



**GREEN COUNTRY WORKFORCE DEVELOPMENT BOARD**  
**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 VERIFICATION USED FOR:  ELIGIBILITY ITEM  OTHER (EXPLAIN) \_\_\_\_\_

SUBJECT TO BE VERIFIED: \_\_\_\_\_ DATE VERIFIED: \_\_\_\_\_

AGENCY OR THIRD PARTY RELATIONSHIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

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