

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 and/or services eligibility.

Health/Medical Documents are not to be copied or uploaded into the CalJOBSsm case file or stored in any other electronic or physical location.

In all circumstances, staff must complete the Document Inspection Verification Form in its entirety and upload it to the CalJOBSsm case file.

Applicant/Participant's Name and State ID#:

Provider of Services:

Name of staff verifying eligibility document(s):

Date of document(s) verification:

Name of documents verified:

Purpose of verifying this information:

I attest that, under penalty of perjury, the information recorded by me on this document(s) was obtained on the above date through viewing and verification of a health/medical document(s), and substantiated the need for the services being sought. No copies of any documents provided for verification were kept by me or stored in any physical or electronic storage system.

Signature and title of eligibility document reviewer:

Date: