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Purpose

The intake process uses system generated recommendations in combination with a career planner review to ensure apprentices are suitable for a program. This process includes three main steps:

- 1. Apprentice completes the online intake form. Illinois workNet system uses the submitted forms to organize apprentices by grantee, generate program recommendations, and populate initial assessment results.
- 2. Staff completes the intake review by:
 - a. Reviewing the apprentice's responses related to employment goals and baseline questions.
 - b. Comparing their responses to the training program baseline requirements; and
 - c. Discussing the results and options with the apprentice to identify a good apprentice-to-program match.
 - d. Reviewing eligibility requirements and collecting the appropriate documentation.
 - e. Updating the eligibility status field to:
 - i. Enrolled, or
 - ii. Identify the reason why the apprentice is not going participate and to document recommended next steps or referrals.
- 3. Grantee staff may contact LWIA staff about interested and eligible apprentices to complete enrollment into WIOA.
- 4. LWIA staff will complete the IWDS application and verify supporting eligibility documentation if the apprentice is enrolled into WIOA.

Who Enters/Maintains Data

- Apprentices complete the intake form. Once submitted, the apprentice cannot update the information.
- Intermediaries or Specialists can update the online intake form based on the conversation with the apprentice. Updates can be made to the intake form up to the point where the apprentice is enrolled in the Illinois workNet system. At that point, the intake form is locked.
- Intermediary accesses the intake review page to discuss recommended programs, identify required eligibility documentation, and update eligibility status information.

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How Apprentices Access the Apprenticeship Illinois Online Intake Form

- 1. Apprentices are added on the group page. They are either sent a link to access the application or will complete the application with the agency representative.
- 2. An Apprentice login with their existing Illinois workNet account. If they do not have an Illinois workNet account, they must set up an account.
- 3. Agree to the Terms of Use and complete the Application.
 - a. Goals and situations.
 - b. Training programs options.
 - c. Submit application at the end.

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4. Apprentice must complete the application.

How Provider Staff Confirm Eligibility

- 1. Log into Https://www.illinoisworknet.com
- 2. Select My Dashboard.

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- 3. Select Customer Support Center from the Partner Tools.
- 4. On the Group Search page, select Apprenticeship Illinois.



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	S - SEARCH							
Search								
GROUP SE	ARCH							
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a group to get starter		ze customers and vie	ew information saved with	in each customer:	account. c	reate your	personal group c	n select
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a group to get started	I. Learn more		ew information saved with		o occount. e	inter your	personal group c	л seleci
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a group to get starter	L Learn more Show Advanced Searc Search Q		Type		Active 🔹	Partner		

- 5. Search customer's name from the list.
- 6. Click on the Last Name to open file.

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	PRENTICESHIP ILLIN	OIS				
Customers	Navigator Tools Workplan & Report	ts				
Name	Adams		Related Inst	tructions		
lwN Number			Agency Inst			
Grantee	Apprenticeship Illinois - ABC Location	~	Customer In	structions		
Participant Type	All	~				
Advanced S	Search					
Search E	xport - Upload Other Individuals Impacted	Add Success Story				Add Customer
10 ventr	ies per page Id 💧 Last Name 🔺 First Name 💧 Gi	rantee		Enrollment Status	Customer Type	RAPIDS Id
		pprenticeship Illinois - AB		Enrolled	Case Managed	IL23-123456
Showing 1	to 1 of 1 entry					« < 1 > »



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7. Click on 2. Verify eligibility and - worktier 🕲 DASHBOARDS- 😕 GROUPS 💄 🚘 🔳 III HI, SPROGRAMSenroll the customer. Review the APPRENTICESHIP ILLINOIS INTAKE REVIEW initial assessment before Overview Intake Review Career Plan Outcomes beginning the eligibility review INTAKE REVIEW CASE NOTES(0) by opening step 1. Customer submits initial online Action Item Result Status Profile: Sophia Adams assessment. 1. Customer submits initial online application Complete Complete Email sadams@123noemail.com Complete 2. Enroll customer Complete Enrollment Status Approved Action Needed 3. The customer was provided information that describes the features and how to Not See All access their career plan. Complete Reset Password Related Instructions Participant Summary Tools 8. Click Complete Program Eligibility. 2. Verify eligibility and enroll the customer **Complete Program Eligibility** Refresh page to show most recent Eligibility results. Grant ~ Select Enrollment Date Enrollment Status Not Enrolled - Eligibility Not Complete ~ Before enrolling this customer, obtain a signed eligibility form by the participant and career planner. Save 9. On the eligibility modal, click TEST - Ork 🕑 DASHBOARDS - 😕 GROUPS 💄 🖀 🗏 III HI, SPROGRAMS-Start Eligibility Determination. ELIGIBILITY DETERMINATION FOR TODD JANSENING Basic Info 1. Print the folder organizer sheets to help you keep the customer file neat, organized, and consistent with other participant folders 2. Go through program eligibility tabs and select the documentation type that was collected to verify eligibility. · Include the appropriate documentation in the customer's folder If you identify additional situations that impact program eligibility and were not included in the initial assessments, identify the documentation type and collect the documentation for the folder. • If possible, it is encouraged to collect documentation for all situations identified. However, the customer's services should not be delayed if you can demonstrate the customer is WIOA eligible. Todd Jansening identified the following items in the initial application on 2/26/2025 that impact WIOA eligibility. Date of Birth: 5/6/2004 SSN: xxx-xx-6868 Gender at Birth: Male Are you authorized to work in the US? Yes Registered with Selective Service: Yes

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- 10. Verify each item of the application that was entered or checked by the applicant. Checked items require verification type before being able to certify eligibility.
 - a. Click on the drop-down arrow to see the various methods of verification.
 - b. Confirm Social Security Number by typing it in the box.
 - c. If a male participant, confirm Selective Service Registration if over 18 years of age. If participant needs to register, click the link by that section.

See Appendix A at the end of the document for Acceptable Verification Documents.

11. Click Save and Go to Next Tab OR Save and Return Later. If nothing is marked on a page, Click Save and Go to Next Tab.

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IGIBILITY DI	ETERMINAT	ION FOR TO	DDD JANSENI	NG	
Basic Info	Education O	Physical O	Financial	Employment O	Oth C
	correctly or cannot be verif ustomer Responses	led, the application can be	updated. Once the application	n is updated, this page can be re	freshed to see
			Intial Assessment Submit	Date: 2/26/2025	
			Name: Todd Jansening		
Select Verification Type		~	Address: 124 Main Street	Springfield, IL 62711	
Colore Marillanda - Torra		~	Date of Birth: 5/6/2004 *		
Select Verification Type		v			
Select Verification Type		~	SSN: xxx-xx-6868 Confirm SSN *		
			Gender at Birth*		~
			Are you compliant with S	elective Service?	
Select Verification Type		~	Yes	elective service.	~
			Register with/Verify Selecti		
			Selective Service Number	r	
			Are you authorized to we	wk in the USA?	
Select Verification Type		~	Yes	in the USA.	~

12. Once all items have been verified, a new modal window will open. Click Determine Eligibility.

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ELIGIBILITY D	DETERMINATI	ON FOR TO	DD JANSEN	IING	
Basic Info	Education	Physical	Financial	Employmen	t Other
Thank you for completing pro	ogram eligibility for Todd Jan	sening. To continue, plea	ise click the button below	v to determine the custo	mer's eligibility.



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 The next screen will indicate which program(s) the participant may be eligible. Click View Eligibility.

- 14. Eligibility Verification designates time, date, and who completed the enrollment action. Review information.
- Print folder organizer sheets in step

 1.

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ELIGIBILITY D	ETERMINATI	ON FOR TO	DD JANSENI	NG	
Basic Info	Education	Physical	Financial	Employment	Other
Todd Jansening is determine The eligibility determinations			information submitted.		
WIOA Title I Adult WIOA Title I Out of Scho	, ,				
View Eligibility					
and the second			ASHBOARDS - 🗥 GROU		III HI, SPROGRAMS -
ELIGIBILITY D	ETERMINATI	ON FOR TO	DD JANSENI	NG	
Basic Info	Education	Physical	Financial	Employment	Other
1. Print the folder organizer sh	and the last service and the s	unterner file mont errore		an anticipant falders	
2. Go through program eligibi					
 Include the appropriate 	documentation in the custo I situations that impact prog	mer's folder.			cumentation type and
collect the documentation				sessments, identity the do	scamentation type and
	s services should not be dela			ligible.	
Todd Jansening identified the Date of Birth: 5/6/2004	Birth Certificate		25 that impact WIOA eligibil	ity.	
SSN: xxx-xx-6868 Social Gender at Birth: Male	Security Card (Must be signe	ed)			
	work in the US? Yes Birth C ive Service: Yes Selective Sel		rth		
	school. Attendance Records high school in the last quarte				
C Myself or someone in	my immediate family recei	ves SNAP benefits. Letter	from Food Stamp Disbursin	g Agency	
 Print Eligibility with Signatu Edit Eligibility 	re Lines DR Click to Digit	ally Sign			
4. Keep the signed original in	the participant's folder and	give the participant a co	py.		
Return to Intake Review					

16. Print Eligibility with Signature Lines or Click to Digitally Sign the application.

- a. Eligibility with Signature Lines Print the form. The Case Manager and Apprentice will both sign and date the form. The form will need to be uploaded to the apprentice profile. <u>Services cannot begin until this form</u> is signed.
- b. Click to Digitally Sign Obtain customer signature and date, case manager signs and dates. Close modal.

	hip to more a	gbility - workNet		
v	/IOA ELIGIBILITY - ILLINO	IS WORKNET		
Todd Jansening identified	he following items in the initial a	application on 2/26/2025 tha	t impact	
WIOA eligibility.				
Date of Birth: 5/6/2	004 Birth Certificate			
SSN: xxx-xx-6868 So	ial Security Card (Must be signed	0		
Gender at Birth: Ma	le			
Are you authorized	to work in the US? Yes Birth Ce	rtificate with place of birth		
Registered with Sel	ective Service: Yes Selective Serv	ice Registration Card		
I dropped out of h	igh school. Attendance Records			
I have not attende	d high school in the last guarter	Self-Attestation		
	e in my immediate family receive	s SNAP benefits. Letter from	Food Stamp	
		s SNAP benefits. Letter from	Food Stamp	
C Myself or someon		es SNAP benefits. Letter from	Food Stamp	
Solution Myself or someon Disbursing Agency	e in my immediate family receive	es SNAP benefits. Letter from	Food Stamp	
Myself or someon Disbursing Agency Career Planner Participant	e in my immediate family receive Date Date		1	
€ Myself or someon Disbursing Agency Career Planner Participant certify that the preceding i	e in my immediate family receive	of my knowledge and that t	1	
Career Planner Participant certify that the preceding i intent to commit fraud. I h	e in my immediate family receive Date Date Date	of my knowledge and that t	I nere is no	
Career Planner Participant certify that the preceding i intent to commit fraud. I h computerized system that	e in my immediate family receive Date Date nformation is correct to the best we been advised that this inform may be shared with other agenc	of my knowledge and that t nation will be entered into a ies for the purpose of admin	I here is no	
Myself or someon Disbursing Agency Career Planner Participant certify that the preceding i intent to commut fraud. I h computerized system that programs of these agencie	e in my immediate family receive Date normation is correct to the best ave been advised that this inform may be shared with other agenc s. I have the right to inspect this	of my knowledge and that t hation will be entered into a is for the purpose of admin information and initial appro	I here is no stering priate	
Myself or someon Disbursing Agency Career Planner Participant certify that the preceding I intent to commit fraud. I h computerized system that programs of these agencie corrections through the ad	e in my immediate family receive Date Date nformation is correct to the best we been advised that this inform may be shared with other agenc	of my knowledge and that ti nation will be entered into a ies for the purpose of admin information and initial appro- nowledge that if the informa	l here is no stering priate tion relating	
C Myself or someon Disbursing Agency Career Planner Participant certify that the preceding i intent to commit fraud. I h computerized system that programs of these agencie corrections through the ad to eligibility determination	e in my immediate family receive Date normation is correct to the besi we been advised that this inform may be shared with other agence s. I have the right to inspect this ministering agency. I hereby ack	of my knowledge and that t hation will be entered into a les for the purpose of admin information and initial appre nowledge that if the informa tion, and by my signature, 1	l here is no stering priate tion relating	
Wyself or someon Disbursing Agency Career Planner Participant certify that the preceding in intent to commuterized system that programs of these agencie corrections through the ad to eligibility determination others to release the inform	e in my immediate family receive Date Information is correct to the besi we been advised that this inform may be shared with other agenc s. I have the right to inspect this ministering agency. I hereby ack required verification/dcoument nation for eligibility determination	of my knowledge and that ti tation will be entered into a ise for the purpose of admin information and initial appro- nowledge that if the informa- tion, and by my signature, I m.	I here is no stering upriate tion relating authorize	
Wyself or someon Disbursing Agency Career Planner Participant certify that the preceding i intent to commit faud. I h computerized system that programs of these agencie corrections through the ad to eligibility determination others to release the inform When your provider/care	e in my immediate family receive 	of my knowledge and that ti hation will be entered into a ses for the purpose of admin information and initial appro- nowledge that if the informa tion, and by my signature, I m. ure or takes documentatio	I here is no stering opriate tion relating authorize n verbally,	
U Myself or someon Disbursing Agency Career Planner Participant certily that the preceding i intent to commit fraud. I h computerized system that programs of these agencie corrections through the ad to eligibility determination others to release the infor- your must provide a follo	e in my immediate family receive Date Information is correct to the besi we been advised that this inform may be shared with other agenc s. I have the right to inspect this ministering agency. I hereby ack required verification/dcoument nation for eligibility determination	of my knowledge and that it iation will be entered into a is for the purpose of admin information and initial appro- nowledge that if the informa- tion, and by my signature, I in. ure or takes documentatio use of your signature and f	I nere is no istering priate tion relating authorize n verbally, the	

17. Click Return to Intake Review at the bottom of the eligibility modal.



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- 18. Enroll the apprentice
 - a. Select grant number.
 - b. Select enrollment date.
 - c. Select the enrollment status.
 - d. Click Save.

2. Verify eligibility and enroll the customer	
View Eligibility Verification Saved 2/26/202 Refresh page to show most recent Eligibility i	
Grant	
24-11200	~
Enrollment Date Image: Constraint of the second s	
Updated 2/26/2025 3:44 PM by SProgram:	Enrollment Status
Before enrolling this customer,	Not Enrolled - Eligibility Not Complete
Save Save	Not Enrolled - Eligibility Not Complete
	Enrolled
	Not Enrolled - Not Able to Complete Eligibility
	Not Enrolled - Customer Declined to Participate

- 19. Step 3. Provide the apprentice with information on how to access their career plan.
 - Check the box next to, "I have provided the customer with features and how to access their career plan."
 - b. Click Go to the Customer's Career Plan.
 - Follow directions to create a Career
 Plan for the apprentice by
 following the directions in the
 Career Plan Overview.

ireer	3. Provide customer with information on how to access their career plan.
	A. Use Customer's Career Plan to:
	 Discuss initial application responses saved in the career plan and add a summary to the plan.
/e	 Discuss goals based on the customer's current situation and where they want to be. Add the goals to the plan.
	 Discuss steps/services that can help them reach their goals. Add the steps/services and related
	information into the plan.
heir	 Make sure the customer agrees to the plan. If not, make adjustments so they are on board with the
	plan.
	 Have the customer sign the plan either electronically (paper copy is not needed) or physically
areer	(paper copy is needed).
areer	B. Make sure the customer knows how to view their plan online through their Illinois workNet
	account.
	 They should know the plan is a communication tool they should review and let you know if they
Career	need to make any adjustments to the plan.
	 Let them know they may be asked to electronically sign the career plan if changes are made.
	 Let them know they can see a history of updates to their plan.
	 Let them know there are other resources in the plan that can help them update their resume and
ie	find a job.
	C. Update the plan as needed.
	 Add case notes.
	 Update steps/services as they are started, completed, updated.
	 Have the customer electronically sign their career plan as needed.
	I have provided the customer with features and how to access their career plan.
	Go to the Customer's Career Plan
I	1

If you are going to co-enroll a participant into WIOA Title 1 but do not need to immediately provide service through WIOA follow this process:

- Add the customer into IWDS with a Career Planning (Case Management) service a same day service.
- Return to the IWDS case file every 90 days to keep it active.
- Add an additional episode in that record indicating customer activity and they are still being fully case managed through IL workNet for Apprenticeship Illinois.



Customer Overview Page

The overview page is a quick glance resource of tasks that have been or need to be completed for a customer.

Service Integration Resource

Team

Add any team members that will need access to this customer file.

Intake Review

As items are completed, a green circle with Completed will be visible.

If items are past due, a red circle will be visible.

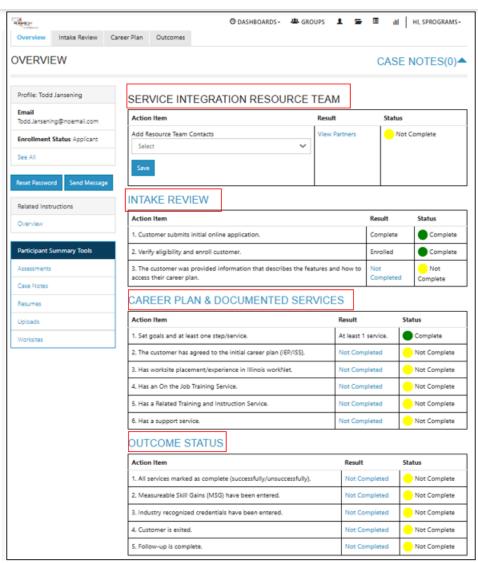
Career Plan & Documented Services

This section tracks the items related to the customer's career plan and worksite placement.

Outcome Status

This section tracks customer performance for a variety of services.





The Illinois workNet Center System, an American Job Center, is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by persons using TTY/TDD equipment by calling TTY (800) 526-0844 or 711. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. For more information please refer to the footer at the bottom of any webpage at illinoisworknet.com.

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Appendix A - Acceptable Verification Documents

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Address	 Applicant statement/self-attestation, in limited cases
	Current Utility Bill w/Customer's Name
	• Driver's License/State I.D.
	Food Stamp Award Letter
	Homeless-DHS Letter
	Homeless-Shelter/Temp Residence Letter (on Letterhead)
	Housing Authority Verification
	Insurance Policy (Residence or Auto)
	Landlord Statement or Lease
	 Letter from Social Service Agency or School (on Letterhead)
	Medicaid/Medicare Card
	Other, Requires Partnership approval
	Pay Stub
	Public Assistance Records (current)
Date of Birth	Acceptable Documents for INS form I-9
	Baptismal Certificate with Date of Birth
	Birth Certificate
	Court Records (showing DOB)
	 DD-214/Report of Transfer or Discharge with DOB
	Driver's License
	Hospital Birth Record
	• IDES UI printout (showing DOB)
	 IL State ID or other Federal, State or Local Gov't issued ID
	Passport
	Public Assistance/Social Service records
	School Records/Identification
	Workers Compensation Record with DOB
	Youth Only-Work Permits
Social Security Number	Any other approved Social Security Document
	Social Security Printout
	 Social Security Finitout Social Security Card (Must be signed)
Registered with Selective	Locally Approved Selective Service Waiver
Service if Male	
	 Selective Service Registration Card Selective Service Registration Record (form 2A)
	Selective Service Registration Record (form 3A) Selective Service Verification (www.sec.cov.printeut)
	Selective Service Verification (<u>www.sss.gov</u> printout) Stamped Past Office Passist of Pasistration
	Stamped Post Office Receipt of Registration
Authorized to work In the	Veteran's ID Card
United States	Acceptable Documents for INS form I-9 Alian Degistration aged (Pight to Work)
United States	Alien Registration card (Right-to-Work) Bantismal Cartificate with place of bith
	Baptismal Certificate with place of birth Birth Certificate with place of birth
	Birth Certificate with place of birth Certificate of LLS_CERTER N 560 or N 561
	Certificate of U.S. Citizenship (INS Form N-560 or N-561) Certification of Dicth Abuse discussed by the Deuty of City (Server 55, 545, or Server DS 4250)
	Certification of Birth Abroad issued by the Dept. of State (Form FS-545 or Form DS-1350)
	Consular Report of Birth Abroad or Certificate of Birth DD 214/Depart of Transfer or Discharge
	DD-214/Report of Transfer or Discharge
	• E-Verify with documentation
	Foreign Passport stamped Eligible to work
	Hospital Birth Record indicating US Citizenship
	ID card for use of Resident Citizen in the U.S. (INS Form I-179)
	IDES or other State's UI (UI Claimant only)

• Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or

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I-551) Self-Attestation on How to Meet DACA requirements outlined in DOL TEGL 02-14 U.S. Naturalization Certificate • U.S. Social Security card (work eligible) • Unexpired Employment Authorization Document (INS Form I-688A or I-688B) with or without photograph • Unexpired Foreign Passport, with I-551 stamp or attached INS Form I-94 Unexpired Reentry Permit (INS I-327) Unexpired Refugee Travel Document (INS Form I-571) • Unexpired Temporary Resident Card (INS Form I-688) • United States Passport In School • Verification of Enrollment from Educational Institution • WIOA Application (signed & dated)-Attending school • Foster care Court contract • Aged out of foster care Court documentation • Medical Card showing Foster Child • Verification of payments made on behalf of child • Written statement from State/Local agency Hard time with reading, Results from authorized assessment test • School Records verifying applicant unable to take assessment test writing, or math Hard time speaking English • Case notes from Career Planner • Results from authorized assessment test • WIOA application (signed and dated) Homeless • Signed applicant statement Written statement from an individual providing temporary assistance Written statement from shelter Written statement from Social Service agency-homeless shelter/runaway services Legal • Applicant statement/self-attestation, in limited cases Court Documents Halfway house resident • Letter from probation officer • Letter of parole • Police records • Case Notes regarding observable condition • Pregnant • Child's Birth certificate • Need help with childcare • Hospital record of birth Medical Card Physician's Statement • Public Assistance/Social Service records Referral from official agencies School program for pregnant teens School Records • Signed applicant statement Disability • Case Notes regarding observable condition by Case Manager Individual Education Plan from school Letter from drug or alcohol rehabilitation agency Medical Records Physician's Statement Psychiatrist or Psychologist Diagnosis Rehabilitation evaluation records School Records Sheltered workshop certification

Social Security Administration Disability records

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Customer Assessment and Eligibility Verification

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		10010019 2023 03
	 Social Service records/Referral 	
	 Veterans Administration Disability Determination letter/Records 	
	Vocational Rehabilitation Letter	
	 Worker's Compensation Record 	
Highschool Dropout	Attendance Records	
	Dropout Letter	
	 WIOA Application (signed and dated)-not attending School 	
Did not attend high school	Attendance Records	
last quarter	 Written verification from Educational Institution 	
Need help to complete	Case Note	
education or secure		
employment		
 Need help holding 		
employment		
Laid off		
Laid off	Dislocation Event Tracking System shows Laid off Due to Plant Closure	
	Dislocation Event Tracking System shows Laid Off Due to Substantial Layoff	
	Employer Information shows Laid Off Due to Plant Closure	
	Employer Information shows Laid Off Due to Substantial Layoff	
	IDES UI Record showing Termination or Layoff	
	Individual Notice of Layoff	
	Public Notice of Plant Closure w/in 180 days	
	 Public Notice of Substantial Layoff w/in 180 days 	
	 Signed & Dated WIOA Application 	
	UI Records	
	 IDES UI Record showing Termination or Layoff 	
	 Work History showing Termination or Layoff 	
Unemployed 26 Weeks or	Completed Work History	
more	UI Documents	
Married service member	Signed & Dated WIOA Application	
Supported by spouse	Layoff notice/Business closure documentation	
	• Records verifying death, divorce, or legal separation	
	Signed & Dated WIOA Application	
	 Signed self-attestation of marital status 	
Receives SNAP	Authorization to Obtain Food Stamps	
	Letter from Food Stamp Disbursing Agency	
	Public Assistance Records/Printout	
Receives Welfare	Copy of Authorization to Receive Cash Public Assistance	
Receives TANF	Copy of Public Assistance Check	
Receives SSI	 Public Assistance Identification showing Cash Grant Status 	
Receives 551	 Public Assistance Records/Printout 	
	Refugee Assistance Records	
Receiving free lunch	Documentation from School	
High poverty area	Documentation Verifying High Poverty Area	
County	Applicant Statement	
	Computer Printout from other Government Agencies	
	Driver's License	
	Food Stamp Aware Letter	
	• Homeless	
	Housing Authority Verification	
	Illinois Secretary of State Issued State of Illinois Identification Card	
	Insurance Policy	
	Landlord Statement	
	• Lease	

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	 Letter from Social Service Agency or School
	Library Card
	Medicaid/Medicare Card
	Medical Card
	Phone Directory
	 Postmarked Mail Addressed to Applicant
	Property Tax Record
	Public Assistance Records/Printout
	Rent Receipt
	Selective Service Registration Card
	School Identification Card
	Utility Bill
	Work Experience Records/Pay Stub
Family Size	Applicant Statement
	Birth Certificate
	Current Tax Return with IRS Documents
	Decree of Court
	Disabled
	Divorce Decree
	Landlord Statement
	• Lease
	Marriage Certificate
	Medical Card
	Public Assistance/Social Service Records
	 Public Notice of Closing
	 Statement from Individual Providing Temporary Residence
	Statement from Publicly Supported Facility or Institution
Family income	Accountant Statement
	Alimony Agreement
	Applicant Statement
	Award Letter from Veterans Administration
	Bank Statements (Direct Deposit)
	Compensation Award Letter
	Court Award Letter
	Employer Statement/Contact
	Farm or Business Financial Records
	Housing Authority Verification
	Most Recent Tax Return Supported by IRS Documents
	Pay Stub
	Pension Statement
	Public Assistance Records/Printout
	Quarterly Estimated Tax for Self-Employed Persons Social Security Reports
	Social Security Benefits
LII Popofita	Unemployment Insurance Documents and/or Printout IDES UI Record showing Termination or Layoff
III Popofite	
UI Benefits	
UI Benefits	IDES UI Records showing Eligible for Benefits (Claimant or Exhaustee)
UI Benefits	 IDES UI Records showing Eligible for Benefits (Claimant or Exhaustee) Other State's UI Records showing Eligible for Benefits (Claimant or Exhaustee)
	 IDES UI Records showing Eligible for Benefits (Claimant or Exhaustee) Other State's UI Records showing Eligible for Benefits (Claimant or Exhaustee) UI Documents showing Unemployed at Least 6 months
UI Benefits Tenure	 IDES UI Records showing Eligible for Benefits (Claimant or Exhaustee) Other State's UI Records showing Eligible for Benefits (Claimant or Exhaustee) UI Documents showing Unemployed at Least 6 months IDES UI Records showing meets Tenure Requirements for WIOA (Neither Claimant nor
	 IDES UI Records showing Eligible for Benefits (Claimant or Exhaustee) Other State's UI Records showing Eligible for Benefits (Claimant or Exhaustee) UI Documents showing Unemployed at Least 6 months