

# TELEPHONE VERIFICATION FORM

ELIGIBILITY VERIFICATION BY TELEPHONE OR DOCUMENT INSPECTION		
APPLICANT'S IDENTIFICATION NUMBER	NAME OR NUMBER OF DOCUMENT	
APPLICANT'S LAST NAME	FIRST NAME	M.I.
PRIMARY ELIGIBILITY ITEM TO BE VERIFIED : LAST DATE WORKED _____		
AGENCY PROVIDING VERIFICATION _____		
DATE AND TIME OF VERIFICATION _____		
APPLICANT/PARTICIPANT RECORD/I.D. NUMBER: _____		
TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION: _____		
<b>ADDITIONAL ELIGIBILITY ITEMS VERIFIED (LIST AND RECORD DATA FOR EACH)</b>		
_____		
_____		
_____		
_____		
_____		
I attest that the information recorded by me on this document was obtained through telephone contact or document inspection on the above date.		
As indicated by the agent, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.		
<b>OR</b>		
I attest that the document inspected verified the primary/secondary items required to determine eligibility for the WIOA Program.		
Intake Worker's Signature _____ Date _____		