

APPENDIX B

Ohio Department of Job and Family Services WIOA TELEPHONE ELIGIBILITY VERIFICATION

Applicant Name Last	First	MI
Customer ID Number		

Documents have been verified for the following eligibility criteria

Name of Document Inspected

Agency Providing Verification
Name of Agency Representative
Agency Representative's Telephone Number
Date and Time of Verification
Name of Eligibility Intake Staff Person

I attest that the information recorded by me on this document was obtained through a telephone contact on the above date. As indicated by the agency representative, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

Eligibility Intake Staff Person Signature	Date
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