
Career Center
Workforce Investment Act (WIA)
Eligibility Determination
For
ARRA Funded Training

GENERAL INFORMATION	
Customer Name:	Last 4 digits of social security:
Phone Number:	
Date of Eligibility Determination:	
Membership #	
Is this customer a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ELIGIBILITY DETERMINATION	
<input type="checkbox"/> This individual was certified eligible as an Adult	
<input type="checkbox"/> This individual was certified eligible as a Dislocated Worker	

Signature of Career Center Staff

Date

Print Name

Phone Number

Email

Notes:
