



### 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)]. Self-attestations, when allowable, are **not** recorded here. The following documents were examined to verify eligibility. Check the box next to the item examined. **Forms marked with an ASTERISK \* are ILLEGAL TO PHOTOCOPY.** For additional Guidance, refer to DWD's WIOA Title 1-A & 1-B Policy & Procedure Manual, Chapter 12 & the USCIS Form I-9 for the List of Acceptable Docs.

**Participant Name** (First, Middle and Last): \_\_\_\_\_

**1. Date of Birth:** \_\_\_\_\_  Not verified **Verified by:**  Birth Certificate\*  State ID Card\*  Driver's License

**2. Age:** \_\_\_\_\_  Not verified  Other: \_\_\_\_\_

**3. Residence** (Not necessarily for eligibility)  Not verified **Verified by:**  State ID Card\*  Driver's License  Other ID Card (not state issued)

**Street:** \_\_\_\_\_  Letter/document addressed to applicant

**City:** \_\_\_\_\_  Other: \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**4. Authorized to work in the US:**  Yes  No  Not verified

**Verified by** (US Citizens **must** use one selection from List A or a combination of one selection from List B and one selection from List C. **Non-US Citizens must** use column A at minimum):

List A	<OR>	List B	<AND>	List C
<input type="checkbox"/> US Passport		<input type="checkbox"/> Driver's License		<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Permanent Resident or Alien Registration Receipt Card		<input type="checkbox"/> State ID Card*		<input type="checkbox"/> Birth Certificate*
<input type="checkbox"/> Employment Authorization				
<input type="checkbox"/> Other allowable item(s) from USCS Form I-9, describe: _____		<input type="checkbox"/> Other allowable item(s) from USCS Form I-9, describe: _____		<input type="checkbox"/> Other allowable item(s) from USCS Form I-9, describe: _____
		<b>If under age 18:</b>		
		<input type="checkbox"/> School Record/Report Card		
		<input type="checkbox"/> Clinic/Doctor/Hospital Record		

**5. Social Security Number (SSN):**  Yes  No  Not verified

**Verified by:**  Social Security Card

**6. Veteran Status:**  Yes  No  Not verified

**Verified by:**  Eligibility card for VA benefits  
 DD-214 (issued when exiting military service and must be anything other than a dishonorable discharge)  
 Other: \_\_\_\_\_

**Verification Documentation Details:** For each document examined, show document date, reference no., issuer, and source, as applicable.

<b>Birth Certificate*:</b>	<input type="checkbox"/> N/A	<b>State:</b> _____	<b>Doc#:</b> _____	<b>Expiration Date:</b> _____
<b>Driver's License:</b>	<input type="checkbox"/> N/A	<b>State:</b> _____	<b>Doc#:</b> _____	<b>Expiration Date:</b> _____
<b>State ID Card*:</b>	<input type="checkbox"/> N/A	<b>State:</b> _____	<b>Doc#:</b> _____	<b>Expiration Date:</b> _____
<b>Other ID Card:</b>	<input type="checkbox"/> N/A	<b>State:</b> _____	<b>Doc#:</b> _____	<b>Expiration Date:</b> _____
<b>Passport:</b>	<input type="checkbox"/> N/A	<b>Doc#:</b> _____		<b>Expiration Date:</b> _____
<b>Permanent Resident or Alien Registration Receipt Card:</b>	<input type="checkbox"/> N/A	<b>Doc#:</b> _____		<b>Expiration Date:</b> _____
<b>Employment Authorization:</b>	<input type="checkbox"/> N/A	<b>Doc#:</b> _____		<b>Expiration Date:</b> _____
<b>Social Security Card:</b>	<input type="checkbox"/> N/A	<b>SSN#:</b> _____		
<b>Other, describe:</b>	<input type="checkbox"/> N/A	<b>Document:</b> _____		
<b>Other, describe:</b>	<input type="checkbox"/> N/A	<b>Document:</b> _____		

**Documents examined by (printed name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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