



GREEN COUNTRY WORKFORCE DEVELOPMENT BOARD
WIOA Telephone Verification
() Youth () Adult () Dislocated Worker Program

IDENTIFYING INFORMATION

Applicant's Name: Last First MI

Participant ID: Application Date:

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

TELEPHONE VERIFICATION

TELEPHONE VERIFICATION USED FOR: [] ELIGIBILITY ITEM [] OTHER (EXPLAIN)

SUBJECT TO BE VERIFIED: DATE VERIFIED:

AGENCY OR THIRD PARTY RELATIONSHIP:

CONTACT NAME: PHONE NUMBER:

COMMENTS:

CERTIFICATION

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

Case Manager Signature

Date

