

Sample SELF-ATTESTATION VERIFICATION FORM
(for FSE&T-Eligible Hurricane Katrina Evacuees)

Participant Name: _____ Date: _____

Employer/Work Site Name: _____

Employer/Work Site Address: _____
(Street address) (City) (State) (Zip Code)

Employer/Contact Person Name: _____

Employer/Contact Person Phone Number: _____

WIA activity reported for April through July 2006: (check the appropriate box)

- Core Services (i.e., staff assisted job search, etc.)
- Intensive Services (i.e., work experience, literacy activities, etc.)
- Training Services (i.e., occupational skills, adult education, and literacy activities, etc.)

Dates and Hours of Activity Reported:

Week of: ____/____/____ Number of Hours: _____

Week of: ____/____/____ Number of Hours: _____

Week of: ____/____/____ Number of Hours: _____

Week of: ____/____/____ Number of Hours: _____

Week of: ____/____/____ Number of Hours: _____

This information was: (check the appropriate box)

- mailed faxed e-mailed submitted in person

I certify that the information provided above is true and correct.

Participant Signature

Date

Providing false information for the purpose of inappropriately obtaining benefits may result in civil, criminal, or administrative penalties.

Workforce Center Staff: _____

Date Received: _____