



**Adult Eligibility Determination**  
**Workforce Innovation and Opportunity Act (WIOA)**  
 FORM WIOA I-B – 2.3 (Updated 8/27/18)

For Adult Program

Name:	Participant No.:
<b>Adult Eligibility</b> Applicant must meet age and common eligibility requirements PLUS priority as determined by Federal guidelines and local process	<b>Documentation</b> Check appropriate documentation used (Only one document required per eligibility criterion) Must maintain copies of all documents used
<input type="checkbox"/> At least 18 years old	See Date of Birth on FORM WIOA I-B – 2.1 <i>(Common Eligibility Documentation)</i>
<input type="checkbox"/> Meet common eligibility requirements	Use FORM WIOA I-B – 2.1 <i>(Common Eligibility Documentation)</i>
<p>All individuals who meet age and common eligibility requirements may receive adult services. Priority must be given, however, to veterans, low-income individuals, individuals who are basic skills deficient, and individuals with barriers to employment in the following order:</p> <ol style="list-style-type: none"> <li>1. First priority of services is given to veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient.</li> <li>2. Second priority of service is individuals who are not veterans or eligible spouses, but who are recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient.</li> <li>3. Third priority of service is given to veterans and eligible spouses who are not recipients of public assistance, low-income individuals, or basic skills deficient.</li> <li>4. Fourth priority of service is given to individuals who are not veterans, eligible spouses, recipients of public assistance, low-income individuals, or basic skills deficient, but are individuals with other barriers to employment.</li> <li>5. Fifth priority of service is given to individuals who are not veterans, eligible spouses, low-income individuals, basic-skills deficient, or individuals with other barriers to employment.</li> </ol>	
<b>Use checklist below to document priority for services, as appropriate</b>	
<input type="checkbox"/> Veteran or eligible spouse	Use FORM WIOA I-B – 2.2 <i>(Veteran Priority Documentation)</i>
<input type="checkbox"/> Low-income individual	Use FORM WIOA I-B – 1.3 <i>(Low-Income Documentation)</i>

<input type="checkbox"/> Basic skills deficient (Document A or B) <ul style="list-style-type: none"> <li><input type="checkbox"/> (A) Score 8.9 or below on standardized test</li> <li><input type="checkbox"/> (B) English language learner (Document 1 <u>and</u> either 2 or 3) <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Limited ability to read, write, speak or comprehend the English language</li> <li><input type="checkbox"/> (2) Native language is a language other than English</li> <li><input type="checkbox"/> (3) Lives in a family or community environment where a language other than English is the dominant language</li> </ul> </li> </ul>	<input type="checkbox"/> Score of 8.9 or below on a standardized test approved by LWDB and administered in the last 6 months according to policies of local area, a similar instrument administered by an American Job Center partner, or a standardized test with grade equivalency given by a school in the last 6 months.  Test: _____ Given by: _____ Score: _____  (1) Documentation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-attestation</li> <li><input type="checkbox"/> Observation, documented by case manager</li> <li><input type="checkbox"/> Other:</li> </ul> (2) Documentation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-attestation</li> <li><input type="checkbox"/> Observation, documented by case manager</li> <li><input type="checkbox"/> Other:</li> </ul> (3) Documentation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-attestation</li> <li><input type="checkbox"/> Observation, documented by case manager</li> <li><input type="checkbox"/> Other:</li> </ul>
<input type="checkbox"/> Individual with Barriers to Employment, as identified in ADWS Policy No. 2.8 ( <i>Priority for Individuals with Barriers to Employment</i> ) or by LWDB	Use FORM WIOA I-B – 2.8 ( <i>Individual with Barriers to Employment Checklist</i> )
<input type="checkbox"/> Individual is not in Priority 1 or 2	Use local area procedure to determine program eligibility
<b>Staff completing form:</b>	<b>Date of eligibility determination:</b>