



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): _____

The following documents were examined to verify eligibility. Check next to the item examined. **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 & the USCIS Form I-9 for the List of Acceptable Docs.

1. Date of Birth: _____

Verified by:

Birth Certificate* Driver's License
 State ID Card* Other: _____

2. Age: _____

Verified by:

Driver's License Letter/document addressed to applicant
 State ID Card* Other ID Card (not state issued)
 Other: _____

3. Residence (Not necessarily for eligibility)

Street: _____

City: _____

State: _____ Zip: _____

4. Authorized to work in the US: Yes No

Verified by (must use one selection from List A or a combination of one selection from List B and one selection from List C):

5. US Citizen: Yes No

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"/> 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: _____

6. Social Security Number (SSN): Yes No Verified by: Social Security Card

7. Veteran Status: Yes No

Verified By:

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

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

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

Documents examined by: _____

Date: _____ / _____ / _____