



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: _____ **Verified by:** Birth Certificate* State ID Card* Driver's License
2. Age: _____ Other: _____

3. Residence (Not necessarily for eligibility) **Verified by:** State ID Card* Driver's License Other ID Card (not state issued)
Street: _____
City: _____
State: _____ **Zip:** _____
 Letter/document addressed to applicant
 Other: _____

4. US Citizen: Yes No*

**If no, ensure work authorization has been reviewed*

5. Authorized to work in the US: Yes No

Verified by (US Citizens <i>must</i> use one selection from List A or a combination of one selection from List B and one selection from List C. <i>Non-US Citizens must</i> 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 USCIS Form I-9, describe: _____		<input type="checkbox"/> Other allowable item(s) from USCIS Form I-9, describe: _____
<input type="checkbox"/> Other allowable item(s) from USCIS Form I-9, describe: _____				
If under age 18:				
<input type="checkbox"/> School Record/Report Card				
<input type="checkbox"/> Clinic/Doctor/Hospital Record				

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

8. Veteran Status: Yes No **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.

Birth Certificate:*	<input type="checkbox"/> N/A	State: _____	Doc#: _____	Expiration Date: _____
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	Doc#: _____		Expiration Date: _____
Permanent Resident or Alien Registration Receipt Card:	<input type="checkbox"/> N/A	Doc#: _____		Expiration Date: _____
Employment Authorization:	<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 (printed name): _____

Signature: _____

Date: _____

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.