

APRIL 18, 2022

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 Administrator

Wendy Johnson

Wendy Johnson
Workforce Development Director

Serving Alexander, Burke, Caldwell and Catawba Counties

The Western Piedmont Workforce Development Board does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

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 September 3, 2021.*

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 although self-attestation is acceptable, it must be accompanied by a timely sampling of applicant's actual supporting documentation to ensure the accuracy of their statements. **A random sampling methodology to validate the accuracy of the self-attestation process will occur during our annual monitoring process.** Therefore, in the best interest of the applicants who could potentially be at risk of forced exit from WIOA if supporting documentation cannot be provided, applicants for WIOA must exhaust all options available to them in providing supporting documentation for the eligibility of programs. **In those instances, where**

obtaining documentation is too burdensome to applicants seeking enrollment into WIOA programs, the WPWDA may allow the self-attestation of the information in order 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 ncworks.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.

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: _____

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: _____

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 - 4-18-22

Final Audit Report

2022-04-12

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