**WIOA TITLE I HEALTH/MEDICAL DOCUMENT INSPECTION VERIFICATION FORM**

This Document Inspection Verification Form must be used to verify and protect the privacy of health/medical information obtained from an applicant/participant as required to determine program eligibility or for the purpose of verifying eligibility for any WIOA Title-I funded services.

**Documents are not to be copied or uploaded into the case file or stored in**

**any physical location**.

In all circumstances, staff must complete the Document Inspection Verification form in its entirety and upload the form to a password protected CalJOBSsm file that only authorized staff will have access to (i.e., current ACA/ERS, Provider-named Security Officer or FRWDB EO Officer, when circumstances require it).

Applicant/Participant’s name and other identifying information (address, phone#, SSN, etc):

Provider of Services:

Name of staff verifying eligibility document(s):

Date of Document(s) verification:

Name of Documents verified:

Purpose of verifying this information:

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| I attest that, under penalty of perjury, the information recorded by me on this document was obtained on the above date through viewing and verification of an eligibility document, in order to protect the privacy and eliminate any unauthorized disclosure of medical/health information.    Signature and title of eligibility document reviewer:  Date: |