

## Adult and Dislocated Worker Self-Attestation Form

*Workforce Innovation and Opportunity Act (WIOA) – Title I Programs*

Applicant Information			
Last Name:	First Name:	Initial:	
Address:	City:	State:	Zip:
Individuals entering WIOA services may self-attest to the information below:			
1. Are you low-income? If yes, please explain below. (Staff – see footnote)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Explanation:			
2. Are you legally entitled to employment within the U.S. and territories? (Adult and DW)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Were you unable to continue employment due to your spouse’s permanent change of military station, or did you lose employment as a result of your spouse’s discharge from the military? (DW Category 6)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. Are you a displaced homemaker? (DW Category 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dislocated Workers	Dislocation Information	Current Employment Information	
Date of:	Separation ____/____/____	Employment Start ____/____/____	
Job Title:			
Business Name:			
Address:			
City/State/Zip:			
Self-Attestation Statement			
<i>I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.</i>			
Signature of Participant:		Date:	
X			
Staff Verification Statement			
<i>I certify that the individual whose signature appears above provided the information recorded on this form.</i>			
Signature of Staff:		Date:	
X			

Staff Note: To determine low-income, use [WIOA Income Guidelines](#) to determine income eligibility, and see the Eligibility and Documentation Policy Handbook definition of low-income individual and Section 8 for excludable and includable income.