



Individual with Barriers to Employment Checklist

Workforce Innovation and Opportunity Act (WIOA)

FORM WIOA I-B – 2.8 (Updated 8/27/18)

For Adult, Dislocated Worker, and Youth Programs

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| Name: | Participant No.: |
| Barrier | <p style="text-align: center;">Documentation</p> <p>In most cases, if barrier is reported only, documentation may be self-attestation, including application, if applicable. If barrier is used for eligibility (or priority), other documentation may be required Note: A properly signed and dated application is considered as a self-attestation.</p> |
| <input type="checkbox"/> Displaced homemaker See Category D in ADWS Policy No. WIOA – 2.4 (<i>Eligibility for Dislocated Worker Program</i>) for more information See definition of “family” in ADWS Policy No. WIOA – 1.2 (<i>Definitions</i>) | <input type="checkbox"/> Reported: Self-attestation to all of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Applicant provided unpaid services to family members in the home <input type="checkbox"/> Applicant was dependent on income of family member but is no longer supported by that income OR was the dependent spouse of a member of the armed forces on active duty, and the family income significantly changed because of deployment, a call or order to active duty, a permanent change of state, or the service-connected death or disability of the member <input type="checkbox"/> Applicant is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment <input type="checkbox"/> Eligibility: Complete Category D of ADWS FORM WIOA I-B – 2.4 (<i>Dislocated Worker Eligibility Determination</i>) |
| <input type="checkbox"/> Low-income individual See definition of “low-income individual” in ADWS Policy No. WIOA – 1.2 (<i>Definitions</i>) for more information | <input type="checkbox"/> Reported: Self-attestation to any of the categories in ADWS FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>) <input type="checkbox"/> Eligibility: Complete ADWS FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>), documenting one category/criterion. |
| <input type="checkbox"/> Indian, Alaska Native, Native Hawaiian | <input type="checkbox"/> Reported or Eligibility: Self-attested by checking on application |
| <input type="checkbox"/> Individual with a disability | <input type="checkbox"/> Reported: Self-attested by stating on the application that applicant receives Social Security Disability Insurance or by self-attestation of disability |

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| | <input type="checkbox"/> Eligibility: <ul style="list-style-type: none"> <input type="checkbox"/> Statement, records, or referral from representative of Arkansas Rehabilitation Services or Division of Services for the Blind <input type="checkbox"/> Self-attestation if disability is observable, supported by statement from case manager <input type="checkbox"/> Statement or letter from drug or alcohol rehabilitation agency <input type="checkbox"/> Medical records <input type="checkbox"/> School records <input type="checkbox"/> Physician’s Statement <input type="checkbox"/> Statement from school counselor or ADA official <input type="checkbox"/> Psychiatrist’s diagnosis <input type="checkbox"/> Psychologist’s diagnosis <input type="checkbox"/> Statement from local school, housing, or work area for individuals with disabilities <input type="checkbox"/> Social service records, referral, or statement <input type="checkbox"/> Social Security Administration disability letter or records <input type="checkbox"/> Veterans Administration letter or records <input type="checkbox"/> Workers compensation record |
| <input type="checkbox"/> Older individual | <input type="checkbox"/> Reported or Eligibility: Document age 55 or older on ADWS FORM WIOA I-B – 2.1 (<i>Common Eligibility Determination</i>) |
| <input type="checkbox"/> Ex-offender or offender | Reported or Eligibility: Any one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Written or telephone verification with court or probation representatives <input type="checkbox"/> Documentation from criminal justice system |
| <input type="checkbox"/> Homeless individual / Runaway youth Note: a homeless individual is also low-income, by definition. | <input type="checkbox"/> Reported: Self-attestation to any of the homeless categories in ADWS FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>) <input type="checkbox"/> Eligibility: Complete the “homeless individual” portion of ADWS FORM WIOA I-B – 1.3 (<i>Low-Income Documentation</i>), documenting one category/criterion. |
| <input type="checkbox"/> Youth in or aged out of foster care system Note: a youth who is a foster child at time of eligibility determination is low-income, by definition. | <input type="checkbox"/> Reported: Self-attestation <input type="checkbox"/> Eligibility: Written or telephone verification from social services agency |
| <input type="checkbox"/> English language learner Note: An English language learner is also an individual with a low level of literacy | Reported or Eligibility: Either self-attestation or observation by case manager (documented by case notes) Item #1 <u>and</u> either #2 or #3: <ol style="list-style-type: none"> 1. Limited ability to read, write, speak or comprehend the English language <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation |

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| | <ul style="list-style-type: none"> <input type="checkbox"/> Observation, documented by case manager 2. Native language is a language other than English <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager 3. Lives in a family or community environment where a language other than English is the dominant language <ul style="list-style-type: none"> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Observation, documented by case manager |
| <input type="checkbox"/> Individuals with low levels of literacy | <input type="checkbox"/> Reported or Eligibility: An English language learner as documented above OR <input type="checkbox"/> Reported: Self-attestation that the individual is unable to compute or solve problems, or read, write, or speak English at a level necessary to function on the job, or in the individual’s family, or in society. <input type="checkbox"/> Eligibility: One of the following: <ul style="list-style-type: none"> <input type="checkbox"/> An adult or youth who scored 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: _____ Reading: _____ Math: _____ <input type="checkbox"/> For a youth, school documents giving current grade-level equivalency of the youth’s abilities (in last 6 months) Document: _____ Date: _____ Reading: _____ Math: _____ |
| <input type="checkbox"/> Individuals facing substantial cultural barriers | Reported or Eligibility: Self-attestation the individual’s perceives that his or her attitudes, beliefs, customs, or practices pose a hindrance to employment. Specifics should be given in the statement. |
| <input type="checkbox"/> Eligible Migrant and Seasonal farmworker | <input type="checkbox"/> Reported: Self-attestation to the definition of “eligible migrant and seasonal farmworker” given in ADWS Policy No. WIOA – 1.2 (<i>Definitions</i>) <input type="checkbox"/> Eligibility: Verification from Migrant and Seasonal farmworker program case manager or other official |

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| <input type="checkbox"/> Within 2 years of exhausting lifetime eligibility under TANF | Reported or Eligibility: TEA Printout from State (Self-attestation is not allowed for data validation) |
| <input type="checkbox"/> Single parent (custodial) <input type="checkbox"/> Single parent (non-custodial) <input type="checkbox"/> Pregnant single woman | <input type="checkbox"/> Reported: Self-attestation that the individual is a single parent or a single pregnant woman <input type="checkbox"/> Eligibility: Self-attestation of being single and being a parent/pregnant, combined with supporting documentation appropriate to the situation: <ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Hospital record <input type="checkbox"/> Income tax return <input type="checkbox"/> Custody papers <input type="checkbox"/> Statement from TANF, DHS, or other social services agency <input type="checkbox"/> Written or telephone confirmation from physician, nurse, or midwife <input type="checkbox"/> Observation of pregnancy status <input type="checkbox"/> Other: |
| <input type="checkbox"/> Long-term unemployed | <input type="checkbox"/> Reported: Self-attestation that the individual has been unemployed for at least 27 consecutive weeks, that he/she was available for work during that time, and that he/she was making specific efforts to find a job <input type="checkbox"/> Eligibility: Self-attestation that individual has been unemployed for 27 or more consecutive weeks, supported as possible by documentation: <ul style="list-style-type: none"> <input type="checkbox"/> UI Records <input type="checkbox"/> Employer information <input type="checkbox"/> Individual's resume and stated work history <input type="checkbox"/> Having an open application in AJL and not having refused to accept a reasonable job offer <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other group(s) as the LWDB determines to have barriers to employment | Documentation identified by LWDB |
| Staff completing form: | Date: |