

# SC WORKS

## PEE DEE

**PEE DEE LWDA INSTRUCTION NUMBER:** WIOA 23-001

**TO:** Pee Dee WIOA Contractors

**SUBJECT:** Participant Eligibility for WIOA Title I Programs

**ISSUANCE DATE:** August 16, 2023

**EFFECTIVE DATE:** Immediately

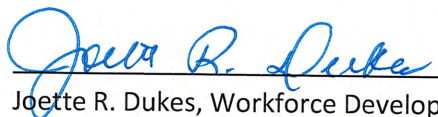
**PURPOSE:** The purpose of this instruction is to transmit State Instruction 20-15, Change 1 which provides guidance on program eligibility and required source documentation. This instruction replaces the LWDA 21-006, Change 1 Participant Eligibility for WIOA Title I Programs. **This change clarifies that individuals may self-attest to eligibility to work at the time of enrollment; however, eligibility to work must be validated before using WIOA funds to provide training services and/or supportive services.**

In all instances that the self-attestation form is being utilized by the Pee Dee WIOA contractors, the contractor is required to explain in the eligibility case note in SCWOS the reasons and/or circumstances that prevented the customer from obtaining his/her supporting documentation. Staff must ensure that all methods to obtain documentation are exhausted prior to the use of the self-attestation form.

**POLICY:** The attached State policy outlines the eligibility requirements for the Adult, Dislocated Worker, Youth and National Dislocated Worker Grant programs. Self-attestation, when indicated allowable, may be used as a last resort when getting other allowable documentation shown on the attached WIOA Source Documentation is too burdensome for the applicant.

**ACTION:** Staff should review and become familiar with State Instruction 20-15, Change 1 (attached) outlining the State's policy governing the program eligibility for WIOA Title I Programs.

**INQUIRY:** Question pertaining to this instruction should be directed to April Gaskins at (843)669-3138 or email:  
[a-gaskins@peedeecog.org](mailto:a-gaskins@peedeecog.org).



Joette R. Dukes, Workforce Development Director

Attachments: State Instruction 20-15, Change 1

WIOA Eligibility Desk Aid

WIOA Source Documentation

WIOA Family Income- Inclusions and Exclusions

Unlikely to Return UI Work

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Henry McMaster  
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## STATE INSTRUCTION NUMBER 20-15, Change 1

**To:** Local Workforce Area Signatory Officials  
Local Workforce Area Board Chairs  
Local Workforce Area Administrators

**Subject:** Participant Eligibility for WIOA Title I Programs

**Issuance Date:** July 27, 2023

**Effective Date:** July 1, 2023

**Purpose:** To provide guidance regarding participant eligibility for Workforce Innovation and Opportunity Act (WIOA) Title I programs and required source documentation. **This guidance replaces State Instruction 20-15.**

**Change 1 Revisions:** Guidance regarding self-attestation has been updated according to Training and Employment Guidance Letters (TEGLs) 23-19, Changes 1 and 2. The WIOA Source Document attachment to this policy has been updated according to TEGL 23-19, Change 2, Attachment II. Additionally, individuals may self-attest to eligibility to work at time of enrollment; however, eligibility to work must be validated before using WIOA funds to provide training services and/or supportive services.

### **References:**

- Workforce and Innovation and Opportunity Act, Public Law 113-128, §§ 3, 129, 132, 170
- 20 CFR §§ 680.100–680.130, 680.600–680.660, 681.200–681.320, 687.170
- TEGLs 19-16; 7-18; 23-19, Change 1 and Change 2; 16-21; 9-22
- State Instructions 15-17, Change 3; 19-05, Change 1; 20-05, Change 1

**Background:** WIOA is designed to help job seekers secure the employment, education, training, and support services necessary to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. Determining customer eligibility ensures that individuals access needed and allowed services under WIOA. Furthermore, collecting and maintaining applicable source documentation ensures program accountability and alignment with the goals of WIOA.

**Policy:**

**ADULT ELIGIBILITY REQUIREMENTS**

An individual eligible for services through the WIOA Title I Adult program must be all of the following:

- A US citizen or a non-citizen who is eligible to work within the US
- Registered with the Selective Service (if applicable)
- 18 years of age or older

**NOTE:** Employees participating in Incumbent Worker Training (IWT) do not have to meet the eligibility requirements for participation in the Adult program, unless also enrolled as a participant in the Adult program.

See SI 15-17, Change 3, Adult Priority of Service under WIOA, for more information regarding WIOA priority of service for participants in the Adult program.

**DISLOCATED WORKER ELIGIBILITY REQUIREMENTS**

To be eligible for participation in the WIOA Title I Dislocated Worker (DW) program, an individual must be a US citizen or a non-citizen who is eligible to work within the US, registered with the Selective Service (if applicable), and must meet the requirements of one of the five categories of DW eligibility listed in WIOA § 3(15). See attached **WIOA Eligibility Desk Aid**.

**NOTE:** Employees participating in Incumbent Worker Training (IWT) do not have to meet the eligibility requirements for participation in the DW program, unless also enrolled as a participant in the DW program.

**DEFINITION OF UNLIKELY TO RETURN TO A PREVIOUS INDUSTRY OR OCCUPATION**

For DW eligibility under Category A as outlined in WIOA § 3(15)(A), an individual is unlikely to return to a previous industry or occupation when there is a lack of growth, a decline in job openings or employment opportunities, or the individual has been laid off without a recall date, or the date has passed, and is in need of additional services or training.

Examples include:

- Skill Oversupply – An excess number of workers locally with similar skill sets and experience seeking limited related employment opportunities.
- Obsolete Skills – The applicant no longer meets the minimum requirements of jobs available in their occupation.
- Local Layoff Impact – Local business closing(s) or layoffs have had a significant negative impact on the availability of jobs in the applicant’s primary occupation and accustomed wage/hour/skill level.
- No Job Offers Received – The applicant has been available and looking for work for a number of weeks and has not received an offer of work (“number of weeks” could be two or more weeks, depending upon the occupation, state of local economy, and/or applicant’s verified job search efforts).
- Physical Limitations or Disabilities – The applicant has newly acquired physical limitations or injuries which limit the individual’s ability to perform the job from which they were dislocated.

**NOTE:** An individual laid off on a temporary basis or furloughed with a specific, upcoming return to work date does not meet the definition of “unlikely to return to a previous industry or occupation.”

The following forms of documentation can be used to demonstrate “unlikely to return”:

- Labor market information indicating the applicant’s skills are not currently in demand
- Labor market information indicating the applicant cannot meet the skills requirements for jobs currently available in their chosen occupation
- Labor market information indicating no jobs or only part-time jobs are available that match the applicant’s skills
- Job search records demonstrating no job offers received for a period of weeks prior to WIOA enrollment
- Documentation from a physician or other applicable professional of acquired physical limitations or injuries that make an individual unable to perform the same work as the job of dislocation
- Documentation provided by the individual from employer or UI where no return to work date was given or the date has passed with no job availability (For UI documentation, claimants can access their return to work status in the UI My Benefits self-service portal. See attachment, **Unlikely to Return UI Documentation.**)

## **NATIONAL DISLOCATED WORKER GRANT ELIGIBILITY REQUIREMENTS**

An individual eligible for services through a Disaster Recovery National Dislocated Worker Grant (DWG) must be one of the following:

- A worker temporarily or permanently laid off as a consequence of the disaster
- A DW as defined by WIOA § 3(15)
- A long-term unemployed worker
- A self-employed individual who became unemployed or significantly underemployed as a result of the disaster or emergency

See State Instruction 20-05, Change 1, *Disaster Recovery National Dislocated Worker Grants*, for more information.

## **YOUTH ELIGIBILITY REQUIREMENTS**

An individual eligible for services through the WIOA Title I Youth program must be all of the following:

- A US citizen or a non-citizen who is eligible to work in the US
- Between the ages of 14 and 24 at the time of enrollment
- Registered with the Selective Service, if applicable
- An eligible Out-of-School Youth (OSY) or In-School Youth (ISY)

An OSY is an individual who is not younger than age 16 or older than 24 at the time of enrollment, is not attending any school, and is one or more of the following:

- School Dropout
- Youth who is within the age of compulsory school attendance (defined as under the age of 17 in South Carolina), but has not attended school for at least the most recent complete school year calendar quarter (based on how a local school district defines its school year quarters)
- Low-income individual who is a recipient of a secondary school diploma, or its recognized equivalent, and is either basic skills deficient or an English language learner
- Offender
- Homeless individual (as defined in the Violence Against Women Act of 1994 or the McKinney-Vento Homeless Assistance Act), a runaway, an individual who is in foster care or who has aged out of the foster care system, a child eligible for assistance under the Social Security Act § 477, or an individual who is in an out-of-home placement
- Individual who is pregnant or parenting
- Individual with a disability

- Low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment

An ISY is an individual who is not younger than age 14 or older than 21 at the time of enrollment, is attending school, is low-income, and is one or more of the following:

- Basic skills deficient
- English language learner
- Offender
- Homeless individual (as defined in the Violence Against Women Act of 1994 or the McKinney-Vento Homeless Assistance Act), a runaway, an individual who is in foster care or who has aged out of the foster care system, a child eligible for assistance under the Social Security Act § 477, or an individual who is in an out-of-home placement
- Individual who is pregnant or parenting
- Individual with a disability
- Individual who requires additional assistance to complete an educational program or to secure or hold employment

See SI 19-05, Change 1, *WIOA Youth Program Eligibility, Expenditures, and Service Requirements*, for more information.

## **SELF-ATTESTATION AND DATA VALIDATION**

Self-attestation occurs when a participant states his or her status for a particular data element, such as pregnant or parenting youth, and then signs and dates a form acknowledging this status. The key elements for self-attestation are: (a) the participant identifying his or her status for permitted elements, and (b) signing and dating a form attesting to this self-identification. An electronic/digital signature can include an email, text, or unique online survey response, so long as the response is participant generated and traceable to the participant.

**Where self-attestation is listed as an option for source documentation in TEGL 23-19, Change 2, Attachment II, the lack of source documentation must not delay or prevent enrollment and receipt of services in a program.**

While the collection of source documentation for data validation will often take place at the same time as the determination of an individual's program eligibility, these actions serve different purposes. Though the lack of source documentation cannot delay or prevent enrollment and receipt of services in a program, **staff should assist the individual, as a service to the participant, in acquiring source documentation as lack of appropriate documentation could cause barriers to employment and/or advancement on a career path.** LWDAs are encouraged to use WIOA funding to assist participants in acquiring documentation needed for employment when unavailable through other means.



See **WIOA Source Documentation**, attached to this policy, for required source documentation for data elements by WIOA Title I program. See also SI 20-09, *Performance Data Validation for DOL Workforce Programs*, for further information on source documentation and data validation.

**Action:** Please ensure that all appropriate staff receive and understand this policy.

**Inquiries:** Questions may be directed to [WRC@dew.sc.gov](mailto:WRC@dew.sc.gov).

*Nina Staggars*

Nina Staggars, Assistant Executive Director  
Workforce Development Division

Attachments:

WIOA Eligibility Desk Aid  
WIOA Source Documentation  
WIOA Family Income – Inclusions & Exclusions  
Unlikely to Return UI Documentation



# WIOA Eligibility Desk Aid

To be eligible for the WIOA Adult, DW, Youth, and DWG programs, the individual must be eligible to work in the US and must be registered for the Selective Service, as applicable.

| Fund                           | Eligibility Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Low Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WIOA Adult Program             | 18 Years or Older                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Family income at or below 100% of the poverty line or 70% lower living standard (See current Updated Federal Income Guidelines policy.)</p> <p>Income test not required if customer meets one of the following criteria:</p> <ul style="list-style-type: none"> <li>Customer receives or is a member of a family that receives (currently or in the past six months) one of the following: TANF, SNAP, SSI, or other public assistance</li> <li>Foster Child</li> <li>Homeless</li> <li>Receives or is eligible to receive free or reduced-price lunch</li> <li>Deficient in basic skills</li> </ul> <p><b>NOTE:</b> Customer with a disability must be determined a family of one for income determination purpose if the customer's family does not meet the income test and none of the criteria above apply.</p> |
| WIOA Dislocated Worker Program | Meets one of the five categories of eligibility listed in WIOA § 3(15) (see below)                                                                                                                                                                                                                                                                                                                                                                                                                       | Income test not required for eligibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Disaster Recovery DWG Program  | <p>Must be one of the following:</p> <ul style="list-style-type: none"> <li>A worker temporarily or permanently laid off as a consequence of the disaster</li> <li>A DW as defined by WIOA § 3(15) (see below)</li> <li>A long-term unemployed worker</li> <li>A self-employed individual who became unemployed or significantly underemployed as a result of the disaster or emergency</li> </ul> <p>See SI 20-05, Ch. 1, defining "long-term unemployed worker" and "significantly underemployed."</p> | Income test not required for eligibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>WIOA Youth Program – ISY</b> | <ul style="list-style-type: none"> <li>• 14 – 21 years old at enrollment, <u>and</u></li> <li>• Attending or enrolled in secondary or for-credit postsecondary school at eligibility determination, <u>and</u></li> <li>• Low-income, <u>and</u></li> <li>• At least one of the following apply: <ul style="list-style-type: none"> <li>○ Deficient in basic literacy skills</li> <li>○ Homeless, runaway</li> <li>○ In foster care or aged out of foster care</li> <li>○ Pregnant/parenting</li> <li>○ Offender</li> <li>○ Has a disability</li> <li>○ English language learner</li> </ul> </li> <li>○ Requires additional assistance to complete an educational program or to secure or hold employment</li> </ul>                                                                                                                                                                                                                                                                                                                       | <p>Family income at or below 100% of the poverty line or 70% lower living standard (See current Updated Federal Income Guidelines policy.)</p> <p>Income test not required if customer meets one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Customer receives or is a member of a family that receives (currently or in the past six months) one of the following: TANF, SNAP, SSI, or other public assistance</li> <li>• Foster child</li> <li>• Homeless</li> <li>• Receives or is eligible to receive free or reduced-price lunch</li> <li>• Lives in a high poverty area</li> </ul> <p><b>NOTE:</b> Customer with a disability must be determined a family of one for income determination purpose if the customer's family does not meet the income test and none of the criteria above apply.</p>                                                                                                                                                                                                      |
| <b>WIOA Youth Program – OSY</b> | <ul style="list-style-type: none"> <li>• 16 – 24 years old at enrollment, <u>and</u></li> <li>• Not attending or enrolled in secondary or for-credit postsecondary school at eligibility determination, <u>and</u></li> <li>• At least one of the following apply: <ul style="list-style-type: none"> <li>○ School dropout</li> <li>○ Youth who (a) received HS diploma/equivalent, (b) is low-income, and (c) is deficient in basic literacy skills or is an English language learner</li> <li>○ Required by state law to attend school but has not attended for at least the most recent complete school year's calendar year's calendar quarter</li> <li>○ Homeless or runaway</li> <li>○ In foster care or aged out of foster care</li> <li>○ Pregnant/parenting</li> <li>○ Subject to the juvenile or adult justice system</li> <li>○ Has a disability</li> <li>○ Requires additional assistance to complete an educational program, or to secure and hold employment (must also meet low-income requirements)</li> </ul> </li> </ul> | <p>OSY can attend and/or be enrolled in a non-credit postsecondary school at eligibility determination.</p> <p>OSY aged 21 – 24 years old are not subject to in-school educational requirements.</p> <p>Family income at or below 100% of the poverty line or 70% lower living standard (See current Updated Federal Income Guidelines policy.)</p> <p>Income test not required if customer meets one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Customer receives or is a member of a family that receives (currently or in the past six months) one of the following: TANF, SNAP, SSI, or other public assistance</li> <li>• Foster child</li> <li>• Homeless</li> <li>• Receives or is eligible to receive free or reduced-price lunch</li> <li>• Lives in a high poverty area</li> </ul> <p><b>NOTE:</b> Customer with a disability must be determined a family of one for income determination purpose if the customer's family does not meet the income test and none of the criteria above apply.</p> |

# Dislocated Worker

The term “dislocated worker” means an individual who—

- (A) (i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment, including separation notice from active military services (under other than dishonorable conditions);
  - (ii) (I) is eligible for or has exhausted entitlement to unemployment compensation; or
  - (II) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121(e), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and
  - (iii) is unlikely to return to a previous industry or occupation;
- (B) (i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, military installation or enterprise;
  - (ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or
  - (iii) for purposes of eligibility to receive services other than training services described in section 134(c)(3), career services described in section 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility or military installation will close;
- (C) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters;
- (D) is a displaced homemaker; or
- (E) (i) is the spouse of a member of the Armed Forces on active duty (as defined in 10 USC § 101(d)(1)), 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; or
  - (ii) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in paragraph (16)(B).

# WIOA Required Source Documentation

Where self-attestation is listed as an option for source documentation in TEGl 23-19, Change II, Attachment II, the lack of source documentation must not delay or prevent enrollment and receipt of services in a program. Staff should assist the individual, as a service to the participant, in acquiring source documentation as a lack of appropriate documentation could cause barriers to employment and/or advancement on a career path.

| Data Element                 | Acceptable Source Documentation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Adult | DW | Youth | DWG |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-------|-----|
| Date of Birth                | <ul style="list-style-type: none"> <li>• Driver's License</li> <li>• Baptismal Record</li> <li>• Birth Certificate</li> <li>• DD-214</li> <li>• Report of Transfer or Discharge Paper</li> <li>• Federal, State, or Local Identification Card</li> <li>• Passport</li> <li>• Hospital Record of Birth</li> <li>• Public Assistance/Social Service Records</li> <li>• School Records or ID Cards</li> <li>• Work Permit</li> <li>• Family Bible</li> <li>• Cross-Match with State Agency Records</li> <li>• Justice System Records</li> <li>• Selective Service Registration</li> <li>• Signed letter from a parent or guardian</li> <li>• Medical Records</li> <li>• Self-Attestation</li> </ul> | X     | X  | X     | X   |
| Individual with a Disability | <ul style="list-style-type: none"> <li>• School 504 Records Provided by Student</li> <li>• Assessment Test Results</li> <li>• School Individualized Education Program (IEP) Record</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X     | X  | X     | X   |
| Eligible Veteran Status      | <ul style="list-style-type: none"> <li>• DD-214</li> <li>• Cross-Match with Department of Defense Records</li> <li>• Cross-Match with Veterans Service Database</li> <li>• Letter from the Veterans' Administration</li> <li>• NGB-22 documenting Title 10 federal active duty service</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                    | X     | X  |       | X   |

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |          |          |          |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>UC Eligibility Status</b>                         | <ul style="list-style-type: none"> <li>• Cross-Match to State UI Database</li> <li>• Cross-Match with State MIS Database</li> <li>• Referral Transmittal by RESEA or WPRS</li> <li>• Self-Attestation – only for a claimant not referred by RESEA or WPRS or an Exhaustee</li> </ul>                                                                                                                                                                                                                                                                                                           | <b>X</b> | <b>X</b> |          | <b>X</b> |
| <b>Long-Term Unemployed at Program Entry</b>         | <ul style="list-style-type: none"> <li>• Public Assistance Records</li> <li>• Refugee Assistance Records</li> <li>• Cross-Match with Public Assistance Database</li> <li>• Cross-Match to State UI Database</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                                                                                                                                                                                                             | <b>X</b> | <b>X</b> |          | <b>X</b> |
| <b>School Status at Program Entry</b>                | <ul style="list-style-type: none"> <li>• Cross-Match with Postsecondary Education Database</li> <li>• Copy of Educational Institution Enrollment Record</li> <li>• Applicable Records from Education Institution               <ul style="list-style-type: none"> <li>○ GED Certificate</li> <li>○ Diploma</li> <li>○ Attendance record</li> <li>○ Transcripts</li> <li>○ Drop Out Letter</li> <li>○ Other School Documentation</li> </ul> </li> <li>• Signed Intake Application or Enrollment Form</li> <li>• Electronic Records</li> <li>• Case Notes</li> <li>• Self-Attestation</li> </ul> | <b>X</b> | <b>X</b> | <b>X</b> | <b>X</b> |
| <b>Date of Actual Dislocation</b>                    | <ul style="list-style-type: none"> <li>• Verification from Employer</li> <li>• Rapid Response List</li> <li>• Notice of Layoff</li> <li>• Public Announcement with Follow-Up Cross-Match with UI Database</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                                                                                                                                                                                                               | <b>X</b> | <b>X</b> |          | <b>X</b> |
| <b>Temporary Assistance to Needy Families (TANF)</b> | <ul style="list-style-type: none"> <li>• TANF Eligibility Verification</li> <li>• TANF Period of Benefit Receipt Verification</li> <li>• Referral Transmittal from TANF</li> <li>• Cross-Match with TANF Public Assistance Records</li> </ul>                                                                                                                                                                                                                                                                                                                                                  | <b>X</b> | <b>X</b> |          | <b>X</b> |

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |          |          |          |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>Exhausting TANF Within 2 Years at Program Entry</b>                                 | <ul style="list-style-type: none"> <li>• TANF Eligibility Verification</li> <li>• TANF Period of Benefit Receipt Verification</li> <li>• Referral Transmittal from TANF</li> <li>• Cross-Match with TANF Public Assistance Records</li> </ul>                                                                                                                                                                                                                                            | <b>X</b> | <b>X</b> |          | <b>X</b> |
| <b>Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI)</b> | <ul style="list-style-type: none"> <li>• SSI/SSDI Receipt of Benefits Verification</li> <li>• Referral Transmittal from SSA</li> <li>• SSI/SSDI Eligibility Verification</li> <li>• Cross-Match with SSA Database</li> </ul>                                                                                                                                                                                                                                                             | <b>X</b> | <b>X</b> |          |          |
| <b>Supplemental Nutrition Assistance Program (SNAP)</b>                                | <ul style="list-style-type: none"> <li>• SNAP Eligibility Verification</li> <li>• Documentation of SNAP Benefit Receipt</li> <li>• Referral Transmittal from SNAP</li> <li>• Cross-Match with SNAP Public Assistance Records               <ul style="list-style-type: none"> <li>○ SNAP Public Assistance Records</li> <li>○ Other Relevant Records</li> </ul> </li> </ul>                                                                                                              | <b>X</b> | <b>X</b> |          |          |
| <b>Other Public Assistance Recipient</b>                                               | <ul style="list-style-type: none"> <li>• Copy of Authorization to Receive Cash Public Assistance</li> <li>• Copy of Public Assistance Check</li> <li>• Medical Card Showing Cash Grant Status</li> <li>• Public Assistance Eligibility Verification</li> <li>• Cross-Match               <ul style="list-style-type: none"> <li>○ Refugee Assistance Records</li> <li>○ Public Assistance Records</li> <li>○ State MIS Database</li> <li>○ Other Relevant Records</li> </ul> </li> </ul> | <b>X</b> | <b>X</b> |          |          |
| <b>Pregnant/Parenting</b>                                                              | <ul style="list-style-type: none"> <li>• Needs Assessment</li> <li>• WIC Eligibility Verification</li> <li>• TANF Single Parent Eligibility Verification</li> <li>• Intake Application or Enrollment Form</li> <li>• Signed Intake Application or Enrollment Form</li> </ul>                                                                                                                                                                                                             |          |          | <b>X</b> |          |
| <b>Youth Who Needs Additional Assistance</b>                                           | <ul style="list-style-type: none"> <li>• Signed Intake Application or Enrollment Form</li> <li>• Case Notes</li> <li>• Needs Assessment</li> <li>• Individual Service Strategy</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                                                                                                                                    |          |          | <b>X</b> |          |

|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <b>Foster Care Youth Status at Program Entry</b>                                             | <ul style="list-style-type: none"> <li>• Written Confirmation from Social Services Agency</li> <li>• Case Notes</li> <li>• Foster Care Agency Referral Transmittal</li> <li>• Signed Intake Application or Enrollment Form</li> <li>• Needs Assessment</li> <li>• Individual Service Strategy (ISS)</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                       | X | X | X | X |
| <b>Homeless Participant, Homeless Children and Youths, or Runaway Youth at Program Entry</b> | <ul style="list-style-type: none"> <li>• Signed Intake Application or Enrollment Form</li> <li>• Written Statement or Referral Transmittal from a Shelter or Social Service Agency</li> <li>• Needs Assessment</li> <li>• Case Notes</li> <li>• Individual Service Strategy</li> <li>• Letter from Caseworker or Support Provider</li> <li>• Self-Attestation</li> </ul>                                                                                                                         | X | X | X | X |
| <b>Ex-Offender Status at Program Entry</b>                                                   | <ul style="list-style-type: none"> <li>• Documentation from the Juvenile or Adult Criminal Justice System</li> <li>• Written Statement or Referral Document from a Court or Probation Officer</li> <li>• Referral Transmittal form a Reintegration Agency</li> <li>• Signed Intake Application or Enrollment Form</li> <li>• Case Notes</li> <li>• Needs Assessment</li> <li>• Individual Service Strategy</li> <li>• Federal Bonding Program Application</li> <li>• Self-Attestation</li> </ul> | X | X | X | X |
| <b>Low Income Status at Program Entry</b>                                                    | <ul style="list-style-type: none"> <li>• Award Letter from Veteran's Administration</li> <li>• Bank Statements</li> <li>• Pay Stubs</li> <li>• Compensation Award Letter</li> <li>• Court Award Letter</li> <li>• Pension Statement</li> <li>• Employer Statement/Contact</li> <li>• Family or Business Financial Records</li> <li>• Housing Authority Verification</li> <li>• Quarterly Estimated Tax for Self-Employed Persons</li> </ul>                                                      | X | X | X | X |



|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
|                                                                       | <ul style="list-style-type: none"> <li>• Social Security Benefits</li> <li>• UI Claim Documents</li> <li>• Copy of Authorization to Receive Cash Public Assistance</li> <li>• Copy of Public Assistance Check</li> <li>• Public Assistance Eligibility Verification</li> <li>• Cross-Match with Refugee Assistance Records</li> <li>• Cross-Match with Public Assistance Records</li> <li>• Cross-Match with UI Wage Records</li> <li>• Self-Attestation</li> </ul> |   |   |   |   |
| <b>English Language Learner at Program Entry</b>                      | <ul style="list-style-type: none"> <li>• Assessment Test Results</li> <li>• Applicable Records from Education Institution               <ul style="list-style-type: none"> <li>◦ Transcripts</li> <li>◦ Other School Documentation</li> </ul> </li> <li>• Signed Intake Application or Enrollment Form</li> <li>• Individual Service Strategy</li> <li>• Case Notes</li> <li>• Self-Attestation</li> </ul>                                                          | X | X | X | X |
| <b>Basic Skills Deficient/Low Levels of Literacy at Program Entry</b> | <ul style="list-style-type: none"> <li>• Assessment Test Results</li> <li>• Applicable Records from Education Institution               <ul style="list-style-type: none"> <li>◦ Transcripts</li> <li>◦ Academic Assessments</li> <li>◦ Other School Documentation</li> </ul> </li> <li>• Case Notes</li> </ul>                                                                                                                                                     | X | X | X | X |
| <b>Single Parent at Program Entry</b>                                 | <ul style="list-style-type: none"> <li>• Needs Assessment</li> <li>• TANF Single Parent eligibility Verification</li> <li>• Signed Intake Application or Enrollment Form</li> <li>• Individual Service Strategy or Employment Plan</li> <li>• Case Notes</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                                     | X | X | X | X |

|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |          |          |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|----------|----------|----------|
| <b>Displaced Homemaker at Program Entry</b>                                                                                              | <ul style="list-style-type: none"> <li>• Signed Intake Application or Enrollment Form</li> <li>• Cross-Match with Public Assistance Records</li> <li>• Copy of Spouse's Layoff Notice</li> <li>• Copy of Spouse's Death Record</li> <li>• Copy of Spouse's Permanent Change of Station (PCS) Orders (for a military move or assignment)</li> <li>• Copy of Divorce Records</li> <li>• Copy of Applicable Court Records</li> <li>• Copy of Bank Records (showing financial dependence on spouse, no separate individual income support, or no employment income earned)</li> <li>• Needs Assessment</li> <li>• Individual Employment Plan (IEP)</li> <li>• Self-Attestation</li> </ul> |  |          |          |          | <b>X</b> |
| <b>Migrant and Seasonal Farmworker Status</b>                                                                                            | <ul style="list-style-type: none"> <li>• Cross-Match with Public Assistance Records</li> <li>• NFJP Eligibility Documents used to determine low-income status</li> <li>• Employer Contract/Letter</li> <li>• Program Application</li> <li>• Cross-Match with State MIS Database</li> <li>• Cross-Match with H-1B Records</li> <li>• Case Notes</li> <li>• Self-Attestation</li> </ul>                                                                                                                                                                                                                                                                                                 |  | <b>X</b> | <b>X</b> |          | <b>X</b> |
| <b>Date of Program Entry</b>                                                                                                             | <ul style="list-style-type: none"> <li>• Individual Plan for Employment (IPE)</li> <li>• Electronic Records</li> <li>• Program Intake Documents <ul style="list-style-type: none"> <li>○ Eligibility Determination Documentation</li> <li>○ Program Enrollment Forms</li> <li>○ Other Relevant Documentation</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                   |  | <b>X</b> | <b>X</b> | <b>X</b> | <b>X</b> |
| <b>Social Security Number</b><br>(The SSN must not be included unless specified under program or funding stream reporting requirements.) | <ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Passport</li> <li>• Military ID</li> <li>• Other Federal or State ID with SSN</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |          |          | <b>X</b> |

| Eligibility to Work | Acceptable documentation needed to demonstrate eligibility to work in the US can be found at <a href="https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents">https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents</a> .<br><br>Individuals may self-attest to eligibility to work at time of enrollment; however, eligibility to work must be validated before using WIOA funds to provide training services and/or supportive services.<br><br><b>NOTE:</b> WIOA § 188 prohibits discrimination against individuals on the basis of either citizenship or status as a lawfully admitted immigrant authorized to work in the US. | X | X | X | X |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|

# WIOA Family Income – Inclusions & Exclusions

| Inclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Exclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Wages and salaries (includes severance pay) before any deductions               <ul style="list-style-type: none"> <li>◦ Net receipts from non-farm self-employment</li> <li>◦ Net receipts from farm self-employment</li> </ul> </li> <li>• Railroad retirement, strike benefits from union funds, worker's compensation, and training stipends</li> <li>• Alimony</li> <li>• Military pensions</li> <li>• Pension, whether from a private or government employer</li> <li>• Regular insurance or annuity payments (other than Social Security Income [SSI] or veterans' disability)</li> <li>• College or university grants, scholarships, and assistantships</li> <li>• Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts</li> <li>• Net gambling or lottery winnings</li> <li>• Social Security Disability Insurance (SSDI) payments</li> <li>• Unemployment compensation</li> <li>• WIOA one-stop partner programs where income is not subsidized (e.g., OJT wages)</li> <li>• Reemployment Assistance benefits</li> <li>• Child support payments</li> <li>• Old-age survivors insurance benefits received under the Social Security Act (42 U.S.C. § 402), including:               <ul style="list-style-type: none"> <li>◦ Social Security Survivor Benefits: paid to people up to age 18 who have had a parent die and the parent paid wages into the system</li> <li>◦ Social Security Retirement Benefits: paid to people who have reached their social security age and have paid wages into the system</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Public assistance (SNAP, TANF, etc.) cash payments</li> <li>• Foster care child payments</li> <li>• Financial assistance under Title IV of the Higher Education Act</li> <li>• Needs-based scholarship assistance</li> <li>• Amounts paid while on active duty or paid by the Department of Veterans Affairs (VA) for vocational rehabilitation, disability payments, or related VA-funded programs</li> <li>• Capital gains</li> <li>• Any assets drawn down as withdrawals from a bank, the sale of property, house, or car</li> <li>• Tax refunds, gifts, loans, lump sum inheritances, one-time insurance payments, or compensation for injury</li> <li>• Non-cash benefits such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, Food Stamps, school meals, and housing assistance</li> <li>• Military pay and benefits, amounts and periods of time as follow:               <ul style="list-style-type: none"> <li>◦ Any amount received as pay or allowances by any person while serving on active duty</li> <li>◦ Any period of time during which such person served on active duty</li> <li>◦ Any amount received under 38 U.S.C. chapters 11, 13, 30, 31, 32, and 36 by an eligible veteran</li> <li>◦ Any amount received under 38 U.S.C. chapters 13 and 35 by an eligible person</li> <li>◦ Any amount received by an eligible member under 10 U.S.C. chapter 106</li> </ul> </li> </ul> |

# How to Review a UI Claimant's Return to Work Status

1. Log into the MyBenefits portal. The claimant homepage will open. Click the "Claims" link at the top of the screen.

South Carolina Department of  
**deW** Employment and Workforce

Thursday, July 27, 2023 Welcome Claimant ID: [icon]

Dashboard **Claims** Confirmation History Appeals Documents My Profile

WELCOME

**Actions Required**

- Go To My Home Page
- Go To Employment Service

**Important Messages**

**WEEKLY CERTIFICATION:** Claim weeks run Sunday through Saturday. EVERY WEEK you must complete a weekly certification in the MyBenefits portal. That simply means you are confirming with the agency that you did not work the previous week and that you are able and available to work. To help you understand the Unemployment Insurance process, you will be required to view a video the first week after you file your initial claim and then every few weeks as you continue to file for unemployment benefits.

**WORK SEARCH:** Each week that you certify for benefits, you are required to complete at least two work searches in the SC Works Online Services (SCWOS) portal while logged into your SCWOS account. This active search for work helps increase your chances of finding the right job, as well as getting a job offer.

**REPORT EARNINGS:** You may have the opportunity to work part-time while you are filing for unemployment. When you certify your claim, you must report the earnings for any work you did the previous Sunday through Saturday claim week, even if you have not yet been paid for that work.

2. On the Claims screen, click "View" underneath the "View Initial Claim Summary" header.

South Carolina Department of  
**deW** Employment and Workforce

Thursday, July 27, 2023 Welcome Claimant ID: [icon]

Dashboard **Claims** Confirmation History Appeals Documents My Profile

## CLAIMS

| Current Claim |         |                |            |                 |                |                   |                      |                        |                            |                            |
|---------------|---------|----------------|------------|-----------------|----------------|-------------------|----------------------|------------------------|----------------------------|----------------------------|
| CLAIM ID      | PROGRAM | EFFECTIVE DATE | END DATE   | MAXIMUM BENEFIT | WEEKLY BENEFIT | REMAINING BALANCE | PAYMENTS             | MONETARY DETERMINATION | NON-MONETARY DETERMINATION | VIEW INITIAL CLAIM SUMMARY |
| 3403248       | UI      | 01/01/2023     | 12/30/2023 | \$3,260.00      | \$163          | \$0.00            | <a href="#">View</a> | <a href="#">View</a>   | <a href="#">View</a>       | <a href="#">View</a>       |

**Claims History**

Nothing found to display



3. When the Claim Summary document opens, scroll down to the Separation section to the return to work question. Review the question response and the return to work date. If the claimant answered the question as "No," then the return date will be blank.

Use this screen for UI documentation of "unlikely to return."

| Separation - Regular                                                  |                                       |
|-----------------------------------------------------------------------|---------------------------------------|
| Employer Name                                                         | FLASH MARKET LLC, DBAFLASH MARKET LLC |
| Reason Employment ended:                                              | Business Closure                      |
| If Quit or Discharge select the reason why?                           |                                       |
| Do you think you will be returning to work for this employer          | No                                    |
| If yes, what date do you think you will return to work (best guess):  |                                       |
| State where work was performed:                                       | South Carolina                        |
| City where work was performed:                                        | spartanburg                           |
| Primary Occupation with this employer:                                | Cashiers                              |
| Are you an owner, corporate officer, or stakeholder of this employer? | No                                    |
| What were your total earnings with this employer from                 | 12000.0                               |