

	Policy No: PW-315
	Effective Date: July 1, 2026 Original Approval: April 18, 2025
	New ☒ Revised ☐
Customer Self-Attestation for WIOA Eligibility	

PURPOSE

The purpose of this policy is to provide guidance on the use of self-attestation to document eligibility for WIOA Youth, Adult, and Dislocated Worker program enrollment. Southwestern Workforce Investment Board (SOWIB) requires that providers for WIOA programs acquire appropriate documentation for eligibility for all applicable areas of criteria that participants meet.

REFERENCES

Training & Employment Guidance Letter (TEGL) WIOA 23-19 Change 2
Attachment A WIOA Title I Customer Self-Attestation

POLICY

SOWIB providers will obtain documentation for WIOA participants to confirm eligibility for program services. Each area of qualification will be documented in the participant file, and self-attestation will **only** be used as an absolute last resort.

Self-attestation allows customers a means to self-certify to those WIOA eligibility items that, in some cases, are not verifiable or may cause an undue hardship for individuals to obtain. Self-attestation should be used as a last resort and should not take the place of gathering documentation/verification when available from other sources. Provider staff should assist customers as needed to obtain appropriate documentation required for enrollment.

When the self-attestation form (Attachment A) is used, documentation must include, at a minimum, the following information:

1. The applicant's full name
2. Clear statements of the items being documented
3. The applicant's signature
4. Date signed
5. Case Manager's signature will serve as witness to all self-attestation documents

Form completion can be done electronically or through a printed, signed version. The use of white-out is prohibited. Errors should be lined through, initialed and correct information added.

Attachment A: WIOA Customer Self-Attestation Form

Applicant Information:

Last Name:	First Name:	iTrac ID:	Date:
Address:	City:	State:	Zip:

Individuals entering WIOA services may self-attest to the information below IF NO OTHER DOCUMENTATION IS AVAILABLE.

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Only respond to those that require documentation:

1. School Status

I attest that my current education status is (Select only one)

Out of school, HS diploma or GED

Out of school, dropout

In school, secondary school

In school, post secondary school

2. Are you homeless or did you run away from home? Yes No

3. Do you currently have a disability? Yes No

4. Are you currently or have previously been involved with the justice system? Yes No

5. Are you in foster care or aged out of the foster Yes No

6. Are you a single parent? Yes No

7. Are you in need of additional assistance? Yes No

8. Are you currently a Dislocated Worker? Yes No

Terminated, laid off or received notice of termination or lay off, Displaced Homemaker (was primarily a homemaker and no longer receives such support), Previously self-employed and now unemployed, Employed at a facility at which the employer has made a general announcement that the facility will close, Spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed, Spouse of a member of the Armed Forces and has experienced a loss of employment as a result of relocation

9. Current family size?

10. Total six month family income

Income Source:

Explanation - please be specific:

Self-Attestation Statement:

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I 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.

SIGNATURE OF PARTICIPANT

DATE

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form. I certify that I attempted to obtain other source documentation to verify eligibility. Self-attestation is being used so as not to delay or prevent enrollment and receipt of services in a program.

SIGNATURE OF STAFF

DATE