

TABLE OF DOCUMENTATION TO ESTABLISH WIOA PROGRAM ELIGIBILITY

VERIFY EACH ELIGIBILITY CRITERION AS LISTED ON THE ECRF. ONLY ONE DOCUMENT PER ELIGIBILITY CRITERION IS REQUIRED. ALL OTHER BARRIERS INCLUDED IN CALJOBS SHOULD BE BY "SELF ATTESTATION." ONLY THE DOCUMENTATION SOURCES LISTED IN THIS TABLE MAY BE USED.

Applicant Statements should only be used if no other documentation is available. Each Applicant Statement used to document an approved criteria must be documented on its own Applicant Statement form.

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TABLE 1: GENERAL ELIGIBILITY REQUIREMENTS

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>SOCIAL SECURITY NUMBER</p> <p>DATA VALIDATION ONLY Applicant Statement cannot be used</p> <hr/> <p><i>An identifying number unique to each individual</i></p> <hr/> <p>Note: An SSN is not required for WIOA eligibility. For individuals who are unable or refuse to provide a SSN, a pseudo-SSN may be assigned during the WIOA application process.</p> <p>State of California (EDD) Directive: WSD 20-11</p>	<p>Documentation of Social Security Number is not required for eligibility determination.</p> <ul style="list-style-type: none"> SSN is used to verify participants wage data and placement information. Participants may agree to give the SSN on the WIOA application for this purpose. Notify participants that their “Right to Work” documentation may be required later in order to provide employment services or training. Reference Chapter 4, Part 1, for “Right to Work Verification.” <ul style="list-style-type: none"> Reference Chapter 5, Attachment – Activity Code Detailed Listings for services that require Right to Work Verification If a participant is unable or refuses to provide a SSN, provide a Pseudo SSN as explained in Chapter 5, CalJOBS Data Entry Policies and Procedures.
<p>BIRTH DATE/AGE</p> <p>REQUIRED Applicant Statement cannot be used</p> <hr/> <p><i>A document identifying date of birth to determine age</i></p> <hr/> <p>State of California (EDD) Directive: WSD 22-03</p>	<ul style="list-style-type: none"> Driver’s License Baptismal Record Birth Certificate (United States [US] or non-US issued) DD-214 Report of Transfer or Discharge Paper Federal, State or Local Identification Card Passport (US or non-US issued) Hospital Record of Birth (US or non-US issued) Public Assistance/Social Service Records School Records or identification (ID) Cards (US or non-US issued) Work Permit Family Bible
<p>SELECTIVE SERVICE REGISTRATION</p> <p>REQUIRED FOR MALES BORN AFTER JANUARY 1, 1960 Applicant Statement cannot be used</p> <hr/> <p><i>Service in the armed forces under conscription</i></p> <hr/> <p>State of California (EDD) Directive: WSD16-18</p> <p>Reference: Selective Service System – Forms</p>	<p>Required for Males born after January 1,1960:</p> <ul style="list-style-type: none"> Selective Service acknowledgement letter. Report on Separation form (Form DD-214). Should be used only if veteran was discharged after his 26th birthday. Screen printout of the Selective Service Verification site. For males who already registered, this website can be used to confirm their Selective Service number as well as the date of registration, by entering a last name, social security number, and date of birth. Selective Service registration card. Selective Service verification form (Form 3A). Stamped post office receipt of registration. <p>Exception:</p> <ul style="list-style-type: none"> Active Duty Attending Service Academy Disabled males who were continually limited to a residence, hospital, or institution Males who are hospitalized, institutionalized, or incarcerated are not required to register during their confinement. Male veterans discharged after their 26th birthday. Non-U.S. males who entered the U.S. for the first time after their 26th birthday. Non-U.S. males who entered the U.S. illegally after their 26th birthday. Non-U.S. males on a valid non-immigrant visa. <p>Failure to Register (Not knowingly or willful):</p> <ul style="list-style-type: none"> WSD16-18, Attachment 1 – Selective Service Failure to Register Self-Attestation Statement

TABLE 1: GENERAL ELIGIBILITY REQUIREMENTS

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>VETERAN STATUS OR COVERED SPOUSE</p> <p>REQUIRED IF APPLICABLE Applicant Statement cannot be used</p> <hr style="width: 25%; margin-left: 0;"/> <p style="text-align: center;"><i>For determining priority of service only</i></p> <hr style="width: 25%; margin-left: 0;"/> <p>State of California (EDD) Directive: WSD19-04</p>	<p>Veteran:</p> <ul style="list-style-type: none"> • Form DD-214, Certificate of release or Discharge from Active Military Duty • A Letter from the Veterans' Administration <p>Covered Spouse (proof of marriage to veteran through:</p> <ul style="list-style-type: none"> • Military spouse's ID Card • Marriage Certificate

TABLE 2: ADULT ELIGIBILITY REQUIREMENTS

ADULT ELIGIBILITY

Income verification:

- 70% lower living standard
- 100% if family income is at or below the poverty line

Income verification is **NOT** required if customer meets one of the following criteria:

1. Customer receives or is a member of a family that receives (currently or in the past six months) one of the following: TANF, SNAP, SSI, or other public assistance; or
2. Is a Foster Child; or
3. Is Homeless; or
4. Receives or is eligible to receive free or reduced-price lunch; or
5. Is Deficient in Basic Skills

Note: Customers with a disability must be determined a family of one for income determination purpose if the customer’s family does not meet the income verification and 1 through 5 above do not apply.

OPTION 1

RECIPIENT OF PUBLIC ASSISTANCE

For the purposes of WIOA, a public assistance recipient includes an individual (or an individual who is part of a family) currently receiving, or who in the past 6 months has received assistance.

<i>ELIGIBILITY CRITERIA & DEFINITION</i>	<i>ACCEPTABLE DOCUMENTATION</i>
<p>PUBLIC ASSISTANCE</p> <p>Applicant Statement cannot be used</p> <hr/> <p><i>An applicant who receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past six months has received, assistance through the following:</i></p> <hr/> <p>Includes:</p> <ol style="list-style-type: none"> 1. <i>Supplemental Nutrition Assistance Program (SNAP);</i> 2. <i>Temporary Assistance for Needy Families (TANF);</i> 3. <i>Supplemental Security Income (SSI); or</i> 4. <i>Any other State or local income-based public assistance.</i> 	<p>Supplemental Nutrition Assistance Program (SNAP)</p> <ul style="list-style-type: none"> • SNAP Eligibility Verification • Copy of Authorization to Receive Food Stamps • Documentation of Food Stamp Benefit Receipt • Referral Transmittal from SNAP <p>Temporary Assistance to Needy Families (TANF)</p> <ul style="list-style-type: none"> • TANF Eligibility Verification • TANF Period of Benefit Receipt Verification • Referral Transmittal from TAN <p>Supplemental Security Income (SDI)/Supplemental Disability Income (SDI)</p> <ul style="list-style-type: none"> • SSI/SDI Receipt of Benefits Verification • Referral Transmittal from Social Security Administration (SSA) • SSI/SDI Eligibility Verification <p>Other Public Assistance Recipient:</p> <ul style="list-style-type: none"> • Copy of Authorization to Receive Cash Public Assistance • Copy of Public Assistance Check • Medical Card Showing Cash Grant Status • Public Assistance Eligibility Verification
<p>FREE OR REDUCED LUNCH</p> <hr/> <p><i>Eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.)</i></p> <hr/> <p>Note: WIOA programs must base low-income status on an individual student’s eligibility to receive free and reduced lunch, regardless of if the whole school automatically receives free and reduced lunch.</p>	<ul style="list-style-type: none"> • Letter of eligibility for free or reduced-price lunch • Free or reduced-price lunch card • School documentation • Applicant statement if no other documents are available

OPTION 2

LOW-INCOME INDIVIDUALS

The individual receives an income or is a member of a family that received a total family income, for the six-month period prior to WIOA registration that (in relation to family size) does not exceed the above 70% Low-Income Guidelines.

<i>ELIGIBILITY CRITERIA & DEFINITION</i>	<i>ACCEPTABLE DOCUMENTATION</i>
<p>FAMILY SIZE/INDIVIDUAL STATUS</p> <hr style="width: 30%; margin-left: 0;"/> <p style="text-align: center; color: #4682b4;"><i>A family is defined as:</i></p> <p style="color: #4682b4;"><i>A) Two or more persons related by blood, marriage (including same-sex marriages), or decree of court,</i></p> <p style="color: #4682b4;"><i>B) who are living in a single residence, and</i></p> <p style="color: #4682b4;"><i>C) are included in one or more of the following categories:</i></p> <ul style="list-style-type: none"> <i>- a husband, wife, (including same sex spouses), and dependent children.</i> <i>- a parent or guardian and dependent children</i> <i>- a husband and wife (including same sex-spouses)</i> <hr style="width: 30%; margin-left: 0;"/> <p>Note: A step-child or step-parent is considered related by marriage and must be included when determining family income.</p> <p>Reference: Page 7 of TEGL 21-16</p>	<ul style="list-style-type: none"> Birth certificate Decree of court Divorce decree Landlord statement/lease Marriage certificate Medical card Public assistance/social service agency records Public Housing Authority (If resident of, or on waiting list) Written statement from a publicly supported 24-hour care facility or institution (e.g., mental, prison) Telephone verification Applicant statement if no other documents are available
AND	
<p>FAMILY/INDIVIDUAL INCOME</p> <hr style="width: 30%; margin-left: 0;"/> <p style="color: #4682b4;"><i>The individual receives an income or is a member of a family that received a total family income, for the six-month period prior to WIOA registration that (in relation to family size) does not exceed the above 70% Low-Income Guidelines.</i></p> <hr style="width: 30%; margin-left: 0;"/> <p>Document each family member and their corresponding income determination using the source attachment (Chapter 7, Part 1: Methods for Calculating Income). The Eligibility Specialist must use the Income Calculation Template to show income determination and upload it to eFILE.</p> <p>Note: Customers with a disability only need to provide individual, not family income.</p> <p>Reference: Page 7 of TEGL 21-16</p>	<ul style="list-style-type: none"> Award letter from Veterans Administration Bank statements/ Direct deposit Pay stubs Compensation award letter Court award letter Pension statement Employer statement/contact Family or business financial records Housing Authority verification Quarterly estimated tax for self-employed persons (Schedule C) Social Security benefits records Unemployment insurance documents and/or printout Copy of Authorization to Receive Cash Public Assistance Copy of public assistance check Telephone verification Applicant statement if no other documents are available

OPTION 3

OTHER ADULT ELIGIBILITY

Income verification is **NOT** required if customer meets one of the following criteria:

<i>ELIGIBILITY CRITERIA & DEFINITION</i>	<i>ACCEPTABLE DOCUMENTATION</i>
<p>BASIC SKILLS DEFICIENT (BSD)</p> <p>Applicant Statement cannot be used</p> <hr style="border: 0.5px solid blue;"/> <p style="color: blue; font-size: small;"><i>The term basic skills deficient, means that a low-income individual has English reading, writing, or computing skills at or below the 9th grade level (8.9 or lower) on a generally accepted standardized test or a comparable score on a criterion-reference test. The Act does not provide flexibility to local areas to further define basic skills deficient.</i></p> <hr style="border: 0.5px solid blue;"/>	<ul style="list-style-type: none"> TABE (Assessment) CASAS (Assessment) School records showing test scores from a generally accepted standardized test within the last year Academic assessment, transcripts, or other school documentation <p>AND</p> <ul style="list-style-type: none"> Barrier entered on the WIOA Application <p style="color: red; font-size: small;">If an individual is an English Language Learner (ELL) <u>and</u> BSD, no documentation is required. However, if the participant is BSD and NOT ELL, then a case note and/or assessment/record is needed.</p>
<p>HOMELESS</p> <p>Includes: Victims of the Violence Against Women Act (42 U.S.C. 14043e-2(6)); and The McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360 et seq.);</p>	<ul style="list-style-type: none"> Signed Program Application (UPAF) Barrier entered on the WIOA Application No documentation is required
<p>FOSTER CARE</p> <hr style="border: 0.5px solid blue;"/> <p style="color: blue; font-size: small;"><i>A foster youth is defined as:</i></p> <p style="color: blue; font-size: small;"><i>An individual who is in foster care or has aged out of the foster care system, or</i></p> <p style="color: blue; font-size: small;"><i>Who has attained 16 years of age and left foster care for kinship guardianship or adoption, or</i></p> <p style="color: blue; font-size: small;"><i>An individual who was formerly in foster care, but returned to their families before turning 18, or</i></p> <p style="color: blue; font-size: small;"><i>A child eligible for assistance under sec. 477 of the Social Security,</i></p> <hr style="border: 0.5px solid blue;"/>	<ul style="list-style-type: none"> Signed Program Application (UPAF) Barrier entered on the WIOA Application No documentation is required

<p>INDIVIDUAL WITH DISABILITIES</p> <hr/> <p><i>Has a physical (motion, vision, or hearing) or mental (learning or developmental) impairment which substantially limits one or more of such person's major life activities;</i></p> <p style="text-align: center;"><i>and</i></p> <p><i>Has a record of such an impairment or is regarded as having such an impairment.</i></p> <p style="text-align: center;"><i>and</i></p> <p><i>The individual's physical or mental impairment constitutes or results in a substantial impediment to employment.</i></p> <hr/>	<ul style="list-style-type: none"> • Signed Program Application (UPAF) • Barrier entered on the WIOA Application • No documentation is required
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TABLE 2: ADULT ELIGIBILITY REQUIREMENTS

ADULT PROGRAM PRIORITY OF SERVICE

The application of priority of service varies depending on the eligibility requirements of the WIOA adult program. The following describes how priority of service applies to the WIOA adult program. Reference EDD Directive: [WSDD-228](#)

<p>1ST PRIORITY</p> <hr/> <p><i>Veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient.</i></p> <hr/>	<p>Veterans and eligible spouses who are:</p> <ul style="list-style-type: none"> • Recipient of Public Assistance • Low-Income (70%) • Basic Skills Deficient
<p>2ND PRIORITY</p> <hr/> <p><i>Individuals who are the recipient of public assistance, other low-income individuals, or individuals who are basic skills deficient.</i></p> <hr/>	<p>Any Individual who are:</p> <ul style="list-style-type: none"> • Recipient of Public Assistance • Low-Income (70% lower living standards) • Basic Skills Deficient
<p>3RD PRIORITY</p> <hr/> <p><i>Veterans and eligible spouses who are not included in WIOA's priority groups.</i></p> <hr/>	<p>Veterans and eligible spouses who are NOT:</p> <ul style="list-style-type: none"> • Low-Income • Recipients of Public Assistance • Basic Skills Deficient

<p>4TH PRIORITY</p> <hr/> <p><i>Priority populations established by the Governor and/or Local Workforce Development Board (Local Board).</i></p> <hr/>	<ul style="list-style-type: none"> • Displaced homemakers (as defined in WIOA sec. 3(16)); • Low-income individuals (as defined in WIOA sec. 3(36)); • Indians, Alaska Natives, and Native Hawaiians (as defined in WIOA sec. 166(b)); • Individuals with disabilities, including youth who are individuals with disabilities (as defined in WIOA sec. 3(25) (includes individuals who are in receipt of Social Security Disability Insurance); • Older individuals (age 55 and older) (as defined in WIOA sec. 3(39)); • Ex-offenders (“offender” as defined in WIOA sec. 3(38)); • Homeless individuals or homeless children and youths (see Attachment III); • Youth who are in or have aged out of the foster care system; • Individuals who are: <ul style="list-style-type: none"> ○ English language learners (WIOA sec. 203(7)), ○ Individuals who have low levels of literacy (an individual is unable to compute or solve programs, or read, write, or speak English at a level necessary to function on the job, or in the individual’s family, or in society); and ○ Individuals facing substantial cultural barriers; • Eligible migrant and seasonal farmworkers (as defined in WIOA sec. 167(i) (1-3); • Individuals within two years of exhausting lifetime TANF eligibility; • Single parents (including single pregnant women); • Long-term unemployed individuals (unemployed for 27 or more consecutive weeks); and • Other groups as the Governor involved determines to have barriers to employment
<p>5TH PRIORITY</p> <hr/> <p><i>Other individuals not included in WIOA’s priority groups.</i></p> <hr/>	<ul style="list-style-type: none"> • All other individuals not included in Priority 1 through 4

TABLE 3: DISLOCATED WORKER ELIGIBILITY REQUIREMENTS

DISLOCATED WORKER ELIGIBILITY

The dislocated worker program is designed to help workers get back to work as quickly as possible and overcome barriers to employment. When individuals become dislocated workers as a result of job loss, mass layoffs, global trade dynamics, or transitions in economic sectors, the dislocated worker program provides services to assist them in re-entering the workforce.

CATEGORY 1 AND 2: GENERAL DISLOCATED WORKER ELIGIBILITY

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION	
<p>ELIGIBLE FOR OR HAS EXHAUSTED UNEMPLOYMENT COMPENSATION (UC)</p> <hr/> <p><i>Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC and is unlikely to return to previous industry or occupation.</i></p> <p><i>Must document A, B and D</i></p>	<p>Conditions:</p> <ul style="list-style-type: none"> A. Terminated or laid off (Date of Actual Qualifying Dislocation), and B. Eligible for or has exhausted entitlement to UI, or C. Has been employed for a duration sufficient to demonstrate attachment to the workforce; and D. Unlikely to Return (document one) <ul style="list-style-type: none"> i. Low demand or decline ii. Wage Comparison iii. Outdated Skills iv. Physical or mental limitation v. Aged 55 or older vi. Terminated for conduct that precludes return to that specific occupation 	<p>Documentation:</p> <ul style="list-style-type: none"> A1. Verification from Employer A2. Rapid Response List A3. Notice of Layoff A4. Public Announcement with documentation from an UI data source (see Workforce Services Directive [WSD] 16-08 for acceptable sources) A5. Self-Attestation
<p>NOT ELIGIBLE FOR UNEMPLOYMENT COMPENSATION (UC)</p> <hr/> <p><i>Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment but is not eligible for UC due to insufficient earnings, or the employer is not covered under the state UC law and is unlikely to return to previous industry or occupation.</i></p> <p><i>Must document C and D</i></p>		<ul style="list-style-type: none"> B1. UI Printout from EDD B2. *RESEA CalJOBS Events Calendar Record B3. *Initial Assistance Workshop (IAW) CalJOBS Events Calendar Record. B4. *Personalized Job Search Assistance Workshop (PJSA) CalJOBS Events Calendar Record. B5. For Claimant, Exhastee, or Exempt from Work Search: Documentation from Unemployment Insurance (UI) B6. Public Assistance Records B7. Self-Attestation <p>*CalJOBS Events Calendar is populated via electronic record from UI system</p> <ul style="list-style-type: none"> C1. UI Printout from EDD C2. Pay Stubs C3. Employer Collateral Contact C4. Self-attestation <p>D(i)</p> <ul style="list-style-type: none"> a. Qualifying Occupations list b. Labor market information c. Labor analysis
<p>MILITARY SERVICE MEMBERS</p> <hr/> <p><i>Still active military service members may apply for services prior to date of discharge but must be fully separated from the military to be determined eligible for and receive services.</i></p> <p><i>Must document A, B and C</i></p>		<p>D(ii)</p> <ul style="list-style-type: none"> a. Comparison of current job listing wages to previous wage <p>D(iii)</p> <ul style="list-style-type: none"> a. Work History b. Labor Market Information c. Self-attestation <p>D(iv)</p> <ul style="list-style-type: none"> a. Doctor's Statement b. Vocational Rehab or L&I Statement <p>D(v)</p> <ul style="list-style-type: none"> a. Driver's License b. Tribal ID card c. Military ID d. Birth certificate e. Federal or State ID f. Public Assistance record g. US Passport h. DD-214 <p>D(vi)</p> <ul style="list-style-type: none"> a. Termination letter b. Other document substantiating reason for dismissal

CATEGORY 3		
<p>PERMANENT CLOSURE OR SUBSTANTIAL LAYOFF</p> <hr/> <p><i>Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the Permanent closure of <u>or</u> substantial layoff at a plant, facility, or enterprise.</i></p> <hr/> <p>Must Document A and B</p>	<p>Conditions:</p> <p>A. Has been terminated or laid off, or has received a notice of termination or layoff from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility, or enterprise, and</p> <p>B. Worked with employer</p>	<p>Documentation:</p> <p>A1. Layoff or termination notice or letter from employer A2. WARN notice A3. Newspaper article A4. Self-attestation</p> <p><u>AND</u></p> <p>B1. Employer list of laid off employees B2. Printout from EDD B3. Pay stub B4. Self-attestation (work history)</p>
CATEGORY 4		
<p>EMPLOYED AT FACILITY THAT ANNOUNCED CLOSURE</p> <hr/> <p><i>Individual is employed at a facility at which the employer has made a general announcement that the facility will close.</i></p> <hr/> <p>Must Document A and B</p>	<p>Conditions:</p> <p>A. Is employed at a facility at which employer has made a general announcement that the facility will close, and</p> <p>B. Works with employer</p>	<p>Documentation:</p> <p>A1. Any general announcement made by the employer, reported by media, or communicated in some other fashion indicating date of closure.</p> <p><u>AND</u></p> <p>B1. Employer list of employees B2. Printout from EDD B3. Current Pay stub B4. Self-attestation (work history)</p>
CATEGORY 5		
<p>PREVIOUSLY SELF-EMPLOYED</p> <hr/> <p><i>Individual was previously self-employed (including farmers, ranchers, and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster.</i></p> <hr/> <p>Must Document</p> <ul style="list-style-type: none"> • A, and B; or • C 	<p>Conditions:</p> <p>A. Self Employed, but unemployed, and</p> <p>B. As a result of general economic conditions, or</p> <p>C. Because of natural disaster</p>	<p>Documentation:</p> <p>A1. Tax returns A2. Business license A3. Self-Attestation</p> <p><u>AND B OR C</u></p> <ul style="list-style-type: none"> • Newspaper article • Foreclosure notice • Documentation that disaster caused going out of business • Self-attestation
CATEGORY 6		
<p>DISPLACED HOMEMAKER</p> <hr/> <p><i>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</i></p>	<p>Conditions:</p> <p>A. Has been dependent on income of family member & no longer supported by that income, and</p> <p>B. Is unemployed or underemployed & experiencing difficulty obtaining or upgrading employment</p>	<p>Documentation:</p> <p>A1. Separation or divorce decree A2. Divorce Papers/Court Record A3. Spouse's layoff notice or UI claim A4. Spouses' death record A5. Tax Returns/ Bank Records A6. Self-attestation</p> <p><u>AND</u></p> <p>B1. UI Printout from EDD B2. Self-attestation</p>

<p><i>employment. The state UC law and is unlikely to return to previous industry or occupation.</i></p> <hr/> <p>Must document A and B</p>		
CATEGORY 7 AND 8		
<p>SPOUSE OF A MEMBER OF THE ARMED FORCES</p> <hr/> <p><i>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 duty station of such member.</i></p> <p style="text-align: center;"><i>or</i></p> <p><i>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.</i></p> <hr/> <p>Must document A and B</p>	<p>Conditions:</p> <p>A. A military spouse who is unable to continue an employment relationship due to the service member's permanent change of military station; or</p> <p>B. A military spouse who lost employment as a result of the service member's discharge from the military.</p> <p>Note: A military spouse may also qualify as a displaced homemaker.</p>	<p>Documentation:</p> <p>A1. Military spouse's ID Card A2. Marriage Certificate</p> <p>AND</p> <p>B1. Lay off or termination notice B2. Call to last employer B3. UI Printout from EDD B4. Certification of expected separation (Fed. Civilian) B5. DD-214 (Military separation) B6. Self-attestation</p>
CATEGORY 12		
<p>NATIONAL DISLOCATED WORKER GRANT (NDWG) ELIGIBILITY</p> <hr/> <p><i>Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above but is an individual that meets DWG eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.</i></p> <hr/>	<p>Conditions:</p> <p>Reference: TEGL 16-21 Updated National Dislocated Worker Grant Program</p>	<p>Documentation:</p> <ul style="list-style-type: none"> • Meets DW Categories 1-8 • Meets criteria as designated by the NDWG

TABLE 4: PRIOR OR CURRENT ENROLLMENT IN CALJOBS

ELIGIBILITY CRITERIA & DEFINITION	ACCEPTABLE DOCUMENTATION
<p>RE-ENROLLMENT</p> <p>Applicant Statement cannot be used</p> <hr/> <p style="text-align: center;">A person who is in follow up services and has previously had a WIOA application in CalJOBS.</p> <hr/> <p>Note: Re-enrollment approval is not required if the individual's WIOA application is no longer active.</p>	<ul style="list-style-type: none"> • Re-Enrollment Request form completed and approved by SDWP Program Specialist and kept in applicant's eFile
<p>DUAL-ENROLLMENT</p> <p>Applicant Statement cannot be used</p> <hr/> <p style="text-align: center;">A person who has an active WIOA application in CalJOBS and is requesting to enroll in two Title I programs</p> <hr/>	<ul style="list-style-type: none"> • Dual-Enrollment Request form completed and approved by SDWP Program Specialist and kept in applicant's eFile
<p>CO-ENROLLMENT</p> <p>Applicant Statement cannot be used</p> <hr/> <p style="text-align: center;">A person who has an active WIOA application in CalJOBS and is referred to other non-Title I programs (i.e., Title II, III, IV and other non-WIOA SDWP special projects)</p> <hr/>	<ul style="list-style-type: none"> • Refer to Chapter 5: Activity Code Dictionary to document appropriate referrals after enrollment. Referrals prior to enrollment should be documented in the Partner Portal. • No form is required for co-enrollment