TELEPHONE VERIFICATION/DOCUMENT INSPECTION

Participant Name: ________________________________
Primary Item to be Verified: ________________________________
Agency Providing Verification: ________________________________
Agency Telephone Number: ________________________________
Name/Title of Person Verifying Item: ________________________________
Date and Time of Verification: ________________________________

Additional Information:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I attest that the information recorded on this form was obtained through telephone contact or document inspection on the above date and time, and (circle 1 or 2 below):

1. The agency contacted confirmed all of the above information was obtained from data recorded in the participant’s records at the agency providing the verification, OR
2. The document I inspected verified a status for the WIOA program as outlined above.

______________________________   ___________________________   ___________
Print Staff Name                  Staff Signature                 Date