



SCW / MIS WIOA Title I Accepted I-9 Documentation Verification Attestation Form

Applicant Information:

Last Name:	First Name:	ETO Case #:
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The information below is a self-attestation verifying accepted forms to validate legally entitled to work in the U.S. from individuals entering WIOA services:

1. What was used to validate and record in the MIS database system legally entitled to work in the U.S.?

- Self-Attestation which:** **OR** **Accepted I-9 Documentation**
(Answer Questions 2 – 3)
- was a declaration of information for this element **and**
 - was signed and dated by participant **and**
 - was participant generated and traceable to the participant

2. Accepted I-9 Documents were physically reviewed to verify Legal Status in the U.S.? Yes No

Accepted I-9 Documents Used to verify legal status in the U.S. need to be documents on **List A OR** documents on **List B AND List C:**

List A Documents Used:	OR	List B Documents Used:	AND	List C Documents Used
<input type="checkbox"/> U.S. Passport or U.S. Passport Card		<input type="checkbox"/> Driver's License		<input type="checkbox"/> U.S. Social Security Card
<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		<input type="checkbox"/> ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		<input type="checkbox"/> Form FS-240, Consular Report of Birth Abroad
<input type="checkbox"/> Employment Authorization Document Card (Form I-766)		<input type="checkbox"/> School ID card with photograph		<input type="checkbox"/> Form FS-545, Certification of Birth Abroad issued by the U.S. Department of State
<input type="checkbox"/> Foreign Passport with Form I-94 or Form I-94A with Arrival – Departure Record and containing an endorsement to work.		<input type="checkbox"/> Voter Registration Card		<input type="checkbox"/> Form DS-1350, Certification of Report of Birth issued by the U.S. Department of State
<input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A		<input type="checkbox"/> U.S. Military Card or Draft Record		<input type="checkbox"/> Native American tribal document
<input type="checkbox"/> Foreign Passport containing a Form I-551 Stamp or Form I-551 Printed Notation		<input type="checkbox"/> Military Dependent's ID Card		<input type="checkbox"/> Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying territory of the United States bearing an official seal
		<input type="checkbox"/> U.S. Coast Guard Mariner Document Card		<input type="checkbox"/> Form I-179, Identification Card for Use of Resident Citizen in the United States
		<input type="checkbox"/> Native American Tribal Document		<input type="checkbox"/> Form I-197, U.S. Citizen ID Card
		<input type="checkbox"/> Driver's License issued by a Canadian Government Authority		<input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security (DHS)
		<i>For Individuals Under the Age of 18 who are unable to present a document listed above:</i>		
		<input type="checkbox"/> School Record or Report Card		
		<input type="checkbox"/> Clinic, Doctor or Hospital Record		
		<input type="checkbox"/> Day Care or Nursery School Record		

3. Accepted I-9 documents used to verify legal status in the U.S. were copied and placed in the participant's file. Yes No

Self-Attestation Statement:

I certify that the information provided in this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification. I further understand that this form is used for ETO uploaded purposes ONLY in addition to the signed WIOA Eligibility Application, and a hard copy of all accepted forms to verify identification and legal status have been copied and placed in the Participant's file.

SIGNATURE OF CASE MANAGER X	DATE
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Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form.

SIGNATURE OF MIS DEPARTMENT STAFF X	DATE
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