



ALEXANDRIA | ARLINGTON REGION

WIOA Priority of Service Status Form

Purpose: This form is to be used to document the Priority of Service category of a Title I Adult participant. This form must be presented to your supervisory when requesting an ITA.

Participant's Name: _____

State ID: _____

Participation Date: _____

PRIORITY OF SERVICE CATEGORY: (PLEASE CHECK ONLY ONE OF THE FOLLOWING):

- First Priority: Veterans and eligible spouses who are also included in the groups given statutory priority for WIOA Title I Adult formula funds. This means that veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient would receive first priority for services provided with WIOA Title I Adult formula funds.
- Second Priority: Non-covered persons (that is, individuals who are not veterans or eligible spouses) who are included in the groups given priority for WIOA Title I Adult formula funds.
- Third Priority: Veterans and eligible spouses who are not included in WIOA's priority groups.
- Fourth Priority: Non-covered persons who reside in Alexandria City or Arlington County, who are outside the groups given priority under the WIOA Title I Adult program, with total family income that does not exceed 150 percent of the lower living standard income level.
- Fifth Priority: Non-covered persons who are outside the groups given priority under the WIOA Title I Adult program.

Case Manager: _____

Date Completed: _____