CALJOBS WIOA TITLE I SIGNATURE GUIDE

Revised February 2023



This quick reference guide outlines how to sign the WIOA Title I application using the electronic signature feature.

SIGN WIOA TITLE I APPLICATION VIA CALJOBS ESIGNATURE

1. Eligibility Specialist completes Individual's WIOA Title I application



- 2. Eligibility Specialist contacts individual to sign WIOA Title I application
 - a. Individual will review Title I application for accuracy and completeness
 - b. Individual will sign Title I application in CalJOBS to acknowledge information is correct and up to date
 - c. Individual accesses signature link via CalJOBS message center to sign Title I application
 - i. Sign into CalJOBS
 - ii. Access message center on dashboard
 - iii. Click link to sign WIOA title I application

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TO: Lisa

SUBJECT: Electronic Signature Request

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e. Eligibility Specialist signs the CalJOBS WIOA Title I application

TOUTH III Remote Signature	LETAPP	Remote Signature	X DW TITLE TAPP
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YOUTH TITLE I APP

Remote Signature

Create PDF

Creates a PDF and saves a copy of this form to the user's documents.

Applicant Certification Statement (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of *my* knowledge. Lunderstand that my willful mistatement of the facts may cause my forfehure of rights in the WDA Program and mer result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WDA. I further understand and agree that my social security number and other information on this application will be provided to other government appetication if required by law.

	Applicant Signature:	Jest 1	Uhura, Nyota WICA #2249014	
	Guardian Signature:	Just 2	Parent/Guardian WICA #2243014	
	Staff Signature:	Test 3	SUMOL SOC WICH #2249014	
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				1

ADULT & DW TITLE I APP

Remote Signature

Create PDF Creates a PDF and saves a copy of this form to the user's documents

Applicant Certification Statement: [Not to be signed and dated until all documentation has been provided.] Lettify that the information on this application is accurate to the best of my knowledge. Lunderstand that my williful mistatement of the facts may cause my fortelinue of rights in the WIOA Program and may result in criminal action. [give permission for outdied sources to be contacted and for them to disclose up information necessary to verity my eligibility for WIOA. I further undestand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

	Applicant Signature:	Just 1 Vest 3	Uhura, Nyota WIOA #2245014	
			Staff04, SDC WIOA #2249014	
Exit Wizard	_	<< Back Finish		Print

SIGN PHYSICAL WIOA TITLE I APPLICATION

- 1. Eligibility Specialist completes Individual's WIOA Title I application
- 2. Eligibility Specialist downloads the WIOA Title I application without signatures



- Eligibility Specialist reviews the WIOA Title I application with Individual 3.
- Individual and Eligibility Specialist sign reviewed WIOA Title I application 4.

ADULT & DW TITLE I APP

WIOA APPLICATION California Workforce Services Network

General Information				
Application Status: Application Complete, Ready For Enrollment				
Name: UHURA, NYOTA SSN: XXX-XX-6787 VERIFIED				
App ID: 2249014	WIA Converted Appd Id: Not Applicable			
State ID: 56301	User ID: 42341			
LWIA: San Diego Workforce Partnership, Inc.	Office: SDC San Diego Workforce Partnership (SDWP)			
	Office of Responsibility: SDC San Diego Workforce Partnership (SDWP)			
Assigned Case Manager:	Agency:			
Application Date: 12/17/2021	Login Name: NUHURA			
Demographic Information				
Considered to have disability: No				
Category of Disability:				
Received services from a State Development Disability Agency (SDD	A):			
Received services from a State or Local mental health Agency: (LSM	IHA):			
Received services from a Home & Community Based Service Provid	er under a State Medicald (HCBS) waiver:			
Disability Work Setting: Not Applicable				
Type of customized Employment Services Received: Not Applicable				
Received Disability Financial Capability: Not Applicable				
Section 504 Plan: Not Applicable				
Received services from vocational rehabilitation: No				
Pregnant or Parenting Youth: Yes Verified				
Single parent including pregnant women: No				
Veteran Information				
Disabled Veteran:				
Public Assistance Information				
Supplemental Security Income (SSI): No	SSI Recipient:			
Social Security Disability Income(SSDI): No	Ticket to Work Holder Issued by the Social Security Administration: \ensuremath{No}			
Due to disability, qualified as Family of One: No	Ticket to Work Participant: No			
Signature				
Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of my knowledge. I understand that my williful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.				

Jest 1

Jest 3

02/23/2023

Applicant Signature

02/23/2023 Date

Staff Signature

Date

Uhura, Nyota (WIOA App Id: 2249014);Printed on 2/23/2023 by SDC, Staff04

3. Eligibility Specialist reviews the WIOA Title I application with Individual

4. Individual and Eligibility Specialist sign reviewed WIOA Title I application

YOUTH TITLE I APP

WIOA APPLICATION California Workforce Services Network

For Enroliment		
	SSN: XXX-XX-6787 VERIFIED	
	WIA Converted Appd Id: Not Applicable	
	User ID: 42341	
	Office: SDC San Diego Workforce Partners	hip (SDWP)
	Office of Responsibility: SDC San Diego V (SDWP)	Vorkforce Partnership
	Agency:	
	Login Name: NUHURA	
Isability Agency (SD	DA):	
l health Agency: (LS	MHA):	
Based Service Provi	der under a State Medicald (HCBS) walver:	
elved: Not Applicable		
plicable		
on: No		
	SSI Recipient:	
	Ticket to Work Holder Issued by the Soci No	al Security Administration:
lo	Ticket to Work Participant: No	
d and dated until all do e. I understand that m give permission for ou r understand and agree equired by law.	ocumentation has been provided.) I certify that i y williful misstatement of the facts may cause m itside sources to be contacted and for them to e that my social security number and other info	the information on this y forfeiture of rights in the disclose any information rmation on this application
02/23/2023	Just 2	02/23/2023
Date	Parent/Guardian Signature	Date
	For Enrollment	For Enrollment SSN: XXX-XX-6787 VERIFIED WIA Converted Appd Id: Not Applicable User ID: 42341 Office : SDC San Diego Workforce Partnersi Office of Responsibility: SDC San Diego V (SDWP) Agency: Login Name: NUHURA Isability Agency (SDDA): Iteatth Agency: (LSMHA): Based Service Provider under a State Medicaid (HCBS) waiver: Parent/Guardian Signature iplicable Iteatth Agency: iplicable Iteatth Agency: issolitity Agency (SDDA): Iteatth Agency: (LSMHA): Based Service Provider under a State Medicaid (HCBS) waiver: Parent/Guardian Signature iplicable Iteatth Agency: iplicable Itext to Work Holder Issued by the Social No in: No Itext to Work Participant: No id and dated until all documentation has been provided.) I certify that I enderstand and agree that my social security number and other inforquired by law. 02/23/2023 Itext Social Security number and other inforquired by law.

Uhura, Nyota (WIOA App Id: 2249014);Printed on 2/23/2023 by SDC, Staff04

- Eligibility Specialist uploads the WIOA Title I Application into CalJOBS Documents (Staff) Tab

 Select Documents (Staff)
 Select Documents (Staff)
 - b. Select Add a Document



6. Complete Document Association and Information

- a. Select Program: Title I Workforce Development (WIOA)
- b. Select Application: appropriate WIOA Title I application
- c. Select Document Description: Application(s)
- d. Document Tags: Signed WIOA Title I Application
- e. Select Date Received
- f. Select File and upload Title I document
- g. Select Save

Document Association

If you would like to categorize the associated document to a specific program, subcategory, application or verification document, please use the controls in this section to do so.

Program:	Title I - Workforce Development (WIOA) ▼	
Application:	WIOA Application #2249046; Application Date 1/3/2022 🔻	
Verification Item:	None Selected	
Verification Type:	None Selected	
Document In	formation	
Document Description:	Application(s)	
* Document Tags:	Do not enter Personal Identifiable Information	
Keywords that will	(PII) into this field.	
be indexed with	Signed WIOA Title I Application	
this attachment.		
User Accessible:	🔿 Yes 💿 No	
Date Received:	2/28/2023	
·	If left blank, today's date will be used.	
Document Expires:		
Medical Document		
Attach Docu	ment	
		Supported File Format 🔽
		supported the roundt [2]

Multiple documents can be uploaded simultaneously, but must be selected one-by-one.

