



# Family Assistance/FS Referral/Verification

WIA Applicant:

\_\_\_\_\_  
Name Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Address (number, street, po box, apt no.)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (with area code) Social Security Number

Name of FA Grantee if different than applicant: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the release of the requested information to  
Print Name of Applicant  
the Alabama Career Center System for verification of WIA eligibility and for the Alabama Career Center to release information on the results of the referral to the Department of Human Resources.

\_\_\_\_\_  
Signature of Applicant Date

\*\*\*\*\*

Certifying Agency: \_\_\_\_\_  
County DHR Office Phone Number (with area code)

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Email Address Date

Benefit Type: (The recipient named above is applying for Workforce Investment Act (WIA) assistance.) Check the type of assistance and enter amount currently receiving. If former FS recipient enter start and stop dates.

- Family Assistance (TANF) \$ \_\_\_\_\_
- Supplemental Social Security \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_ Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_

\*\*\*\*\*

Results of Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WIA Provider: \_\_\_\_\_  
Signature Date

Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor charge and fine.