

Region VI Workforce Investment Board 17 Middletown Road White Hall, WV 26554	Classification: <b>Selective Service Registration Requirements</b> Date July 1, 2015
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**Region VI Guidance Letter No. 2-15**

To: All WorkForce West Virginia Managers and staff  
All Career Planners/Eligibility Determination Staff  
All Local Training Providers

From: Region VI Workforce Investment Board, Inc. (WIB)

Subject: Selective Service Registration Requirements for WIOA funded programs

1. PURPOSE: To inform the local area of implementation guidelines for Selective Service Registration Requirements.
2. REFERENCE: The Workforce Innovation and Opportunity Act (WIOA) 189(h), codified at 20 CFR Section 683.225, and the Military Selective Service Act (50 U.S.C App 451 et seq), codified at 32 CFR Part 1605, and USDOL ETA TEGL 11-11, Change 2
3. BACKGROUND: All males born on or after January 1, 1960, participating in any program or activity established under Title 1 of WIOA, or receiving any assistance or benefit under this title, must have registered with the Selective Service within 30 days of their 18<sup>th</sup> birthday, or up until their 26<sup>th</sup> birthday. The Selective Service website at [www.sss.gov](http://www.sss.gov) provides more information about the registration requirement.

Males 26 years or older who failed to register with the Selective Service and who become potential participants in any program or activity established under Title 1 of WIOA, or who may receive any assistance or benefit under this title, must provide (1) documentation showing they were not required to register; or (2) if they were required to but did not register, documentation establishing that their failure to register was not knowing and willful.

4. POLICY: Region VI will require that a potential participant aged 26 or older who has failed to register with the Selective Service must request a Status Information Letter from the Selective Service System.

If the Status Information Letter indicates that an individual was not required to register for the Selective Service, then he is eligible to enroll in services authorized or funded by Title 1 of WIOA.

If the Status Information Letter indicates that the individual was required to and did not register, he is presumed to be disqualified from participation in WIOA Title 1-funded activities and services until it can be determined that his failure to register was not knowing and willful.

The Status Information Letter and evidence documenting that the failure to register was not knowing and willful will be submitted to the appropriate Case Manager, who will review the letter and all supporting documentation and make a recommendation to the Executive Director of the Region VI WIB.

The Executive Director will make the final decision as to whether the potential participant knowingly and willfully failed to register or not, based upon the recommendation of the Case Manager and a review of the supporting documentation.

**ACTION:** All WorkForce West Virginia Centers located within Region VI and/or participants from Region VI will be made aware of this policy as well as entities providing service to the region.

A copy of this policy can be obtained from The Region VI Workforce Investment Board.

**IMPLEMENTATION**

**DATE:** Effective July 1, 2015 until rescinded or modified by the Region VI Workforce Investment Board.

**Attachments:**

TEGL 11-11, Change 2

Region VI Selective Service Registration Affirmation form

***Disclaimer:***

***This policy is based on Region VI Workforce Investment Board's initial reading of the statute without any interpretive guidance from USDOL or WorkForce West Virginia. This policy may be subject to change as additional federal regulation and TEGs and or state policies are released that are contrary to or otherwise different from Region VI WIB's interpretation of WIOA. This policy is not intended to be permanent and should be viewed as a placeholder until final federal and or state regulations and guidelines are established.***

**Region VI Workforce Investment Board  
Selective Service Registration Documentation**

**Note: Attach this form to the Selective Service System Status Information Letter**

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

1. Were you aware of the requirement to register? \_\_\_\_Yes \_\_\_\_No (If No, you do not have to complete questions 2,3, or 4. Skip to question 5. Please attach an explanation of the reasons you failed to register with the Selective Service System

2. If yes, were you misinformed about the applicability of the requirement to yourself?  
\_\_\_\_Yes \_\_\_\_No (e.g- veterans who were discharged before their 26<sup>th</sup> birthday were occasionally told that they did not need to register).

3. On what date did you first learn that you were required to register? \_\_\_\_\_

4. What actions, if any, did you take when you learned of the requirement to register?

\_\_\_\_\_

5. Where did you live between the ages of 18 and 26?

\_\_\_\_\_

Please read the statement of affirmation below, print your name, then sign your name in the presence of a notary.

I AFFIRM, BY MY SIGNATURE BELOW, THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY INFORMATION I HAVE PROVIDED IS FOUND TO BE FALSE OR INACCURATE, I WILL BE DISQUALIFIED FROM RECEIVING BENEFITS I HAVE APPLIED FOR FROM THE REGION VI WORKFORCE INVESTMENT BOARD. I UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT GUARANTEE BENEFITS APPLIED FOR WILL BE AWARDED.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and affirmed before me on \_\_\_\_\_ by \_\_\_\_\_  
(date) (printed name of individual making statement)



(Stamp)

\_\_\_\_\_(Title of Office)  
My commission expires \_\_\_\_\_