATE:
The signature below confirms that the application is complete and reasonable. All eligibility documentation in file is consistent with the ECRF form. Eligibility documentation must be reviewed and signed off by two staff. The signature of the second/internal reviewer completes eligibility determination and the date of the signature of the second/internal reviewer is the date of eligibility determination.	
2ND REVIEW SIGNATURE:	DATE:
ELIGIBILITY EXPIRATION (90 DAYS FROM ELIGIBILITY DETERMINATION Date)	DATE:
CALJOBS ENROLLMENT (MUST BE ON OR AFTER ELIGIBILITY DETERMINATION DATE)	DATE: