



Document Verification Checklist

The purpose of this form is to record that the following documents were examined to verify eligibility.

Notice: Personal Information provided may be used for secondary purposes. [Wis. Stat. §15.04 (1)(m)]

Participant Name (First, Middle and Last): _____	Social Security Number: _____
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The following documents were examined to verify eligibility. Check next to the item examined. For each document examined, show document date, reference no., issuer, and source, as applicable. **Those marked with an ASTERISK are ILLEGAL TO PHOTOCOPY.** For Guidance, refer to DWD's WIOA Title 1-A & 1-B Policy & Procedure Manual, Chapter 12 and the USCIS Form I-9 for the List of Acceptable Documents.

1. Date of Birth: ____/____/____ Age _____	Verified By: <input type="checkbox"/> Birth Certificate* State: _____ Doc #: _____ <input type="checkbox"/> Driver's License State: _____ ID#: _____ Exp. Date: ____/____/____ <input type="checkbox"/> ID Card* State: _____ ID#: _____ Exp. Date: ____/____/____ <input type="checkbox"/> Other (describe): _____ Document # _____
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2. Residence (Not for Eligibility): Street: _____ City: _____ State: _____ ZIP: _____	Verified By: <input type="checkbox"/> Driver's License <input type="checkbox"/> ID Card <input type="checkbox"/> Letter/document addressed to applicant <input type="checkbox"/> Other (describe): _____
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3. Authorized to Work in United States: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen Work Authorization Expiration Date: ____/____/____	Verified By: <input type="checkbox"/> Driver's License or ID card Issued by State+ Social Security Card State: _____ ID#: _____ Exp. Date: ____/____/____ Social Security #: _____ - _____ - _____ <input type="checkbox"/> OR DL or ID Card +Birth Certificate* State: _____ Doc #: _____ <input type="checkbox"/> U.S. Passport Exp. Date: ____/____/____ <input type="checkbox"/> Permanent Resident or Alien Registration Receipt Card Doc #: _____ <input type="checkbox"/> Other allowable item (s) from USCS Form I-9 (describe): _____
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4. Social Security Number: Front: ____ - ____ - ____ Back: _____	Verified By: <input type="checkbox"/> Social Security Card
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5. Selective Service Number: ____ - ____ - ____	Verified By: <input type="checkbox"/> Internet (www.sss.gov) <input type="checkbox"/> Telephone (847) 688-6888 <input type="checkbox"/> Selective Service Registration Card
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6. Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified By: <input type="checkbox"/> DD-214 (issued when exiting military service and must be anything other than a dishonorable discharge) <input type="checkbox"/> Eligibility card for VA benefits <input type="checkbox"/> Other (describe) _____
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Documents examined by: _____ Date: ____/____/____

*Items that are **ILLEGAL to photocopy.** Age, Residence, Work Eligibility, and Selective Service (where required) are general eligibility requirements and **must** be verified for all participants. They should be checked here or verified from other documents.