

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

Title I - Workforce Development (WIOA) Apps: 1

[Create Title I - Workforce Development \(WIOA\) Application](#)

WIOA #2249014 - Complete    

	LWDB:	33 - San Diego Workforce Partnership, Inc.	Application Date:	12/17/2021
	Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Participation Date:	12/22/2021
	Open/Total Activities:	2 / 7	Closure Date:	N/A
			Exit Date:	N/A

















Menu Information Home Accessibility My Dashboard Sign Out Services for Individuals Services for Employers


Currently managing: Uhura, Nyota - Service Tracking: ON

CalJOBSSM

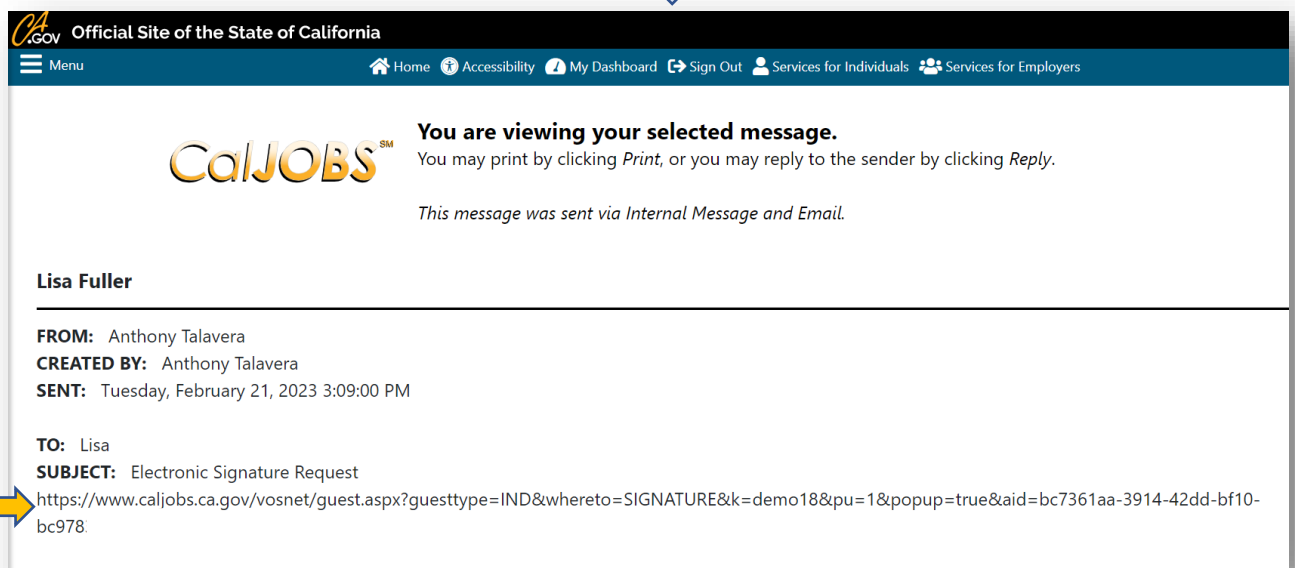
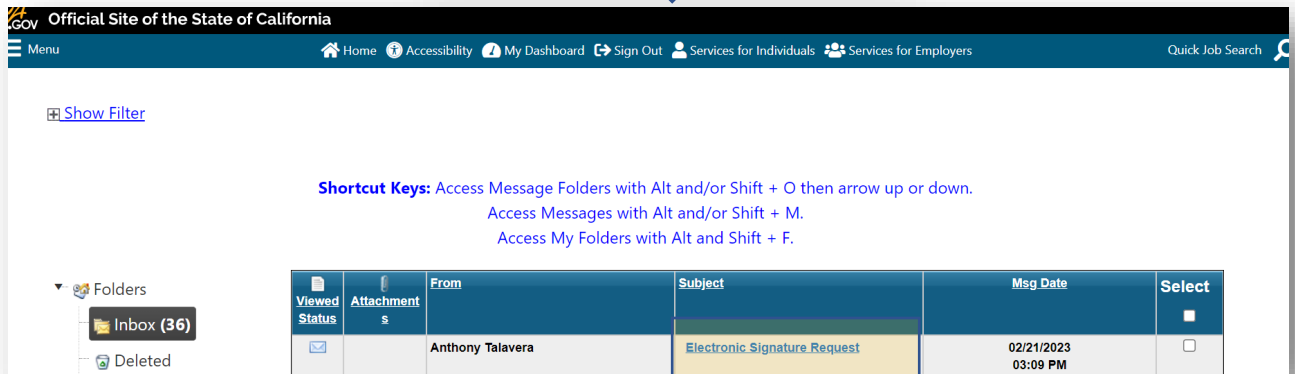
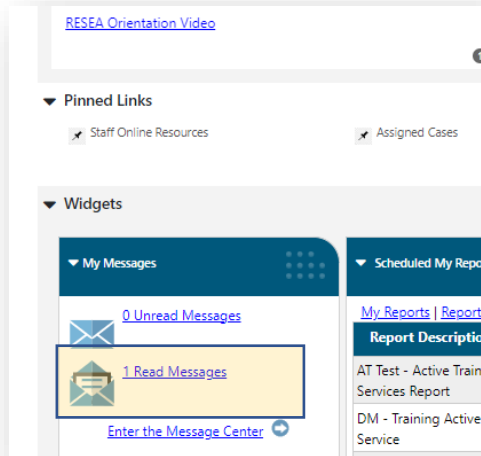
Currently Managing **UHURA, NYOTA**
Fill out the information below to complete this section of the application.

Title I - Workforce Development (WIOA) 11 / 11


Household and Income 	Miscellaneous 	Eligibility Summary 
 Intro	 Contact	 Demographic
 Veteran	 Employment	 Education
 Public Assistance	 Barriers	 Household And Income
 Miscellaneous	 Eligibility Summary	

 [Hide All Steps](#)

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





d. Use mouse to capture electronic signature on WIOA Title I application

 Official Site of the State of California

CalJOBSSM

Please select your preferred method of signing this document. Using any of the electronic signature methods constitutes a legal signature confirming that you acknowledge and warrant the truthfulness of the information provided in this document.

 **Manual**
Using your finger or pointer device

 [Additional Information](#)




CERTIFICATION OF UNDERSTANDING:

Please review this [document](#) before adding your signature.

x

[Clear](#) [Back](#) [Submit](#)



e. Eligibility Specialist signs the CalJOBS WIOA Title I application

YOUTH TITLE I APP

Remote 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 willful 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.

Applicant Signature:   Capture Signature

Guardian Signature:   Capture Signature

Staff Signature:   Capture Signature

ADULT & DW TITLE I APP

Remote 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 willful 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.

Applicant Signature:   Capture Signature

Staff Signature:   Capture Signature



Remote 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 willful 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.

Applicant Signature:  Capture Signature

Guardian Signature:  Capture Signature

Staff Signature:  Capture Signature

Select Signature Input Method

-  **Manual**
Using a pointer device
-  **Message**
Send signature request from the Message Center
-  **Topaz / e-Pad**
Using an electronic signature pad

Cancel

i. Select **Apply** to capture signature

Certify/Capture Signature

CERTIFICATION OF UNDERSTANDING: I also understand, acknowledge, agree and certify that:


- I accept my responsibilities in the use of electronic signatures as described on this form.
- My execution of an electronic signature performed on this system is the legally binding equivalent of my traditional handwritten signature, and I am accountable and responsible for actions performed under such an electronic signature
- I may not share components of my electronic signature such that my signature could be executed by another individual. Such components may include, but are not limited to, computer passwords and/or unique identification tokens.

Capture Signature

Test 1

x

Clear Cancel Apply



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. I understand that my willful 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.

Applicant Signature: *Test 1* Uhura, Nyota WIOA #2249014

Guardian Signature: *Test 2* Parent/Guardian WIOA #2249014

Staff Signature: *Test 3* Staff/SA, SOC WIOA #2249014

Print



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) I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful 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.

Applicant Signature: *Test 1* Uhura, Nyota WIOA #2249014

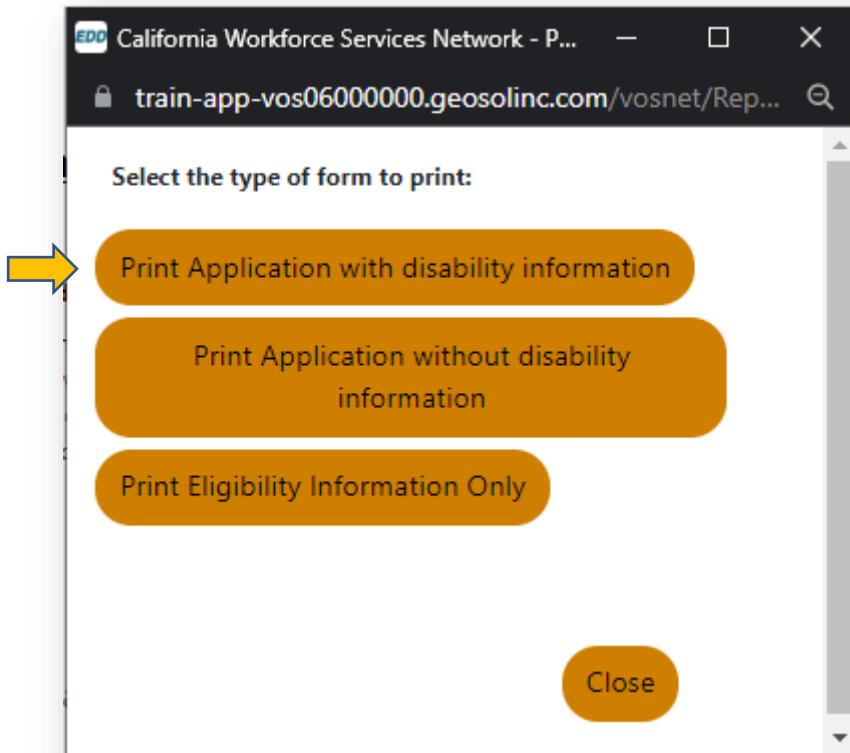
Staff Signature: *Test 3* Staff/SA, SOC WIOA #2249014

<< 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



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

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)
Assigned Case Manager:	Office of Responsibility: SDC San Diego Workforce Partnership (SDWP)
Application Date: 12/17/2021	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 (SDDA):	
Received services from a State or Local mental health Agency: (LSMHA):	
Received services from a Home & Community Based Service Provider under a State Medicaid (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: 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 willful 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.	

Just 1

Applicant Signature

02/23/2023

Date

Just 3

Staff Signature

02/23/2023

Date

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

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 (SDDA):

Received services from a State or Local mental health Agency: (LSMHA):

Received services from a Home & Community Based Service Provider under a State Medicaid (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:
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 willful 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.

Just 1

02/23/2023

Just 2

02/23/2023

Applicant Signature

Date

Parent/Guardian Signature

Date

Just 3

02/23/2023

Staff Signature

Date

5. Eligibility Specialist uploads the WIOA Title I Application into CalJOBS **Documents (Staff) Tab**
 - a. Select **Documents (Staff)**
 - b. Select **Add a Document**


The screenshot displays the CalJOBS user interface. At the top, there are three main navigation sections: 'My Individual Profiles', 'My Individual Plans', and 'Staff Profiles'. The 'Staff Profiles' section is expanded, and the 'Documents (Staff)' link is highlighted with a yellow box. Below this, a horizontal navigation bar contains five tabs: 'Summary', 'Case Notes', 'Activities', 'Documents (Staff)', and 'Identity Issues'. The 'Documents (Staff)' tab is currently selected and highlighted in dark blue. Underneath the navigation bar, the 'Documents Available' section is visible. It includes a sub-header 'Documents Available', a paragraph stating 'Listed below are the documents available on the selected Individual. Click the View link below to view that particular item.', and a link for 'Show Filter Options (Showing all records)'. Below that, it shows 'Results View: Summary | Detailed' and a 'View Thumbnails' checkbox. A red message 'No document was found' is centered on the page. At the bottom, there are four orange buttons: 'Add a Document', 'Scan a Document', 'Link a Document', and 'Complete Online Form'. A yellow arrow points upwards to the 'Add a Document' button.




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:**


 **Application:**

Verification Item: *Leave None Selected



Verification Type:

Document Information

 **Document Description:**

 * **Document Tags:** Do not enter Personal Identifiable Information (PII) into this field.
Keywords that will be indexed with this attachment.

User Accessible: Yes No


 **Date Received:** 
If left blank, today's date will be used.

Document Expires:

Medical Document:

Attach Document

[Supported File Format](#) 



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

