



WESTERN OKLAHOMA WORKFORCE DEVELOPMENT BOARD

WIOA Telephone Verification

() Youth () Adult () Dislocated Worker Program

Approved 11.28.2017

IDENTIFYING INFORMATION

Applicant's Name: _____
Last First MI

Participant ID: _____ Application Date: _____

NOTE: In addition to eligibility items, this form may be used to document other information. Be sure to clearly mark the appropriate reason for using the Telephone verification –ELIGIBILITY ITEM or OTHER.

TELEPHONE VERIFICATION

TELEPHONE VERIFICATION USED FOR: ELIGIBILITY ITEM OTHER (EXPLAIN) _____

SUBJECT TO BE VERIFIED: _____ DATE VERIFIED: _____

AGENCY OR THIRD PARTY RELATIONSHIP: _____

CONTACT NAME: _____ PHONE NUMBER: _____

COMMENTS: _____

CERTIFICATION

I attest that the information recorded by me on this form was obtained through telephone contact on the above date. As indicated by the agent, all information was obtained from data previously determined and recorded in the applicant's record at the agency providing the eligibility verification.

Case Manager Signature

Date



Equal Opportunity Employers/Program WIOA ~ Auxiliary aids available upon request for individuals with disabilities

