

**Union County Workforce Development Board  
Selective Service Requirement Policy**

<b>Policy Number:</b>	UCWDB-2026-13
<b>Effective Date:</b>	January 28, 2026
<b>Supersedes:</b>	Policy Resolution No. 2022-42 (Adopted 11/9/22)
<b>Review Date:</b>	Annually

## **Section 1: Purpose and Authority**

### **1.1 Purpose**

The Union County Workforce Development Board (UCWDB) issues this policy to provide guidance to American Job Center Network Partners (AJCNP) regarding Selective Service registration requirements for participation in programs funded under Title I of the Workforce Innovation and Opportunity Act (WIOA).

### **1.2 Applicability**

This policy applies to all WIOA Title I programs administered within the Union County Workforce Development Area, including Adult, Dislocated Worker, and Youth programs. All American Job Center partners, subrecipients, and contractors receiving WIOA Title I funds must comply with this policy.

### **1.3 Regulatory Authority**

#### **A. Federal Authority:**

- **Military Selective Service Act (50 U.S.C. App. 451 et seq.)**
- **Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, Section 189(h)**
- **20 CFR Part 680** - Adult and Dislocated Worker Activities Under Title I of WIOA
- **20 CFR Part 681** - Youth Activities Under Title I of WIOA
- **TEGL 11-11, Change 2** (May 16, 2012) - Selective Service Registration Requirements for Employment and Training Administration Funded Programs
- **TEGL 8-98** (November 4, 1998) - Selective Service Registration

#### **B. State Authority:**

- **NJWIN 5-16(A)** - Co-enrollment Policy and Procedures (July 22, 2016)
- **NJWIN WD-PY24-11** - Title I Adult, Dislocated Worker, and Youth Eligibility (September 19, 2024)

## **Section 2: Background**

The Military Selective Service Act requires nearly all male U.S. citizens and male immigrants, ages 18 through 25, to register with the Selective Service System. Although there is currently no draft, registration ensures operational readiness in a fair and equitable manner during peacetime.

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Per **TEGL 11-11, Change 2**, the Selective Service requirement applies to all grantees, subgrantees, and contractors funded under WIOA Title I. Men born on or after January 1, 1960 must register with Selective Service within 30 days of their 18th birthday. Compliance with this requirement is mandatory for participation in WIOA Title I programs.

### **Section 3: Policy Requirements**

#### **3.1 General Registration Requirements**

In accordance with **TEGL 11-11, Change 2**, all males born on or after January 1, 1960 must present documentation showing compliance with the Selective Service registration requirement in order to participate in a program receiving assistance under Title I of WIOA. This requirement applies to:

1. Citizens of the United States
2. Non-citizens, including undocumented immigrants, legal permanent residents, seasonal agricultural workers, and refugees, who take up residency in the United States before their 26th birthday
3. Dual nationals of the United States and another country, regardless of whether they live in the United States

#### **3.2 Exemptions from Registration**

**A. U.S. Citizens:** Selective Service registration is not required for males who:

- Are serving in the military on full-time active duty
- Are attending service academies
- Are disabled and continually confined to a residence, hospital, or institution
- Are hospitalized, institutionalized, or incarcerated during their confinement (must register within 30 days after release if not yet 26)

**B. Non-U.S. Citizens:** Registration is not required for males who:

- Entered the United States for the first time after their 26th birthday
- Entered the United States unlawfully after their 26th birthday (must provide proof of not living in the U.S. from age 18 through 25)
- Are on a valid non-immigrant visa

#### **3.3 Transgender Individuals**

Per **NJWIN WD-PY24-11** and Selective Service System guidance ([www.sss.gov](http://www.sss.gov)), individuals who were assigned male at birth and have transitioned to female are still required to register. Individuals who were assigned female at birth and have transitioned to male are not required to register.

#### **3.4 Self-Attestation Not Permitted**

**Important:** Per **TEGL 11-11, Change 2** and **NJWIN WD-PY24-11**, self-attestation is **not allowable** for documenting Selective Service compliance. Documentary evidence must be obtained and maintained in the participant file.

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## **Section 4: Documentation Requirements**

### **4.1 Acceptable Documentation for Registered Males**

The following documents are acceptable to verify Selective Service registration status:

1. Selective Service Acknowledgment Letter
2. Form DD-214 "Report of Separation"
3. Screen printout of the Selective Service Verification website (<https://www.sss.gov/>)
4. Selective Service Registration Card
5. Selective Service Verification Form (Form 3A)
6. Stamped Post Office Receipt of Registration

### **4.2 Documentation for Non-U.S. Citizens Claiming Exemption**

Non-U.S. citizens claiming exemption from registration must provide documentation establishing their entry date and immigration status. Refer to Attachment C for the complete list of acceptable documents.

## **Section 5: Operational Procedures**

### **5.1 Orientation**

During orientation, American Job Center staff must inform all males interested in obtaining WIOA services of the Selective Service requirement. The orientation presentation must clearly state that male clients will need to either register for Selective Service or provide their Selective Service registration number as part of the eligibility determination process.

### **5.2 Eligibility Determination**

During the initial appointment for eligibility determination, American Job Center staff and partners shall:

1. Review the individual's documentation to ensure compliance with Selective Service requirements
2. For males under 26 who are not registered, assist with online registration at [www.sss.gov](http://www.sss.gov)
3. For males 26 and older without a registration number, initiate the Selective Service Waiver procedures
4. Document all verification efforts and outcomes

### **5.3 Verification Process**

To verify registration status, staff shall use the Selective Service Register/Lookup function in the Add'l Info screen of AOSOS, which links to the Selective Service website. Per **NJWIN 5-16(A)**, verification requires:

- Last name
- Social Security number

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- Date of birth

#### **5.4 Youth Program Requirements**

Youth enrolling in WIOA Title I funded services who have not reached their 26th birthday must register through the Selective Service website at [www.sss.gov](http://www.sss.gov). If a male youth turns 18 while participating in WIOA Title I services, registration must be completed no later than 30 days after he becomes 18 to continue receiving services.

**Important:** If a male under age 26 refuses to register with the Selective Service, services must be suspended until registration is completed. Documentation of noncompliance must be entered in AOSOS and Union County Works system.

#### **5.5 Data Entry Requirements**

The Selective Service registration number must be recorded in both:

- America's One Stop Operating System (AOSOS)
- Union County Works system ([ucajc.org](http://ucajc.org))

### **Section 6: Waiver Procedures for Males 26 and Older**

#### **6.1 Status Information Letter**

Per **TEGL 11-11, Change 2**, males 26 years of age or older who failed to register must:

4. Request a Status Information Letter from the Selective Service System
5. Provide documentation explaining the circumstances that prevented registration (hospitalization, institutionalization, incarceration, military service)

#### **6.2 Determining Knowing and Willful Failure**

If the Status Information Letter indicates the individual was required to register but is now past age 26, they are presumed disqualified unless they can establish by a preponderance of evidence that the failure was not knowing and willful. Per **NJWIN WD-PY24-11**, the American Job Center is responsible for evaluating the evidence and making this determination.

In determining whether the failure was "knowing," consider:

- Was the individual aware of the requirement to register?
- Was the individual misinformed about the applicability of the requirement?
- When did the individual first learn of the requirement?
- Where did the individual live between ages 18 and 26?

In determining whether the failure was "willful," consider:

- Was the failure to register done deliberately and intentionally?
- Did the individual have the mental capacity to choose whether to register?
- What actions did the individual take when learning of the requirement?

#### **6.3 Supporting Documentation**

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Examples of documentation that may support a waiver determination include:

7. Status Information Letter from the Selective Service System
8. Self-Attestation Form (Attachment E) explaining the failure to register with supporting documentation
9. Completed Selective Service Registration Waiver Questionnaire (Attachment B)
10. Third-party affidavits from parents, teachers, employers, doctors, etc.
11. DD Form 214 or Honorable Discharge Certificate for veterans
12. Selective Service Registration Waiver Checklist (Attachment A)

#### **6.4 Determination and Documentation**

If the American Job Center determines that the failure to register was not knowing and willful, and the individual is otherwise eligible, WIOA services may be provided.

If the determination is that the failure was knowing and willful, WIOA services must be denied, and the individual must be advised of available WIOA grievance procedures. A written statement from the American Job Center staff regarding the determination and reasoning must be included in the customer's record, AOSOS, and Union County Works system.

Per **TEGL 8-98**, if a person does not receive a decision within 60 days of filing a complaint or grievance, or is dissatisfied with the decision, they have the right to request a review by the State. The State's decision is final under federal rules.

#### **Section 7: Sub-Recipient and Partner Requirements**

All American Job Center partners, sub-recipients, and contractors receiving WIOA Title I funds shall:

5. Develop internal procedures to ensure Selective Service requirements are adhered to
6. Incorporate verification steps into the career service delivery process
7. Maintain documentation in participant files
8. Enter all relevant data in AOSOS and Union County Works
9. Ensure staff are trained on Selective Service requirements and waiver procedures

**Note:** All costs associated with services provided to non-eligible individuals may be disallowed per **TEGL 11-11, Change 2**.

#### **Section 8: Definitions**

**Knowing Failure to Register:** A failure to register when the individual was aware of the requirement to register or was not misinformed about the applicability of the requirement.

**Selective Service Registration:** The process by which males ages 18-25 register with the Selective Service System as required by the Military Selective Service Act.

**Status Information Letter:** A letter issued by the Selective Service System indicating whether an individual was required to register and, if so, whether they did register.

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**Willful Failure to Register:** A deliberate and intentional decision not to register with Selective Service despite having the mental capacity and opportunity to do so.

**Section 9: References**

**A. Federal:**

- Military Selective Service Act (50 U.S.C. App. 451 et seq.)
- Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128
- 20 CFR Parts 680 and 681
- TEGL 11-11, Change 2 (May 16, 2012)
- TEGL 8-98 (November 4, 1998)

**B. State:**

- NJWIN 5-16(A) - Co-enrollment Policy and Procedures (July 22, 2016)
- NJWIN WD-PY24-11 - Title I Adult, Dislocated Worker, and Youth Eligibility (September 19, 2024)

**Section 10: Attachments**

**Attachment A:** American Job Center Selective Service Waiver Checklist

**Attachment B:** American Job Center Selective Service Waiver Questionnaire

**Attachment C:** Selective Service Documentation List for Non-U.S. Citizens

**Attachment D:** Selective Service Request Status Information Letter Form

**Attachment E:** Self-Attestation Form

**Section 11: Inquiries and Technical Assistance**

Questions regarding this policy should be directed to:

**Union County Workforce Development Board**

Meredith Barracato, MPA

Policy and Strategic Planning Advisor

Email: meredith.barracato@ucnj.org

For state-level technical assistance, contact:

**New Jersey Department of Labor and Workforce Development**

WIOA Policy and Operations Division

Email: WIOAPOLICY@dol.nj.gov

# Selective Service Registration Waiver Checklist

Client Name: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

Date of Eligibility Determination: \_\_\_\_\_

Funding Source:    Adult    Dislocated    Youth    Other

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- Status Information Letter
- Self-attestation form explaining the reasons for not registering for the Selective Service
- Selective Service Registration Waiver Questionnaire
- Optional – Third-party affidavits from parents, teachers, employers, doctors, etc., concerning reasons for not registering, may be helpful to local areas in making determinations in these cases.

\_\_\_\_\_  
Career Counselor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By:

\_\_\_\_\_  
Date

# Selective Service Registration Waiver Questionnaire

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program:  Adult  Dislocated Worker  Youth  Other \_\_\_\_\_

AOSOS ID: \_\_\_\_\_

**Purpose:** This questionnaire assists staff in determining whether failure to register with the Selective Service System was knowing and willful under WIOA.

1. Was the individual aware of the requirement to register? Yes / No

2. Was the individual misinformed about applicability? Yes / No

3. Date first learned of requirement: \_\_\_\_\_

4. Where did the individual live between ages 18–26?  
\_\_\_\_\_

5. Did the Status Information Letter indicate attempted contact? Yes / No

6. Was failure deliberate and intentional? Yes / No

7. Did the individual have the mental capacity to choose not to register? Yes / No

8. Explanation of failure to register:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Supporting documentation provided: \_\_\_\_\_

**Staff Determination:**  Knowing and Willful  Not Knowing and Willful

Career Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## LIST OF ACCEPTABLE DOCUMENTS

### NONIMMIGRANT VISAS CATEGORIES

<b>A/G</b> – Diplomatic and International Organization Personnel	<b>I</b> – Media Representatives
<b>B</b> – Visitors for Business or Tourism	<b>L</b> – Intracompany Transferees
<b>O</b> – Individuals of Extraordinary Ability or Achievements	<b>J</b> – Exchange Visitor
<b>Q</b> – Cultural Visitor	<b>P</b> – Athletes and Entertainers
<b>E-1/E-2</b> – Treaty Traders and Treaty Investors	<b>R</b> – Religious Workers
<b>H-1B/E-3</b> – Special Occupation Workers	<b>TN</b> – NAFTA Professional
<b>H-2</b> – Temporary Agricultural and Non-Agricultural Workers	<b>K/V</b> – Nonimmigrants Intending to Adjust Status
<b>H-3</b> – Trainees	<b>F/M</b> – Student; Academic, Vocational

\*If you entered the United States with the last five (5) years, you can access your CBP arrival/departure record information (Form I-94) online at <https://i94.cbp.dhs.gov/i94/#/history-search>.

## Request for Status Information Letter

This is a fillable form. Please type in ALL CAPS before printing, or PRINT clearly using BLACK INK

Before you fill out and submit this form, please check to verify your registration status with the Selective Service System at <https://www.sss.gov>. If you cannot check or verify your registration online and you are not claiming an exemption, or if you have already received a Status Information Letter (SIL) from us in the past, please call (888) 655-1825.

Please check each item. You should only submit this form if the following are true:

- You have passed your 26<sup>th</sup> birthday
- You have verified that you are in fact "NOT REGISTERED"
- You were born after December 31, 1959
- You are claiming that you were exempt from the requirement to register
- You were born male or you are transgender (born female)
- You have not received a Status Information Letter from us in the past

**YOU MUST PROVIDE AT LEAST ONE RESPONSE** to each of the seven (7) Sections below. We cannot process your letter until we receive the required information and documents. Never send originals. KEEP A COPY of this form and any documents or correspondence you send to us.

### SECTION 1 - GENERAL INFORMATION

Type or Print Clearly (ALL CAPS) – Must be Readable.

Full Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name(s)

List any other names used (Include multiple last names): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month / Day / Year

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your reason for this SIL?

Financial Aid  Citizenship  Employment  Security Clearance  Other \_\_\_\_\_

List each City & State (Country if overseas) where you lived between your 18<sup>th</sup> and 26<sup>th</sup> birthdays.  
Use a separate sheet if needed:

\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2 - MILITARY

If you served in the U.S. military, attach your proof of military service, such as a copy of your DD Form 214, NGB Form 22, DD Form 4 (if still on active duty), etc. If you attended a service academy or military school, provide a letter from the school or a transcript showing the dates.

To obtain proof of military service (DD Form 214, Official Military Personnel File), visit this website [Proof of military service \(DD Form 214, Official Military Personnel file\)](#).

Have you ever served in the U.S. military or attended a military service academy/school?

Yes (Please Continue)  No (SKIP to Section 3)

US Army  US Navy  US Marine Corps  US Air Force  US Coast Guard

List dates of active duty service: \_\_\_\_\_ to \_\_\_\_\_

List dates of reserve duty service: \_\_\_\_\_ to \_\_\_\_\_

Did you attend a military service academy?

- The United States Military Academy (USMA)  
 The United States Naval Academy (USNA)  
 The United States Air Force Academy (USAFA)  
 The United States Coast Guard Academy (USCGA)

List dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

Were you enrolled in an officer procurement program at a military school or university?

- The Citadel  
 University of North Georgia  
 Norwich University  
 Virginia Military Institute  
 Texas A&M  
 University of Virginia Polytechnic and State University

List dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

### SECTION 3 - INCARCERATED / INSTITUTIONALIZED / HOSPITALIZED

**Please attach proof if you were CONTINUOUSLY incarcerated, institutionalized, hospitalized, or home confined for the entire period from your 18<sup>th</sup> through 26<sup>th</sup> birthdays.** If you were released, escaped, or otherwise out of custody for 30 days or more, you do not need to complete this form. Call us at (888) 655-1825.

Were you **CONTINUOUSLY** incarcerated, institutionalized, hospitalized, or home confined for the entire period of time between your 18<sup>th</sup> and 26<sup>th</sup> birthdays?

Yes (Please Continue)  No (SKIP to Section 4)

Please indicate the type of confinement and provide start and release dates. (Attach separate sheet if necessary)

Institutionalized  Incarcerated  Hospitalized  Home Confined

\_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_

### SECTION 4 - TRANSGENDER

The Military Selective Service Act, including the requirement to register, applies to all individuals who were designated male at birth. If you were born female and have transitioned to male, you must provide a copy of your female birth certificate (or medical documentation to show that a transition has taken place) and legal documentation to show any changes to your name.

My sex at birth was:

Male  Female (I have or will transition to male)

## SECTION 5 - US CITIZENSHIP & IMMIGRATION STATUS

The Selective Service System does not share any information about an individual's immigration status with outside agencies such as U.S. Immigration and Customs Enforcement (ICE).

Are you a citizen of the United States by birth (born in the US, or overseas to qualifying US parents)?

Yes (SKIP to Section 6)  No (Please continue)

Did you become a Naturalized Citizen more than 30 days before your 26<sup>th</sup> birthday?

Yes \_\_\_\_\_ (SKIP to Section 6)  No (Please continue)  
Naturalization Date

Did you become a Permanent Resident (Green Card Holder) more than 30 days before your 26<sup>th</sup> birthday?

Yes \_\_\_\_\_ (SKIP to Section 6)  No (Please continue)  
Resident Since Date

You must provide documentation to support your claim. Valid documentation includes the date of entry stamp in your passport or visa, I-94, or I-20 with date of entry stamp, or any other official document that was accepted, stamped, or signed by USCIS and clearly states your arrival date. If you submit the electronic version of the I-94, you must include the accompanying travel history. **Please note, your Permanent Resident Card (Green Card) cannot be used to document the date you arrived in the United States, even if the dates are the same.**

If you entered the United States illegally, undocumented, without inspection, or for any other reason you cannot show proof of your arrival date, you must provide documentation that shows you were living outside of the United States for each year between your 18<sup>th</sup> and 26<sup>th</sup> birthdays. This could include school records, employment records, rent and utility receipts, participation in a health insurance plan, tax returns, etc.

When did you first enter the United States and what was your immigration status?

\_\_\_\_\_  
Arrival Date USCIS Status

Was the above date **later than** 30-days before your 26<sup>th</sup> birthday?

Yes, I was **never** in the United States (at any time, in any status) **prior to** this date. (Skip to Section 6)

No (Please continue)

Was the above arrival date **earlier than** your 18<sup>th</sup> birthday **AND** you left the country prior to your 18<sup>th</sup> birthday **AND** you did not return to the United States (at any time in any status) until **after** the date that was 30 days before your 26<sup>th</sup> birthday?

Yes, I was never in the United States (at any time, in any status) between my 18<sup>th</sup> birthday and 30 days before my 26<sup>th</sup> birthday.

\_\_\_\_\_  
Arrival Date USCIS Status

(Skip to Section 6)

No (Please continue)

For each period shown, you must provide documentation that shows you entered the United States as a valid non-immigrant and that you adhered to the terms of your visa. For example, if you entered the United States as an international student and remained in that status until your 26<sup>th</sup> birthday, you would need to provide documentation indicating that you were admitted on an F-1 visa, attended school full-time as required, and either left the country or changed status when required. Acceptable documents may include copies of your I-20s, visa, and transcripts, or a letter from the school stating the dates you attended there as a full time international student. If OPT is authorized, the copy of the I-20 must reflect this. If you were on an H-1 visa, you must provide documentation of your arrival/start date and a copy of the approved "Notice of Action", an official company letter showing your authorized dates of employment, or a W2 form showing you worked for the company that sponsored your visa.

The same applies for all non-immigrant statuses held. You must show your arrival/start date and documentation that shows you remained in good status for the entire period. If you left the country, send a copy of the date stamp showing your arrival back

into your country. If you remained in the US and requested a change of status, send a copy of the approved "Notice of Action" you received from USCIS.

You must include any times that you entered the United States illegally or without inspection, (no documentation is necessary). Likewise, you must list any times when you violated the terms of your visa, overstayed your visa, or for any other reason became an undocumented immigrant.

You should provide as much information as possible. We will use the information you send to determine your registration status. For a list of acceptable documents, please see our [List of acceptable documents](#).

**Please list your immigration history showing all arrivals, departures and other changes in status, starting with the date of arrival that first put you in the United States between your 18<sup>th</sup> and 26<sup>th</sup> birthdays and continuing until you were past your 26<sup>th</sup> birthday. Use a separate sheet if necessary.**

_____	_____	_____	_____
Arrival / Start Date	Good Until Date	Departure / End Date	USCIS Status
_____	_____	_____	_____
Arrival / Start Date	Good Until Date	Departure / End Date	USCIS Status
_____	_____	_____	_____
Arrival / Start Date	Good Until Date	Departure / End Date	USCIS Status

### SECTION 6 - REASON FOR FAILURE TO REGISTER BEFORE AGE 26

Provide a written explanation for not registering with the Selective Service System. If you believe you did register, please provide a detailed explanation in the space provided below stating when, where, and how you registered. Include all addresses you may have used at that time.

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### SECTION 7 - YOUR SIGNATURE

Sign, date, and return this form to the address listed below with copies of ALL supporting documents showing proof of your claim. You may include any other supporting information you would like us to consider. **IMPORTANT:** Do not send original documents. The Selective Service System may not return original documents. You should retain a copy of all documents and correspondence submitted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Month / Day / Year

**Selective Service System  
ATTN: SIL  
PO Box 94638  
Palatine, IL 60094-4638**

## HELPFUL INFORMATION

- Please print this form. This form cannot be submitted online. Please type all requested information on the form before printing. ATTACH A COPY of all supporting documentation (**DO NOT submit originals**), and mail them to the address provided.
- This form is for use only by men born after December 31, 1959, who are not registered and are now 26 years and older or transgender who were born females.
- This form is not a registration form. Submitting this form will not register you with the Selective Service System.
- We will issue a Status Information Letter based on the information you provide. KEEP the original copy in your permanent files for future reference.
- If you are denied a right, benefit, or privilege because you are not registered, submit a copy of your Status Information Letter from the Selective Service System, and a separate letter in which you explain, to the best of your ability, the reasons for your failure to register to the agency administering the right, benefit, or privilege. That agency, NOT the Selective Service System, will make the final determination regarding your eligibility. The Selective Service System does not approve, disapprove, or make any recommendations to determine your eligibility for any right, benefit, or privilege you are seeking.
- Immigrant men over the age of 31 who are seeking naturalization and who did not register are no longer required to provide a "status information letter" or documentation of their status from the Selective Service System to USCIS. If asked for a status information letter, these men may print a form letter concerning their request for a letter for use with USCIS from <http://www.sss.gov>.

NEW JERSEY WIOA SELF-ATTESTATION FORM

IDENTIFYING INFORMATION

Applicant's Name: \_\_\_\_\_

Last Name

Fist Name

MI

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

I, hereby, attest under penalty of law, that the information provided is true and accurate:

I further attest that I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination of services and/or penalties, as specified by law.

\_\_\_\_\_  
APPLICANT'S SIGNATURE / DATE

\_\_\_\_\_  
APPLICANT'S PHONE NUMBER

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN ABOVE (As Needed)

The above Self-Attestation is being utilized for verification of the following eligibility criteria:

ELIGIBILITY SPECIALIST ATTESTATION

I attest that the individual whose signature appears above has provided the information recorded on this form.

Eligibility Specialist's Signature/Date: