

 $\label{eq:Green} \textbf{G}_{\text{REEN}} \textbf{C}_{\text{OUNTRY}} \textbf{W}_{\text{ORKFORCE}} \textbf{D}_{\text{EVELOPMENT}} \textbf{B}_{\text{OARD}}$ 

## WIOA Telephone Verification

## () Youth () Adult () Dislocated Worker Program

| IDENTIFYING INFORMATION  |                                   |                    |                |  |
|--|-----------------------------------|--------------------|----------------|--|
| Applicant's Name: _  | Last                              | First              | MI             |  |
| Participant ID:  |                                   | _Application Date: |                |  |
| NOTE: In addition to eligibility items, this form may be used to document other information. Be sure to clearly mark the appropriate reason for using the Telephone verification –ELIGIBILITY ITEM or OTHER. |                                   |                    |                |  |
| TELEPHONE VERIFICATION   |                                   |                    |                |  |
| TELEPHONE VERIFICA   | TION USED FOR:   ELIGIBILITY ITEM | OTHER (EXPLAIN)    |                |  |
| SUBJECT TO BE VERIFI   | ED:                               |                    | DATE VERIFIED: |  |
| AGENCY OR THIRD PARTY RELATIONSHIP:  |                                   |                    |                |  |
| CONTACT NAME:  |                                   |                    | PHONE NUMBER:  |  |
| COMMENTS:  |                                   |                    |                |  |
|  |                                   |                    |                |  |
|  |                                   |                    |                |  |
|  |                                   |                    |                |  |
|  |                                   |                    |                |  |

CERTITICATION

I attest that the information recorded by me on this form was obtained through telephone contact on the above date. As indicated by the agent, all information was obtained from data previously determined and recorded in the applicant's record at the agency providing the eligibility verification.

Case Manager Signature

Date



GCWDB is an Equal Opportunity Employer/ Program. Auxiliary aids and services are available upon request to individuals with disabilities. Green Country Workforce Development Boards Innovation and Opportunity Act Title I program funding statement can be found at: EO & FUNDING PAGE – Green Country Workforce Development Board https://www.greencountryworks.org

