ATTACHMENT E

TELEPHONE VERIFICATION FORM

WIOA Title I Eligibility Verification by Telephone
Applicant's name and other identifying information
Organization providing verification
Organization area code & telephone number
Organization representative verifying eligibility item
Date of verification
Primary eligibility items verified
Additional eligibility items verified
Additional eligibility items verified
Additional eligibility items verified
Additional eligibility items verified
Additional eligibility items verified
Verification
I attest that the information recorded by me on this document was obtained through telephone contact on the above date from data previously determined and recorded in the applicant's records at the organization providing the eligibility verification.
Eligibility\intake worker name (print)
Eligibility\intake worker signature
Date