



**SEPTEMBER 16, 2024**

**TO:** All Western Piedmont Workforce Development Area Title I Service Providers

**SUBJECT:** Self-Attestation Policy

**EFFECTIVE DATE:** Immediately

**EXPIRATION DATE:** Indefinitely

**CONTACT:** Workforce Development Program Manager

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Charity Patterson Hamber (Sep 9, 2024 13:13 EDT)

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Charity Patterson Hamber  
Workforce Development Director

## SELF-ATTESTATION POLICY

**PURPOSE:** To provide direction for the use of self-attestation for Western Piedmont Workforce Development Area's (WPWDA) Adult, Dislocated Worker and Youth Workforce Innovation and Opportunity Act (WIOA) programs. *To rescind WPWDA Self-Attestation Policy Statement dated April 18, 2022.*

**BACKGROUND:** In accordance with the WPWDA's policies and procedures, WIOA Title I services (hereafter referred to as WIOA) shall only be provided to eligible adults, dislocated workers and youth that have met certain federal eligibility requirements prior to enrollment into WIOA programs. As found in the WPWDA's Workforce Innovation and Opportunity Act (WIOA) Eligibility Determination Guidelines Policy Statement, the guidelines for eligibility allow customer self-attestation in the categories listed below:

- Employment status at participation.
- Family size and family income (If family size and family income are used to determine low income, it must be verified before a determination of eligibility is made). See WPWDA's Family Size / Family Income Policy (<https://www.wpcog.org/policy-statements>).
- Source of dislocation for dislocated worker program (in conjunction with proof of unemployment insurance eligibility).
- Runaway Youth
- School status at registration
- Highest grade attended at participation.
- Dropout
- Pregnant/Parenting
- Homeless (If applicant is temporarily sharing the housing of another person due to loss of housing, economic hardship, or similar circumstances, use the Western Piedmont Workforce Development WIOA Statement of Living Situation/Homeless Form (Attachment C), in addition to the Western Piedmont Workforce Development Self-Attest Form for Youth (Attachment B).
- Offender
- Youth who requires additional assistance (see WPWDA's WIOA Eligibility Determination Guidelines policy statement located at <https://www.wpcog.org/policy-statements>).

**PROCEDURE:** Information from the US Department of Labor (DOL) has indicated that self-attestation is acceptable **where obtaining documentation is too burdensome to applicants seeking enrollment into WIOA programs or will hinder timely enrollment, the WPWDA allows the self-attestation of the information to not delay enrollment by using the following forms:**

Attachment A – Western Piedmont Workforce Development Written Self-Attest Form for Adults/Dislocated Workers should be completed and uploaded into [nworks.gov](https://nworks.gov) for allowable categories.

Attachment B – Western Piedmont Workforce Development Written Self-Attest Form for Youth should be completed and uploaded into NCWorks.gov for allowable categories.

Attachment C – Western Piedmont Workforce Development Statement of Living Situation/Homeless form must be completed if the youth/young adult applicant indicates that they are temporarily sharing housing of another person due to loss of housing, economic hardship or similar circumstances.

It is in the best interest of applicants who could potentially be at risk of forced exit from WIOA that supporting documentation be provided after enrollment where possible.

## Western Piedmont Workforce Development Written Self-Attest Form for Adult/Dislocated Worker

Name of Applicant: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Date (should match intake date): \_\_\_\_\_

**Self-attesting for Education status? Yes \_\_\_\_\_ No \_\_\_\_\_**

Are you currently attending school? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what was your highest grade completed? 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_ HS Diploma \_\_\_\_\_

GED or Equivalent \_\_\_\_\_ Certificate \_\_\_\_\_ Associates Degree \_\_\_\_\_ Other Post-Secondary Degree \_\_\_\_\_ 1 yr. College \_\_\_\_\_

2 yrs. College \_\_\_\_\_ 3 yrs. College \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Education beyond Bachelor's Degree \_\_\_\_\_

**Self-attesting for Employment status? Yes \_\_\_\_\_ No \_\_\_\_\_**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, have you worked in the last 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Number in Family: \_\_\_\_\_ Monthly family income: \_\_\_\_\_

**Self-attesting for Dislocated Worker status? Yes \_\_\_\_\_ No \_\_\_\_\_**

Date of Dislocation: \_\_\_\_\_

Have you been terminated, laid-off or received a notice of termination or layoff and eligible for or exhausted UI **and** unlikely to return to previous industry or occupation? (Category 1)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been terminated, laid off or received a notice of termination or layoff **and** have been employed for sufficient duration to demonstrate workforce attachment, but are not eligible for UI due to insufficient earnings, **or** the employer is not covered under the state UI law, **and** are unlikely to return to previous industry or occupation? (Category 2)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been terminated or laid off or received notice of termination or layoff from employment as a result of any permanent closure of **or** substantial layoff at a plant, facility or enterprise? (Category 3)

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you employed at a facility in which the employer has made a general announcement the facility will close? (Category 4)

Yes \_\_\_\_\_ No \_\_\_\_\_

Were you previously self-employed (including farmers, ranchers and fishermen) but are unemployed as a result of general economic conditions in the community of residence or because of natural disaster? (Category 5)

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above questions, please provide the name of the company from which you were laid off/terminated **and** answer the question below. \_\_\_\_\_.

Are you likely to return to previous industry or occupation? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, then select a reason below:

\_\_\_\_ Skill oversupply – State or local supply of persons with the specific skills exceeds current demand for those skills; or

\_\_\_\_ Obsolete Skills – No longer meet the minimum requirements of jobs available in your occupation; or

\_\_\_\_ Decline in Industry – Jobs in a particular industry decline because there is either negative growth or the growth is not at the rate of economic growth due to reasons such as evaporating consumer demand, and a deterioration in revenue; or

\_\_\_ Decline in Occupation – Jobs in a particular occupation decline due to automation and technological advances that decrease the demand for human labor; or

\_\_\_ Local Layoff Impact – A local plant or business closing or layoff has had a significant negative impact on the availability of jobs in your primary occupation and accustomed wage/hour/skill level; or

\_\_\_ Physical Limitations or Disabilities – Newly acquired physical limitation or injuries occurring which limit your ability to perform the job from which you were dislocated may make you unlikely to return to the previous occupation. Must have a doctor’s release to work; or

\_\_\_ Other Factors – Factors that can be recorded in the applicants file from written or verbal sources, including staff judgement, indicating “unlikely of returning to the previous industry or occupation”.

Are you an individual who has been providing unpaid services to family members in the home **and** has been dependent on the income of another family member but is no longer supported by that income; **or** is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; **and** is unemployed or underemployed **and** is experiencing difficulty in obtaining or upgrading employment? (Category 6)

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the spouse of a member of the Armed Forces on active duty **and** who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member? (Category 7)

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the spouse of a member of the Armed Forces on active duty **and** who is unemployed or underemployed **and** is experiencing difficulty in obtaining or upgrading employment? (Category 8)

Yes \_\_\_\_\_ No \_\_\_\_\_

Dislocated Worker Grant (DWG) eligibility: Does not meet criteria outlined for Dislocated Workers in categories 1 – 8 above, but is an individual that meets DWG eligibility outlined under WIOA Title I National programs, Sec. 170 National dislocated worker grants, relating to Sec. 170(b)(1)(A) workers affected by major economic dislocations **or** Sec 170(b)(1)(A) workers affected by an emergency or major disaster. (Category 12)

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you an individual who is long-term unemployed through no fault of your own? Lost job for various reasons but did not quit or was not fired due to negligence, inappropriate behavior, etc. (If fired and filed an appeal and was subsequently awarded UI, individual may be deemed eligible). (Category 13)

Yes \_\_\_\_\_ No \_\_\_\_\_

***I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***I certify that there is no evidence known to contradict this self-attestation and in that sense I corroborate the applicant’s statement.***

\_\_\_\_\_  
Career Advisor Signature

\_\_\_\_\_  
Date

## Western Piedmont Workforce Development Written Self-Attest Form for Youth

Name of Applicant: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Date (should match intake date): \_\_\_\_\_

**Self-attesting for Education status? Yes \_\_\_\_\_ No \_\_\_\_\_**

Are you currently attending school? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what was your highest grade completed? 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_ HS Diploma GED or  
Equivalent \_\_\_ Certificate \_\_\_ Associates Degree \_\_\_ Other Post-Secondary Degree \_\_\_  
1 yr. College \_\_\_ 2 yrs. College \_\_\_ 3 yrs. College \_\_\_ Bachelor's Degree \_\_\_  
Education beyond Bachelor's Degree \_\_\_

**Self-attesting for Employment status? Yes \_\_\_\_\_ No \_\_\_\_\_**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, have you worked in the last 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Number in Family: \_\_\_\_\_ Monthly Family Income: \_\_\_\_\_

**Self-attesting for Barriers? Yes \_\_\_\_\_ No \_\_\_\_\_**

Are you homeless or did you run away from home? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you pregnant or currently parenting a child? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you an offender? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you Require Additional Assistance (includes individuals with disabilities)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

***I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***I certify that there is no evidence known to contradict this self-attestation and in that sense I corroborate the Applicant's statement.***

\_\_\_\_\_  
Career Advisor Signature

\_\_\_\_\_  
Date

**WESTERN PIEDMONT WORKFORCE DEVELOPMENT  
STATEMENT OF LIVING SITUATION/HOMELESS**

Applicant Name (Printed) \_\_\_\_\_

**I certify that the above named person is currently residing with me at the below address although I am not a parent or guardian of this person. This is not their permanent residence and their stay is temporary.**

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: \_\_\_\_\_

Attesting Resident Signature: \_\_\_\_\_

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

**I (WIOA applicant) certify that I am currently residing at above address and it is not a permanent residence for me.**

Applicant Signature: \_\_\_\_\_

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

Career Advisor Signature: \_\_\_\_\_

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






# Self-Attestation\_Policy\_Final\_09162024

Final Audit Report

2024-09-09

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