

Documentation Checklist/Verification Form

Please provide one item from each category:

NAME _____ SS# xxx-xx-_____ Date _____

Eligibility Requirement	Verification Source	Documentation Used	Initials / Date		
Social Security Number Provide one	<ol style="list-style-type: none"> Copy of Social Security Card (must provide before enrollment) Recent check stub with SS# recorded Letter from Social Security Agency Other official documentation with SS# recorded 				
Address Provide one	<table border="0"> <tr> <td> <ol style="list-style-type: none"> Voter's Registration Card Driver's License Utility Bill </td> <td> <ol style="list-style-type: none"> Rent Receipt / Lease Grant Printout / Award Letter Other official documentation </td> </tr> </table>	<ol style="list-style-type: none"> Voter's Registration Card Driver's License Utility Bill 	<ol style="list-style-type: none"> Rent Receipt / Lease Grant Printout / Award Letter Other official documentation 		
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Birth date/Citizenship Provide one	<table border="0"> <tr> <td> <ol style="list-style-type: none"> Public Assistance Record Birth certificate Driver's License Hospital Birth /Baptismal Record </td> <td> <ol style="list-style-type: none"> U.S. Passport / Alien registration Alien Registration Card Other official documentation with birth date and citizenship </td> </tr> </table>	<ol style="list-style-type: none"> Public Assistance Record Birth certificate Driver's License Hospital Birth /Baptismal Record 	<ol style="list-style-type: none"> U.S. Passport / Alien registration Alien Registration Card Other official documentation with birth date and citizenship 		
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Draft Status (males born after 12/31/59)	<table border="0"> <tr> <td> <ol style="list-style-type: none"> Web verification : www.sss.gov Selective Service Verification Form </td> <td> <ol style="list-style-type: none"> Selective Service Registration Card (males born after 12/31/59) DD214 Report of transfer or Discharge </td> </tr> </table>	<ol style="list-style-type: none"> Web verification : www.sss.gov Selective Service Verification Form 	<ol style="list-style-type: none"> Selective Service Registration Card (males born after 12/31/59) DD214 Report of transfer or Discharge 		
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Disability If applicable	<ol style="list-style-type: none"> Medical Records/Physician Statement School Record SSA Disability/Social Service Record Vocational Rehabilitation Letter 				
Food Stamps	<ol style="list-style-type: none"> Agency Collateral Contact Food Stamp Records/printout (current in the last 6 months) 				
Family Income Provide one	<ol style="list-style-type: none"> Pay stubs (last 6 months) Public Assistance/Social Service Record Income Verification Form UCTC/JT12 records (unemployment) Other _____ 				
Household Family Size	<ol style="list-style-type: none"> Public Assistance record Birth certificates or social security cards of every family member Lease Agreement Other _____ 				
Foster Child/Homeless	<ol style="list-style-type: none"> Court Documentation Letter from Shelter/Facility Resident Statement/Referral Other official documentation 				
Offender	<ol style="list-style-type: none"> Police Record Court Document Probation/Parole Letter Other _____ 				
Pregnant/Parenting	<ol style="list-style-type: none"> Physician's Note Birth Certificate Baptismal Record 				
Education Level Provide one	<ol style="list-style-type: none"> Diploma or Degree Transcripts, Other _____ 				

WIOA Defined Youth Barriers (Section 101 (13) c): Check all that apply. Attach Documentation

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|---|---|---|--|
| <input type="checkbox"/> School Drop Out | <input type="checkbox"/> Pregnant/Parenting Youth | <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> Offender |
| <input type="checkbox"/> Runaway/Homeless | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Out-of-Home Placement | <input type="checkbox"/> Foster Care Youth |
| <input type="checkbox"/> Individual Needing Additional Assistance | | | |