



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 <input type="checkbox"/> 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 # _____
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): _____
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): _____ _____
4. Social Security Number: Front: _____ - _____ - _____ Back: _____	Verified By: <input type="checkbox"/> Social Security Card
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
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) _____
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.