

**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*