



Low-Income Documentation
Workforce Innovation and Opportunity Act (WIOA)
 FORM WIOA I-B – 1.3 (Updated 6/15/21)
For Adult, Dislocated Worker, and Youth Programs

Name:	Participant No.:
Low-income category/criterion Document one	Documentation for Eligibility One document needed unless otherwise indicated Must maintain copies of all documents used Must upload documentation for Data Element Validation as required for specified programs
<input type="checkbox"/> Public Assistance: Either an individual or part of a family that receives or has received in the last 6 months assistance through: <ul style="list-style-type: none"> <input type="checkbox"/> SSI or SSDI <u>PIRL #602</u> <input type="checkbox"/> SNAP (individual must be listed as the case head or in the caseload) <u>PIRL #603</u> <input type="checkbox"/> Other state or local income-based cash public assistance <u>PIRL #604</u> <p>Upload for Programs: <u>A/D/DWG</u></p> <p>All categories of public assistance <u>PIRL #802</u></p> <p>Upload for Programs: <u>A/D/Y/DWG</u></p> <p>Upload required only if participant has received Individualized Career Services or Training (A/D/DWG) or Youth Program Element (Y)</p>	SSI or SSDI: <ul style="list-style-type: none"> <input type="checkbox"/> SSI/SSDI Receipt of Benefits Verification <input type="checkbox"/> Referral Transmittal from SSA <input type="checkbox"/> SSI/SSDI Eligibility Verification <input type="checkbox"/> Cross-Match with SSA Database SNAP: <ul style="list-style-type: none"> <input type="checkbox"/> SNAP Eligibility Verification <input type="checkbox"/> Authorization to Receive SNAP Copy <input type="checkbox"/> Documentation of SNAP Benefit Receipt <input type="checkbox"/> Referral Transmittal from SNAP <input type="checkbox"/> Cross-Match with SNAP Public Assistance Records Other: <ul style="list-style-type: none"> <input type="checkbox"/> Authorization to Receive Cash Public Assistance Copy <input type="checkbox"/> Public Assistance Check Copy <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Public Assistance Eligibility Verification <input type="checkbox"/> Cross-Match with Refugee Assistance Records <input type="checkbox"/> Cross-Match with Public Assistance Records <input type="checkbox"/> Cross-Match with State MIS Database <p>NOTE: If assistance is received by a family member and not the applicant, family connection must be included in document or documented in another way.</p>
<input type="checkbox"/> TANF: Either an individual or part of a family that receives or has received <u>cash assistance</u> in the last 6 months through TANF (TEA or Work Pays) <u>PIRL #600</u>	<input type="checkbox"/> TANF Eligibility Verification <input type="checkbox"/> TANF Period of Benefit Receipt Verification <input type="checkbox"/> Referral Transmittal from TANF <input type="checkbox"/> Cross-Match with TANF Public Assistance Records <input type="checkbox"/> verification of connection, as defined as “family”) with services within last 6 months:
<u>PIRL #802</u> Upload for Programs: <u>A/D/Y/DWG</u> Upload required only if participant has received Individualized Career Services or Training or Youth Program Element	NOTE: If assistance is received by a family member and not the applicant, family connection must be included in document or documented in another way.

<p><input type="checkbox"/> Receives or is eligible to receive free or reduced-price lunches or an OSY who is a parent living in the same household as a child who is eligible for free/reduced lunches [TEGL 21-16].</p> <p>PIRL #802 Upload for Program: Y</p>	<p><input type="checkbox"/> Notification letter from school <input type="checkbox"/> Statement from school</p> <p>Notes: In schools where the all students automatically receive free lunch, documentation must be presented that the student <u>is eligible to receive</u> free or reduced-price lunch based on family income</p>
<p><input type="checkbox"/> Family below poverty line or 70% of LLSIL</p> <p>Note: A properly signed and dated application is considered a self-attestation or applicant statement of individuals in family and sources of income.</p> <p>Excluded in income calculations are:</p> <ul style="list-style-type: none"> ▪ Cash payments from federal, state, or local income-based public assistance program • Most military pay and allowances, except pensions • One-time payments • Needs-based scholarships • Other income sources listed as excluded under “Low-income individual” in ADWS Policy No. WIOA 1-2 (<i>Definitions</i>) <p>Included in calculations are income sources not excluded, including:</p> <ul style="list-style-type: none"> • Social Security old-age and survivor’s benefits • Unemployment compensation • Child support payments • Gross wages, tips, salary, commissions, or fees • Net self-employment income • Other income listed in the above policy <p>PIRL #802 Upload for Programs: <u>A/D/Y/DWG</u></p>	<p>Self-attestation may be used if this low-income status is not dependent on this category.</p> <p>If low-income status is dependent on this category, select the appropriate document(s) to support self-attestation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Award Letter from Veteran’s Administration <input type="checkbox"/> Bank Statements <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Pension Statement <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Persons <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> UI Claim Documents <input type="checkbox"/> Authorization to Receive Cash Public Assistance Copy <input type="checkbox"/> Public Assistance Check Copy <input type="checkbox"/> Public Assistance Eligibility Verification <input type="checkbox"/> Cross-Match with Refugee Assistance Records <input type="checkbox"/> Cross-Match with Public Assistance Records <input type="checkbox"/> Cross-Match with UI Wage Records <input type="checkbox"/> Self-Attestation <p>For WIOA Adult/DW/DWG required only if participant has received Individualized Career Services or Training</p> <p>For youth, required only if participant has received a Youth Program Element</p>

<p><input type="checkbox"/> Homeless Individual / Runaway Youth</p> <p>Lacks a fixed, regular, and adequate nighttime residence; this includes a participant who meets one or more of the following categories:</p> <ul style="list-style-type: none"> <input type="checkbox"/> is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; <input type="checkbox"/> is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations; <input type="checkbox"/> is living in an emergency or transitional shelter; <input type="checkbox"/> is abandoned in a hospital; or is awaiting foster care placement; <input type="checkbox"/> Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground; <input type="checkbox"/> Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or <input type="checkbox"/> Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). <input type="checkbox"/> Other description of not having a fixed, regular, and adequate nighttime residence: <p>This definition does not include a participant imprisoned or detained under an Act of Congress or State law. A participant who may be sleeping in a <u>temporary</u> accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p>Note: WIOA youth who meet the definition of homeless as defined in WIOA section 681.210(c)(5) and 681.220(d)(4) are reported in this data element.</p> <p><u>PIRL #800</u> Upload for Programs: <u>A/D/Y/DWG</u></p> <p><u>PIRL #802</u> Upload for Programs: <u>A/D/Y/DWG</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Written statement or telephone verification from shelter, social service agency, school social service officer, or individual providing temporary shelter, detailing where the applicant sleeps at night <input type="checkbox"/> If no such statement is available, applicant may complete self-attestation document explaining where he/she sleeps at night <p>Other documentation that may be uploaded are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intake Statement or Enrollment Form Signed <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Case Notes <input type="checkbox"/> IEP/ISS Signed <input type="checkbox"/> A letter from caseworker or support provider
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<p><input type="checkbox"/> Foster Child</p> <p>Is a foster child on behalf of whom state or local government payments are made PIRL #802 Upload for Program: <u>Y</u></p> <p>If the participant, at program entry, is a person aged 24 or under who is currently in foster care or has aged out of the foster care system, also upload information as PIRL #704, Program <u>Y</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Written Confirmation from Social Services Agency <input type="checkbox"/> Case Notes <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Foster Care Agency Referral Transmittal <input type="checkbox"/> Intake Application or Enrollment Form Signed <input type="checkbox"/> Needs Assessment <input type="checkbox"/> IEP/ISS Signed
<p><input type="checkbox"/> Individual with a disability who meets low-income guidelines even though the family does not</p> <p>(Disability documents must be kept confidential)</p> <p><u>Disability:</u> The participant indicates that he/she has any "disability", as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.</p> <p>Low-Income: A low-income category generally intended for a family, but this category applies to just the applicant.</p> <p>PIRL #202 Programs: <u>A/D/Y/DWG</u></p> <p>PIRL #802 Programs: <u>A/D/Y/DWG</u></p>	<p><u>Must document both disability and individual income criteria</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Disability:</u> <input type="checkbox"/> Self-Attestation <input type="checkbox"/> School 504 Records Provided by Student <input type="checkbox"/> Assessment Test Results, which could include any of the following: <ul style="list-style-type: none"> o records, or referral from representative of Arkansas Rehabilitation Services or Division of Services for the Blind o Statement or letter from drug or alcohol rehabilitation agency o Medical records o School records o Physician's Statement o Statement from school counselor or ADA official o Psychiatrist's diagnosis o Psychologist's diagnosis o Statement from local school, housing, or work area for individuals with disabilities o Social service records, referral, or statement o Social Security Administration disability letter or records o Veterans Administration letter or records o Workers compensation record <input type="checkbox"/> <u>Low-Income – Use low-income section for individual instead of family (Do not need family size)</u>
<p><input type="checkbox"/> Youth programs only – lives in a high-poverty area. Must document residency in a county or census tract determined by the U.S. Censuses Bureau to be a High-Poverty Area (> 25% poverty, based on the American Community Survey 5-Year data)</p> <p>PIRL #802 Upload for Program: <u>Y</u></p>	<p>Document residency in area of youth or parent/guardian, if a minor. Documentation must support the address given on the application, and it must contain name of youth or parent/guardian, if youth is a minor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Postmarked mail from government, organization, school, or business addressed to applicant or parent/guardian <input type="checkbox"/> School record or identification card

	<ul style="list-style-type: none"> <input type="checkbox"/> Drivers' license <input type="checkbox"/> Utility bill in name of applicant or parent/guardian <input type="checkbox"/> Payroll stub or W-2 with address <input type="checkbox"/> Verification of address from employer, landlord, or such, at the discretion of the case manager <input type="checkbox"/> Rent receipt <input type="checkbox"/> Property tax record <input type="checkbox"/> Insurance card or policy with name and address of applicant or parent/guardian <input type="checkbox"/> Most recent income tax return of individual or parent/guardian (Income tax returns must be signed by taxpayer. Return must list name of applicant.) <ul style="list-style-type: none"> <input type="checkbox"/> Verification by official of Housing Authority, DHS, school, one-stop partner, or social service agency
Staff completing form:	Date: