

PUBLIC ASSISTANCE VERIFICATION

Recipient: _____ SSN: _____

WIA Applicant: _____ SSN: _____

Relationship to Applicant: _____

In order to establish eligibility for training under the Workforce Investment Act (WIA), the Central Texas Workforce Center requires verification of income on all applicants. The recipient identified above has informed this office that s/he is now or has been receiving assistance from your agency during the past six months or longer. Please complete in ink the appropriate information. Such information will be held confidential and used only by the WIA Office to determine eligibility of the above applicant. Your cooperation and prompt return of this information will be appreciated.

By: _____
Authorized WIA Representative

<i>TO BE COMPLETED BY TEXAS DEPARTMENT OF HUMAN SERVICES</i>					
Source		Client #		Current Certification Date	
TANF					
Food Stamps					

Amount Received						Agency Name: _____
	TANF	Food Stamps		TANF	Food Stamps	Address: _____ _____
JAN			JUL			Telephone: _____
FEB			AUG			
MAR			SEP			
APR			OCT			
MAY			NOV			Signature of Authorized Representative
JUN			DEC			Date: _____

Was the WIA Applicant, who is identified above, considered a member of the family for which the public assistance determination of eligibility was based on? ☐ Yes ☐ No

I hereby give authorization to release the requested information for the specific purpose of determining eligibility for training under the WIA program.

Signature of WIA Applicant: _____ Date: _____

Recipient Signature: _____ Date: _____

Please return form to the following address: